

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

■ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u>	or u	e 2021 calendar year, or tax year beginning OCT 1, 2021 and end	ing S	EP 30, 2022	
В	Check if applicat	C Name of organization		D Employer identif	ication number
	Addr				-
	Name Chan	ge Doing business as		53-01965	47
	Initia returi	Number and street (or P.O. box if mail is not delivered to street address)	m/suite	E Telephone number	er
	Final	700 2101 WILSON BLVD.)	(703)522	
	termi			G Gross receipts \$	40,714,076.
Г	Amer	nded ADITMOMONI XXX 22201		H(a) Is this a group	
Ē	Appli			for subordinate	
	pend	SAME AS C ABOVE		H(b) Are all subordinates	
T :	Tax-ex	xempt status: X 501(c)(3) 501(c) ()	527	1	a list. See instructions
		ite: WWW.NDIA.ORG		H(c) Group exemption	
_			I Year		M State of legal domicile: DC
	art I	Summary	L 1001	01101111ation; ====1	Wi Otato or logar dominono, = •
	1	Briefly describe the organization's mission or most significant activities: TO PROM	4OTE	THE SAFETY	AND
Activities & Governance	'	SECURITY OF THE NATION.			
rna	2	Check this box if the organization discontinued its operations or disposed of	of more	than 25% of its net as	sets.
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		3	
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	81
ο O	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			113
itie	6	Total number of volunteers (estimate if necessary)			300
ξį	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			1,256,849.
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			57,924.
				Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)		1,501,629.	1,528,534.
nue	9	Program service revenue (Part VIII, line 2g)		10,756,028.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,392,999.	2,044,715.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,943,139.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		20,593,795.	32,051,662.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		684,116.	968,374.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		11,056,882.	12,456,121.
Ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	h	o Total fundraising expenses (Part IX, column (D), line 25)			
Ä	17			8,317,122.	17,732,083.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		20,058,120.	
	19	Revenue less expenses. Subtract line 18 from line 12		535,675.	895,084.
		Trevende 1666 expended. Cabitaet line 16 from line 12		ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		01,180,018.	86,964,558.
ASSI	21	Total liabilities (Part X, line 16)	• 💳	27,960,281.	25,875,543.
let,	22	Net assets or fund balances. Subtract line 21 from line 20		73,219,737.	61,089,015.
P	art II			10/225/1010	02/005/0250
		alties of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	ents, and to the hest of m	v knowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which p		•	y kilowiougo una bollot, it lo
truc	, 00110	or, and complete. Becautation of proparor (canon than emotor) to based on an information of which p	порагог	nas any knowledge.	
Sig	n	Signature of officer		Date	
Hei		TONY LAWRENCE, DIRECTOR OF FINANCE			
He	E	Type or print name and title			
			T	Date Check	PTIN
Pai	4	Print/Type preparer's name RICHARD J. LOCASTRO, CPA Preparer's signature Locastro	_ [9/11/23 if	
	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN	4	Firm's EIN	
	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N		FIIIII S EIIV	<u> </u>
036	Only	BETHESDA, MD 20814-2930		Dhone no 3 (1-951-9090
N46	, tha	· · · · · · · · · · · · · · · · · · ·		Phone no. 3 C	
ivia	y trie l	IRS discuss this return with the preparer shown above? See instructions			X Yes No

132002 12-09-21

including grants of \$

20,719,419.

Form 990 (2021)

) (Revenue \$

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		37	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11d	Х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX		X	_
f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	21	
•	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_	v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

Form	990 (2021) NATIONAL DEFENSE INDUSTRIAL ASSOCIATION 53-0196	5547	Р	age 4
Pai	t IV Checklist of Required Schedules (continued)		Vaa	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	l		,,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			\ _{3,7}
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			\ _{3,7}
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			.
- -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			₩
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	20	Х	
Par		38	21	l
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 93	B		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

132004 12-09-21

(gambling) winnings to prize winners?

021) NATIONAL DEFENSE INDUSTRIAL ASSOCIATION
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 11	.3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instructions	S			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account, securities account	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country		_		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	, ,			37
5a					X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.				X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		. <u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-			X
	any contributions that were not tax deductible as charitable contributions?		. <u>6a</u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contribution	· ·	Ch		
7	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the payo	r2 7 2		х
a b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sen If "Yes," did the organization notify the donor of the value of the goods or services provided?	nces provided to the payo		+	1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		. 15		
·	to file Form 8282?	·	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	•	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		··		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file For		" —		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	•			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?	N/A	. 8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		. 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots	N/A	9b		
10	Section 501(c)(7) organizations. Enter:	Ī			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_		
11	Section 501(c)(12) organizations. Enter:	1			
a		11a	_		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against	441.			
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b 10412	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
	Did the appropriation pressing any property for indeed to provide a decide of the territory		. 14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			1	
	excess parachute payment(s) during the year?		. 15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	· • _		1	
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	N/A	17		
	If "Yes." complete Form 6069.				

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8	1		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	8	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		anv other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		X
Sec	tion B. Policies _{(This Section B requests information about policies not required by the Internal Re}	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
				10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			. 12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			v	
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Λ	
15	Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		reheuaeut			
_				150	х	
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			15a 15b	- 22	X
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
·Ju	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			100		
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE	0				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar		T (section 501(c)(3)s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			nd finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records 🕨			
	LATOSHA HILL - (703)522-1820					
	2101 WILSON BLVD., 700, ARLINGTON, VA 22201					

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See the instructions for the order in which to list the persons above.

(A)	(B)	l	11124		C)	ірсі	Satt	(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
Name and the	hours per		not cl					compensation	compensation	amount of
	week		cer an					from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	or dire	a			ted		organization	(W-2/1099-MISC/	from the
	related	stee	truste		e e	beusa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	nal tru	ional		ploye	t com		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) HERBERT CARLISLE	40.00	드	드	0	Ϋ́	王吉	Fc			
CEO (UNTIL 3/2022)	1000	1		х				839,339.	0.	9,281.
(2) JAMES BOOZER	40.00									
EVP & SECRETARY/TREASURER		1		х				395,445.	0.	9,362.
(3) MARK LEWIS	40.00							•		,
EXECUTIVE DIRECTOR - ETI				Х				372,985.	0.	27,238.
(4) JAMES ROBB	40.00									•
PRESIDENT - NTSA				Х				320,174.	0.	7,625.
(5) WESLEY HALLMAN	40.00									
SR. VP POLICY				Х				293,551.	0.	29,874.
(6) CHRISTINE KLEIN	40.00									
SR. VP MEETINGS				Х				308,279.	0.	15,068.
(7) RACHEL MCCAFFREY	40.00									
SR. VP MEMBERSHIP/WID				Х				269,735.	0.	7,113.
(8) SCOTT REKDAL	40.00									
SR. VP MARKETING/COMMUNICATION				Х				248,367.	0.	28,327.
(9) TONY LAWRENCE	40.00								_	
CFO					Х			191,532.	0.	26,730.
(10) MITCHELL TURNER	40.00	1								
SENIOR DIRECTOR OF IT						Х		184,340.	0.	27,737.
(11) DEBORAH DYSON	40.00							100 000		
VP - NTSA	40.00				Х			189,932.	0.	10,218.
(12) DAVID CHESEBROUGH	40.00	-			.,			100 001	_	20 506
VP - PROGRAMS	40.00				Х			177,751.	0.	20,586.
(13) LATOSHA HILL	40.00	-				7.7		177 020	_	17 550
CONTROLLER (14) STEWART MAGNUSON	40.00					Х		177,232.	0.	17,559.
	40.00	1				x		152 404	0.	17,402.
EDITOR - DEFENSE MAGAZINE	40.00					^		153,494.	0.	17,402.
(15) TAMMY HOFFMAN DIRECTOR WEB OP	40.00	1				x		158,676.	0.	/ 170
(16) KATHLEEN KENNEY	40.00					^		130,070.	0.	4,179.
DIRECTOR - ADVERTISING	40.00	1				x		130,477.	0.	10,976.
(17) DAVID NORQUIST	40.00	-	\vdash			<u> </u>		130,411.	· ·	10,970.
CEO (FROM 5/2022)		1		Х				0.	0.	0.
132007 12-09-21				21				1 0.	<u> </u>	Form 990 (2021)
132001 12-09-21					_					(2021)

10111 000 (2021)	2212102			<u> </u>				IIDDUULIII LUIN	33 0230	<u></u>	- '	ugo -
Part VII Section A. Officers, Directors, Tru	stees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(do	not o	Pos		l than d	one	Reportable	Reportable	E!	stimate	∍d
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	ar	nount	of
	week		cer ar	nd a d	irecto	r/trus	tee)	from	from related		other	
	(list any	rector						the	organizations	1	pensa	
	hours for related	or di	ee ee			ated		organization	(W-2/1099-MISC/	1	rom th	
	organizations	ustee	trust		96	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	٠ -	janizat d relat	
	below	dual tr	tional	١.	yoldı	st con	_	1039-1420)		I	anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			0,9	armzaci	0110
(18) JEN STEWART	40.00		_	Ť	_							
EVP (FROM 9/2022)				Х				0.	0.			0.
(19) ARNOLD L. PUNARO, USMC (RET)	1.00											
BOARD CHAIR		Х		Х				0.	0.			0.
(20) MICHAEL J. BAYER	1.00											
BOARD VICE CHAIR		Х		Х				0.	0.			0.
(21) ANGELA AMBROSE	1.00											
DIRECTOR		Х						0.	0.			0.
(22) THOMAS ANDERSEN, USAF (RET)	1.00											
DIRECTOR		Х						0.	0.			0.
(23) JOHN ARMELLINO, USMC (RET)	1.00											
DIRECTOR		Х						0.	0.			0.
(24) VALERIE L. BALDWIN	1.00											
DIRECTOR		Х						0.	0.			0.
(25) WILLIAM J. BENDER, USAF (RET)	1.00											
DIRECTOR		Х						0.	0.			0.
(26) CHRIS BOGDAN, USAF (RET)	1.00											
DIRECTOR		Х						0.	0.			0.
1b Subtotal							ightharpoons	4,411,309.	0.	26	9,2	
c Total from continuation sheets to Part V							ightharpoons	0.	0.			0.
d Total (add lines 1b and 1c)							<u> </u>	4,411,309.	0.	26	9,2	<u>75.</u>
2 Total number of individuals (including but	not limited to th	ose	liste	d at	ove) wh	o re	ceived more than \$100,	000 of reportable			
compensation from the organization												32
											Yes	No
3 Did the organization list any former office		,	,	•	,	,	_		•			
line 1a? If "Yes," complete Schedule J for										3		X
A Proposition of the State of t					4.5	1	- 41-					

Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
AMERICANEAGLE.COM INC	HARDWARE/SOFTWARE	
2600 S. RIVER RD, DES PLAINES, IL 60018	SERVICES	308,253.
FRY COMMUNICATIONS, INC	COMMUNICATION	-
800 WEST CHURCH RD, MECHANICSBURG, PA 17055	SERVICES	249,881.
POPLICUS	DECISION SCIENCE	
PO BOX 200188, PITTSBURGH, PA 15251	PLATFORM	221,667.
DIGITELL		
4 E 3RD ST #300, JAMESTOWN, NY 14701	EVENT PLATFORM	189,075.
PINKSTON, 3110 FAIRVIEW PARK DR. #1400,		
FALLS CHURCH, VA 22042	PUBLIC RELATIONS	179,000.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 11		
		222

SEE PART VII, SECTION A CONTINUATION SHEETS

Canal		DEFENSE	Ι	.ND)US	TR	ΊA	L	ASSOCIATION	53-019	6547
Name and title	Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd F	lighe	est (Compensated Employe	es (continued)	
Nours for related reganization from the organization from the organization from the organizations (W.2/1099-MISC) (W.2/109-MISC) (W.2/109-MISC) (W.2/109-MISC) (W.2/109-MISC) (W.2/109-MISC)	(A)	(B)			(0	C)			(D)	(E)	(F)
Por week	Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
Week Fig.		hours	(c	heck	all t	that	app	ly)	compensation	•	
(list any list any											
1.00		1	or				oloyee				•
1.00		1 '	direct				d em l			(***-2/1099-141130)	
1.00		1	ee or	stee			nsate		(** 2, 1000 111100)		_
1.00		organizations	trust	nal tru		oyee	om pe				organizations
1.00		below	vidua	itution	Ser	empl	hest c	ner			
DIRECTOR		· · · · · · · · · · · · · · · · · · ·	ib	Inst	0#ii	Key	Hig	Forr			
1.00	(27) JEFFREY W. BOHLING	1.00									
DIRECTOR	DIRECTOR		Х						0.	0.	0.
C29) ITMOTHY BYERS, USAF (RET) 1.00 X	(28) JOHN A. BONSELL	1.00									
DIRECTOR	DIRECTOR		Х						0.	0.	0.
1.00 DAVID CASWELL 1.00 X	(29) TIMOTHY BYERS, USAF (RET)	1.00									
DIRECTOR	DIRECTOR		Х						0.	0.	0.
1.00 X	(30) DAVID CASWELL	1.00									
DIRECTOR	DIRECTOR		Х						0.	0.	0.
1.00 X	•	1.00									_
DIRECTOR			X						0.	0.	0.
33) DALE W. CHURCH		1.00									•
DIRECTOR		1 00	Х						0.	0.	0.
Carriage Carriage		1.00								•	•
DIRECTOR X		1 00	Х						0.	0.	0.
1.00 X		1.00								•	•
DIRECTOR		1 00	X						0.	0.	0.
1.00 1.00 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.		1.00	37							0	0
DIRECTOR		1 00	Λ						0.	0.	0.
1.00 X		1.00	v							0	^
DIRECTOR		1 00	Λ						0.	0.	0.
Carrector Carr		1.00	v						0	0	0
DIRECTOR X		1 00	Λ						0.	0.	0.
1.00		1.00	v						0	0	n
DIRECTOR X		1 00							0.	0.	<u></u>
1.00 DIRECTOR	, ,	1.00	v						0	0	0
DIRECTOR X		1.00							•	•	•
Columbia		1100	x						0.1	0.	0.
DIRECTOR X		1.00								0.1	
1.00 X 0.			х						0.	0.	0.
DIRECTOR X	(42) PAULA EDWARDS	1.00								•	
1.00 X 0.	DIRECTOR		х						0.	0.	0.
DIRECTOR X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(43) MARY MARGARET EVANS	1.00									
(44) ALAN FAVER 1.00 DIRECTOR X (45) RICHARD P. FORMICA, USA (RET) 1.00 DIRECTOR X (46) ROBERT A. GECKLE, JR. 1.00	DIRECTOR		Х						0.	0.	0.
(45) RICHARD P. FORMICA, USA (RET) 1.00 DIRECTOR X (46) ROBERT A. GECKLE, JR. 1.00	(44) ALAN FAVER	1.00									
(45) RICHARD P. FORMICA, USA (RET) 1.00 DIRECTOR X (46) ROBERT A. GECKLE, JR. 1.00	DIRECTOR		Х		L				0.	0.	0.
DIRECTOR X 0. 0. 0. (46) ROBERT A. GECKLE, JR. 1.00	(45) RICHARD P. FORMICA, USA (RET)	1.00									
(46) ROBERT A. GECKLE, JR. 1.00	DIRECTOR		Х						0.	0.	0.
	(46) ROBERT A. GECKLE, JR.	1.00									
	DIRECTOR		Х						0.	0.	0.
i l											

A (8)		DEFENSE	I	ND	US	TR	ΙA	L	ASSOCIATION	53-019	6547
Co Name and title	Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
Name and title										,	(F)
Nours Check all that apply) Compensation from related organizations (W2/1099-MISC) W2/1099-MISC) W2/											Estimated
Week Fig. 1 any Fig. 1 an			(c	heck	all t	that	appl	ly)	•		amount of
Distance Distance		per							from		other
(47) PETER D. GREEN			_				oyee				compensation
447) PETER D. GREEN		1 '	irecto				empl			(W-2/1099-MISC)	from the
1.00			e or d	tee			sated		(W-2/1099-MISC)		_
1.00			ruste	ıl trus		ee/	m pen				organizations
447) PETER D. GREEN		"	dualt	utiona	-	oldm	stco	er			organizations
DIRECTOR		line)	Indivi	Instit	Office	Key e	Highe	Form			
DIRECTOR	(47) PETER D. GREEN	1.00									
CARD DAVID D. HALVERSON, USA (RET) 1.00 X			x						0.	0.	0.
DIRECTOR		1.00								0.1	
Table Tabl			x						0.	0.	0.
DIRECTOR		1.00							•	•	
SO DAVID HATHAWAY		1.00	x						0.	0.	0.
DIRECTOR		1.00							•	•	•
STANAN I		1.00	x						0.	0.	0.
DIRECTOR		1.00							•	•	•
STATEMENT NOT NOT NOT NOT NOT NOT NOT NOT NOT N		1.00	v						0	٥	0.
DIRECTOR		1 00	25						0.	<u> </u>	0.
State	•	1.00	v						0	1	0.
DIRECTOR		1 00	- 22						0.	0.	0.
State		1.00	v						0	0	0.
Director X		1 00	Δ						0.	0.	0.
1.00 X		1.00	v						0	_	0.
Director X		1 00	Δ						0.	0.	0.
Section Sect		1.00	v						0	_	0.
DIRECTOR		1 00	Λ						0.	0.	0.
STOCK STOC		1.00	v						0	_	0.
DIRECTOR		1 00	Λ						0.	0.	0.
Section Sect		1.00	v						_	_	0.
DIRECTOR		1 00	Λ						0.	U •	0.
The column		1.00	.							_	^
DIRECTOR X		1 00	Λ						0.	0.	0.
1.00		1.00	. ,							_	0
DIRECTOR X		1 00	Λ						0.	0.	0.
Column		1.00	. ,							_	0
DIRECTOR X	-	1 00	Λ						0.	0.	0.
Column		1.00	٠,,							_	0
DIRECTOR X		1 00	X						0.	0.	0.
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DIRECTOR X		1 00	X						0.	0.	0.
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DIRECTOR X	-	1 00	X						0.	0.	0.
(65) ARMANDO MANDY LOPEZ, JR., USA (1.00 X 0. 0. (66) ML MACKEY 1.00 X 0. 0. O.		1.00								_	_
DIRECTOR X 0. 0. (66) ML MACKEY 1.00 X 0. 0.		1 00	X	\vdash					U .	U •	0.
DIRECTOR X 0. 0.		1.00								_	_
DIRECTOR X 0. 0.		4 00	Х						0.	0.	0.
		1.00	l							_	_
Total to Part VII. Section A line 1c	DIRECTOR		Х						0.	0.	0.
Total to Part VII. Section A line 1c											
Total to Fart vii, Occidity, iiic 10	Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Tre	ustees, Key En	nplo	yee			lighe	est (Compensated Employe	es (continued)	
/A\	(B)									
(A)	(5)			(C	C)			(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	appl	ly)	compensation	compensation	amount of
	per					a>		from	from related	other
	week (list any	or				Highest compensated employee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	Individual trustee or director				d em		(W-2/1099-MISC)	(***2/1099****100)	organization
	related	ee or	stee			nsate		(** 27 1000 111100)		and related
	organizations	trust	Institutional trustee		Key employee	ош ре				organizations
	below	vidua	itution	ser	empl	hest c	Former			
	line)	lndi	Inst	Officer	Key	Hig	Forr			
(67) LEIGH MADDEN	1.00									
DIRECTOR		Х						0.	0.	0.
(68) WILLIAM MAHAN	1.00	1						_	_	_
DIRECTOR		Х						0.	0.	0.
(69) KENNETH MASSON	1.00	1						_	_	_
DIRECTOR		Х						0.	0.	0.
(70) ANTHONY L. MATHIS	1.00	1						_	_	_
DIRECTOR		Х						0.	0.	0.
(71) THERESA MAYER	1.00	J								_
DIRECTOR		Х						0.	0.	0.
(72) LAURA MCALEER	1.00	ļ								•
DIRECTOR	1 00	Х						0.	0.	0.
(73) KRIS MCGUIRE	1.00	ļ							•	•
DIRECTOR	1 00	Х						0.	0.	0.
(74) TERRANCE J. MCKEARNEY	1.00							_	•	•
DIRECTOR	1 00	Х						0.	0.	0.
(75) ANDREW MCKENNA	1.00	.,						_	0	0
DIRECTOR (76) CATHERINE MEYN	1.00	Х						0.	0.	0.
	1.00	x						0.	0.	_
DIRECTOR (77) MEGAN MILAM	1 00	^						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	^
(78) KEVIN MORTENSEN	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(79) MARA A. MOTHERWAY, USN (RET)	1.00	^						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(80) JANA WEIR MURPHY	1.00							0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(81) MICHAEL NIGGEL	1.00							•	•	•
DIRECTOR	1100	x						0.	0.	0.
(82) TERRENCE O'SHAUGHNESSY, USAF (R	1.00	 							3.	•
DIRECTOR		x						0.	0.	0.
(83) BRIAN E. PERRY	1.00	T								
DIRECTOR		х						0.	0.	0.
(84) STEPHEN W. PRESTON	1.00	1								
DIRECTOR		Х						0.	0.	0.
(85) DARRYL ROBERSON, USAF (RET)	1.00									
DIRECTOR		Х						0.	0.	0.
(86) REGINALD O. ROBINSON, USAF (RET	1.00									
DIRECTOR		Х						0.	0.	0.
		•								
Total to Part VII, Section A, line 1c										

	L DEFENSE	: I	ND	US	TR	ΙA	<u>L</u>	ASSOCIATION	53-019	6547
Part VII Section A. Officers, Directors, 1	rustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	.o.				Highest compensated employee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(***2/1099****100)	organization
	related	ee or	stee			nsate		(** 27 1000 111100)		and related
	organizations	Individual trustee or director	Institutional trustee		oyee	om pe				organizations
	below	vidua	itutio	Officer	Key employee	hesto	Former			
	line)	Indi	Inst	0#i	Key	Hig	Fon			
(87) BETSY SCHMID	1.00									
DIRECTOR		Х						0.	0.	0.
(88) JOHN D. SCHUMACHER	1.00									
DIRECTOR		Х						0.	0.	0.
(89) RAJ SHAH	1.00									
DIRECTOR		Х						0.	0.	0.
(90) EDWARD J. SHEEHAN, JR.	1.00									
DIRECTOR		Х						0.	0.	0.
(91) JAY B. SILVERIA, USAF (RET)	1.00									
DIRECTOR		Х						0.	0.	0.
(92) ROBERT SIMMONS	1.00									_
DIRECTOR		Х						0.	0.	0.
(93) MARY N. SPRINGER	1.00	l								
DIRECTOR	1 00	Х						0.	0.	0.
(94) ROBERT H. SUES	1.00	l							•	
DIRECTOR	1 00	Х						0.	0.	0.
(95) OMER CLIFTON TOOLEY, JR., ARNG	1.00	,,							0	
DIRECTOR	1 00	Х						0.	0.	0.
(96) BRETT ULANDER	1.00	37						0.	0	_
DIRECTOR	1 00	Х						0.	0.	0.
(97) MARTIN WHELAN, USAF (RET) DIRECTOR	1.00	х						0.	0.	0.
(98) BRENT WILDASIN	1.00	Λ						0.	0.	· ·
DIRECTOR	1.00	Х						0.	0.	0.
(99) ROGER I. ZAKHEIM	1.00	Δ						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
<u> </u>								0.	0.	<u></u>
		1								
		L			L	L	L			
Total to Part VII, Section A, line 1c	· · · · · · · · · · · · · · · · · · ·	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u> .			

Form 990 (2021) NATIONAL DEFENSE INDUSTRIAL ASSOCIATION 53-0196547 Page 9 Part VIII Statement of Revenue

			Check if Schedule O co	ntains :	a resnonse d	or note to any lin	e in this Part VIII			
			Check ii Concadie C co	i itali io i	и гооропос с	or mote to uny iiii	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
(0, (0	-	_	Fodorated compaigns		1a					0001101101011210111
Contributions, Gifts, Grants and Other Similar Amounts	•				- I					
جَ ق										
fts, Ar			Fundraising events							
ig ig					1d 1e	1,451,650.				
Sir			Government grants (contributions gifts gr			1,131,030.				
e E		'	All other contributions, gifts, grasimilar amounts not included at			76,884.				
를 클		~	Noncash contributions included in line		1g \$,0,001.				
io d		_	Total. Add lines 1a-1f	es ia-ii	IgηΦ		1,528,534.			
0 0		''	Total. Add lines 1a-11			Business Code	2,020,001.			
	2	_	EXHIBITS			900099	8,627,212.	8,627,212.		
je	_	-	MEETING REGISTRATIONS			900099	8,502,393.	8,502,393.		
Ser		-	CHAPTER ACTIVITIES			900099	3,807,669.	3,807,669.		
m S		_	MEMBERSHIP DUES			900099	3,224,117.	3,224,117.		
Program Service Revenue			SPONSORSHIPS			900099	2,721,153.	2,721,153.		
Pro			All other program service re	vonuo		900099	1,359,282.	102,433.	1256849.	
			Total. Add lines 2a-2f				28,241,826.	202,100.	1200013.	
	3	y	Investment income (includin							
	Ü		other similar amounts)				472,474.			472,474.
	4		Income from investment of t							
	5		Royalties			occcus -				
	Ŭ				(i) Real	(ii) Personal				
	6	а	Gross rents 6	Sa 🖳	(7	()				
				Sb Sb						
				ic i						
			Net rental income or (loss)	,,,		•				
			Gross amount from sales of	(i)	Securities	(ii) Other				
	•	_		<u> </u>	,234,655.					
		b	Less: cost or other basis		, ,					
<u>e</u>		-		7 b 8	,662,414.					
her Revenue		С		_	,572,2 41 .					
Şe.			Net gain or (loss)				1,572,241.			1572241.
ē			Gross income from fundraising			,				
퉏										
			contributions reported on lir	ne 1c).	_ See					
			Part IV, line 18							
		b	Less: direct expenses							
		С	Net income or (loss) from ful	ndraisii	ng events					
			Gross income from gaming							
			Part IV, line 19		9a					
		b	Less: direct expenses							
			Net income or (loss) from ga							
	10	а	Gross sales of inventory, les	s retur	ns					
			and allowances		10a					
		b	Less: cost of goods sold							
		С	Net income or (loss) from sa	les of i	nventory					
တ						Business Code				
o o	11	а	MISCELLANEOUS			900099	236,587.			236,587.
ane		b								
Sell		С								
Miscellaneous Revenue		d	All other revenue							
		е	Total. Add lines 11a-11d			>	236,587.			
	12		Total revenue. See instructions	3			32,051,662.	26984977.	1256849.	2281302.

_	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	408,683.	408,683.		
2	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic	400,003.	400,005.		
2	individuals. See Part IV, line 22	559,691.	559,691.		
3	Grants and other assistance to foreign	333,0310	33370311		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	3,844,047.	1,068,251.	2,775,796.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,151,375.	3,926,186.	1,225,189.	
3	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	212,363.	140,242.	72,121.	
9	Other employee benefits	2,565,188.	1,496,284.	1,068,904.	
)	Payroll taxes	683,148.	386,552.	296,596.	
1	Fees for services (nonemployees):				
а	Management	0.4 5.05		0.4 5.05	
b	Legal	84,595.		84,595.	
С	Accounting	87,479.		87,479.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	100 401		100 401	
f	Investment management fees	192,431.		192,431.	
g	Other. (If line 11g amount exceeds 10% of line 25,	1,441,802.	559,800.	882,002.	
_	column (A), amount, list line 11g expenses on Sch 0.)	86,551.	86,503.	48.	
2 3	Advertising and promotion	773,128.	486,404.	286,724.	
3 4	Office expenses Information technology	1,384,260.	205,937.	1,178,323.	
5	Royalties	5,166.	5,166.	1/1/0/3230	
, 3	Occupancy	1,106,160.	15.	1,106,145.	
7	Travel	527,556.	419,706.	107,850.	
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	6,119,190.	5,863,985.	255,205.	
)	Interest	24,386.		24,386.	
ı	Payments to affiliates				
2	Depreciation, depletion, and amortization	316,112.		316,112.	
3	Insurance	178,012.		178,012.	
ı	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	CHAPTER ACTIVITIES	3,514,881.	3,514,881.		
b	C.C. PROCESSING FEES	595,592.	522,892.	72,700.	
c	PUBLICATION COSTS	449,833.	449,833.	,	
d	SUBSCRIPTIONS & PUBS.	228,965.	199,535.	29,430.	
e	All other expenses	615,984.	418,873.	197,111.	
5	Total functional expenses. Add lines 1 through 24e	31,156,578.	20,719,419.	10,437,159.	1
3	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 4,726,646. 7,080,362. 1 Cash - non-interest-bearing 487,862. 858,436. 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 303,958. 385,897. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 734,462. 965,131. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 2,396,981. basis. Complete Part VI of Schedule D 10a 1,635,464. 1,077,628. 761,517. b Less: accumulated depreciation ______ 10b 10c 54,951,121. 67,296,623. Investments - publicly traded securities 11 11 13,747,929. 12,829,410. Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 11,369,713. 10,567,881. Other assets. See Part IV, line 11 15 15 86,964,558. 101,180,018. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 2,797,430. 2,445,414. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 9,391,003. 8,739,817. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 1,250,000. 1,250,000. Secured mortgages and notes payable to unrelated third parties 23 23 1,451,650. 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 13,422,214. 13,088,296. of Schedule D 25 27,960,281. 25,875,543. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 59,331,123. Net assets without donor restrictions 70,973,383. 27 27 1,757,892. Net assets with donor restrictions 2,246,354. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 73,219,737. 61,089,015. Total net assets or fund balances 32 32 101,180,018. 86,964,558. 33 33 Total liabilities and net assets/fund balances

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

NATIONAL DEFENSE INDUSTRIAL ASSOCIATION

 $Employer\ identification\ number \\ 53-0196547$

Pa	rt I	Reason for Public 0	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.		
The	organ	ization is not a private found	ation because it is: (f	For lines 1 through 12. c	heck only	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
_	H		ed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
2	H			•		VI VAVAV	···		
3	=	A hospital or a cooperative					•		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental unit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Ħ	An organization that norma	-					nublic described in	
•	ш	section 170(b)(1)(A)(vi). (C	•	itiai part of its support if	om a gove	JiiiiiCiitai	unit or norm the general p	public described in	
_				(4)(A)(-1) (Olate D					
8	\mathbb{H}	A community trust describe							
9	Ш	An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college	
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	e or	
		university:							
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.	
		See section 509(a)(2). (Cor		,			, ,	,	
11		An organization organized a	. ,	valy to test for public sa	faty Saa	section 50	10(a)(4)		
	H							numaces of one or	
12	ш	An organization organized a	•	•	•		•	•	
		more publicly supported or	-					check the box on	
		lines 12a through 12d that	* *			-			
а			anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typically by	giving	
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting	
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by have	/ing	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted	
		organization(s). You mus			•				
С		Type III functionally inte	-		in connect	tion with a	and functionally integrate	ed with	
•		its supported organization	-				• •		
4		7		·				zation(a)	
d		☐ Type III non-functionally					· · · · · · · · · · · · · · · · · · ·		
		that is not functionally int		• ,	•		•	veness	
		requirement (see instructi	•	•	•				
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III		
		functionally integrated, or	• •	nally integrated supporti	ng organiz	ation.			-
f	Ente	er the number of supported o	organizations						-
g		vide the following information			L (iv) le the era	nization listed		T	_
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
									-
									-
									-
							1		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support				_	_	
Cale	ndar year (or fiscal year beginning in) ► 📗	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	$Gross\ receipts\ from\ related\ activities,$	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	-			•		
	organization, check this box and stop						.
	ction C. Computation of Public					T T	
	Public support percentage for 2021 (li					14	%
	Public support percentage from 2020					15	%
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies a						
b	33 1/3% support test - 2020. If the o	•		•		•	
	and stop here. The organization quali						
1/a	10% -facts-and-circumstances test	_					
	and if the organization meets the facts			=		_	▶ □
	meets the facts-and-circumstances tes	-			-	47 10 45:-	
b	10% -facts-and-circumstances test	•				•	10% or
	more, and if the organization meets the						▶ □
40	organization meets the facts-and-circu		-		• • •		
Ίď	Private foundation. If the organization	i dia not check a	box on line 13, 16	a, 100, 1/a, 0r 1/b	o, check this box a	ina see instruction	s

Schedule A (Form 990) 2021

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	clow, picase comp	nete i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	16,067.	50,866.	38,720.	1501629.	1528534.	3135816.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	25241397.	24544463.	15904116.	9759375.	26984977.	102434328
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge		0.45.05.000	15040006	41051001	0.51.051.1	405550444
	Total. Add lines 1 through 5	25257464.	24595329.	15942836.	11261004.	28513511.	105570144
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	33 587.	203,314.				236,901.
c	Add lines 7a and 7b	33,587.	203,314.				236,901.
	Public support. (Subtract line 7c from line 6.)						105333243
	ction B. Total Support	•					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	25257464.	24595329.	15942836.	11261004.	28513511.	105570144
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	292,006.	413,460.	454,676.	370,573.	472,474.	2003189.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	292,006.	413,460.	454,676.	370,573.	472,474.	2003189.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	3,450.	105,912.		30,150.	57,924.	197,436.
12	Other income. Do not include gain or loss from the sale of capital			4831426.			
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						118226331
	First 5 years. If the Form 990 is for the		•		•	•	
	check this box and stop here	-		•			
Sed	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2021 (line 8, column (f), d	livided by line 13, o	column (f))		15	89.09 %
	Public support percentage from 2020					16	88.04 %
Sec	ction D. Computation of Inves	stment Income	Percentage				
17	Investment income percentage for 20	021 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	1.69 %
	Investment income percentage from					18	2.34 %
19a	33 1/3% support tests - 2021. If the						
_	more than 33 1/3%, check this box at	=	-		• •		
b	33 1/3% support tests - 2020. If the	•			•	•	. \square
	line 18 is not more than 33 1/3%, che		-	•	is a publicly suppo is box and see ins	-	~

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	162	NO
1		
-		
_		
2		
За		
3b		
35		
3с		
1-		
4a		
4b		
4c		
5a		
5b		
5c		
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8		
9a		
9b		
35		
9c		
10a		
10b		<u> </u>

Van Na

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

Schedule A (Form 990) 2021

<u>detail in P</u>art VI

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

Section D. All Type III Supporting Organizations

- Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported
- organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a
- significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	2a		
	2b		
	За		
	3b		
nedule	A (Forn	n 990)	2021

No

Yes

2

1

2

3

Yes No

Scl

Part V Type III Non-Functionally Integrated 509(a)(3) Support			75 OIJOJIT Page
1 Check here if the organization satisfied the Integral Part Test as a qualif	ying trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions
All other Type III non-functionally integrated supporting organizations m	ust complete S	Sections A through E.	1
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	nization (see
instructions).	-		

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Section D - Distributions		·		Current Year		
1 Amounts paid to supported organizations to accomplish e	exempt purposes		1			
2 Amounts paid to perform activity that directly furthers exe	empt purposes of supported					
organizations, in excess of income from activity			2			
3 Administrative expenses paid to accomplish exempt purp	oses of supported organizations		3			
4 Amounts paid to acquire exempt-use assets	Amounts paid to acquire exempt-use assets					
5 Qualified set-aside amounts (prior IRS approval required -	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)					
6 Other distributions (describe in Part VI). See instructions.			6			
7 Total annual distributions. Add lines 1 through 6.			7			
8 Distributions to attentive supported organizations to whic	h the organization is responsive					
(provide details in Part VI). See instructions.						
9 Distributable amount for 2021 from Section C, line 6	9					
Line 8 amount divided by line 9 amount		1	10			
_	/i\	/ii\		(iii)		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D,			
line 7: \$			
Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

NATIONAL DEFENSE INDUSTRIAL ASSOCIATION

Employer identification number

53-0196547

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2**

Name of organization Employer identification number

NATIONAL DEFENSE INDUSTRIAL ASSOCIATION

53-0196547

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,451,650.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4	Total contributions \$ 11,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

NATIONAL DEFENSE INDUSTRIAL ASSOCIATION

53-0196547

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization Employer identification number

NAL DEFENSE INDUSTRIAL	ASSOCIATION	53-0196547
Exclusively religious, charitable, etc., contributor any one contributor. Complete columns completing Part III, enter the total of exclusively religious	Itions to organizations described in sec (a) through (e) and the following line entress, charitable, etc., contributions of \$1,000 or I	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the y
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name address	(e) Transfer of gift and $ZIP \pm 4$	t Relationship of transferor to transferee
Transfer of Trainis, data out,		riolationomp of a union of the authorities
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address,		Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address,	(e) Transfer of gift	't
	from any one contributor. Complete columns completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional (b) Purpose of gift Transferee's name, address, (b) Purpose of gift (b) Purpose of gift Transferee's name, address, (b) Purpose of gift Transferee's name, address,	from any one contributor. Complete columns (a) through (e) and the following line en completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift (f) Use of gift

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			·	oyer identification number
	NATIONA	<u>L DEFENSE INDUST</u>	RIAL ASSOCI <i>A</i>	ATION	53-0196547
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		> \$	
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶ \$	
	Enter the amount of any excise tax				
	If the organization incurred a sectio				
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				1/2)
Pa	art I-C Complete if the org	anization is exempt und	er section 501(c),		· · ·
	Enter the amount directly expended	, , ,	•		
2	Enter the amount of the filing organ		-		
	exempt function activities				
3	Total exempt function expenditures				
	line 17b				
4 5	Did the filing organization file Form Enter the names, addresses and en				
3	made payments. For each organiza				
	contributions received that were pro	•			•
	political action committee (PAC). If	additional space is needed, prov	vide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2021

LHA

132041 11-03-21

Schedule C (Form 990) 2021

18,527.

250,000.

6,000,000.

1,000,000.

1,500,000.

68,703.

250,000.

250,000.

(150% of line 2a, column(e))

c Total lobbying expenditures

d Grassroots nontaxable amounte Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

50,176.

250,000.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.			No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Dar	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5)	orse	rtion	
Fai	501(c)(6).	11 30 1 (0)(3)	, 01 56	Juon	
	(-)(-)			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th		3		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				J, 15
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	aı			
_	expenses for which the section 527(f) tax was paid).		20		
	Current year				
	Carryover from last year				
	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the exceeds the amount on line 3, what portion of the exceeds the				
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		. 5		
Par				l	
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See	
	actions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	•	•	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

NATIONAL DEFENSE INDUSTRIAL ASSOCIATION 53-0196547

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Si	milar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ie 6.		·
		(a) Donor advised	I funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held	d in donor advised fund	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gran	nt funds can be used o	nly
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any	other purpose conferr	ing
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes	on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribu	tion in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а				2a
b				2b
C	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired a			
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or te	rminated by the organi	zation during the tax
4	year Number of states where preparty subject to concentation ass	noment is lessted		
4 5	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per		on handling of	
3	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		d enforcing conservation	
Ŭ		Training of Violations, and	a omoromy concervation	in casemente daning the year
7	7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year			sements during the year
	▶ \$		g	
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements	of section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's f	inancial statements that	at describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	f Art, Historical Trea	sures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its rever	nue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for public	olic exhibition, education,	or research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that desc	ribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
	(ii) Assets included in Form 990, Part X			. .
2	If the organization received or held works of art, historical treatments	asures, or other similar as	sets for financial gain, p	provide
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
ΙΗΔ	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990		Schedule D (Form 990) 2021

132051 10-28-21

Schedule D (Form 990) 2021

761,517

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

1,633,762.

1,158,617.

Scriedule D	(FUIII 990) 202 I	11211 1 011211		THOODINIT	11000011111011	33
Part VII	Investments -	 Other Securities 	i.			

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value			
(1) Financial derivatives					
(2) Closely held equity interests					
(3) Other					
(A) ALTERNATIVE INVESTMENTS	13,491,651.	END-OF-YEAR MARKET VALUE			
(B) INVESTMENT IN LIMITED					
(C) PARTNERSHIPS	256,278.	END-OF-YEAR MARKET VALUE			
(D)					
(E)					
(F)					
(G)					
	The state of the s				

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RIGHT OF USE ASSET	10,567,881.
(2)	
(3)	
(4)	
(5)	
(6)	
<u>(7)</u>	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (R) line 15.)	▶ 10,567,881.

Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION OBLIGATION	716,309.
(3) DEFERRED RENT	12,371,987.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	▶ 13,088,296.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER

RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES, AND HAS

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 Part XIII Supplemental Infor	NATIONAL	DEFENSE	INDUSTRIAL	ASSOCIATION	53-0196547	Page 5
Part XIII Supplemental Infor	mation (continue	ed)				
	(55					

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

 \blacktriangleright Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

NATIONAL DEFENS	ב דאותוופהי	ртат. ассл	OCT A TO TON		53-019654	17
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	te if the organ		
Form 990, Part IV				ga		
_	-		ds to substantiate the amount of its grai			_
the grantees' eligibility for	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assis	tance?	Yes No
2 For grantmakers. Described States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and otl	ner assistance out	side the
			an be duplicated if additional space is no			
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND						
THE CARIBBEAN	0	0	INVESTMENTS IN REGION			4,199,570.
EUROPE	0	0	INVESTMENTS IN REGION			2,687,456.
3 a Subtotal	0	0				6,887,026.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				6,887,026.

132071 12-20-21

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2021

Part II

Schedule F (Form 990) 2021

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee	ecognized as charities by the or counsel has provided a sec	tion 501(c)(3) equ	uivalency letter	<u> </u>		

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

Part III				ites. Complete i	if the organization answered "Yes"	on Form 990, Part	IV, line 16.		
(a) ⊺	Part III can be duplicated if a Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	ch assistance (h) Method of valuation (book, FMV, appraisal, other)	

Schedule F (Form 990) 2021 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization NATTONAL	DEFENSE T	NDUSTRIAL A	SSOCTATION	Ī			Employer identification number 53-0196547
Part I General Information on Grants a		IIDODIIIIII II	BBCCIIII	•			33 0130317
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's profile.	stance? ocedures for monit	oring the use of grant	funds in the United	States.			X Yes No
Part II Grants and Other Assistance to I recipient that received more than 9					anization answered "\	es" on Form 990, Parl	: IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
USO OF METROPOLITAN WASHINGTON-BALTIMORE, INC 228 MCNAIR ROAD, BLDG 405 - FORT MYER,							
VA 22211	53-0204665	501(C)(3)	44,849.	0.			DONATION
BOB HOPE USO 340 GOLDEN SHORE STE 400 LONG BEACH, CA 90802	13-1610451	501(C)(3)	10,000.	0.			DONATION
EMERALD COAST SCIENCE CENTER 31 MEMORIAL PKWY SW FORT WALTON BEACH, FL 32548	59-3317924	501(C)(3)	10,000.	0.			DONATION
HUDSON ALPHA FOUNDATION 601 GENOME WAY NORTHWEST HUNTSVILLE, AL 35806	27-2320591	501(C)(3)	10,000.	0.			DONATION
 2 Enter total number of section 501(c)(3) at 3 Enter total number of other organizations 	-	-					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

(b) Number of coherent grant grant

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HARRIS AWARD	9	13,500.	0.		
UNDERSEA WARFARE AWARRD	6	16,000.	0.		
GOLOBIN AWARD	9	70,000.	0.		
I/ITSEC SCHOLARSHIP	18	120,000.	0.		
HORIZONS SCHOLARSHIP AWARD	14	120,851.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SUBMITTED APPLICATION DOCUMENTS. IF THE AWARDEE TERMINATES HIS/HER GRADUATE

PART I, LINE 2:

I/ITSEC TRAINING SYSTEMS: A SCHOLARSHIP AWARD FUNDED BY THE ANNUAL MEETING.

SCHOLARSHIPS ARE OFFERED AT THE MASTERS LEVEL IN THE AMOUNT OF \$5,000 AND

AT A DOCTORAL LEVEL IN THE AMOUNT OF \$10,000. APPLICANTS MUST BE ENROLLED

OR ACCEPTED FOR A FULL-TIME MASTERS OR DOCTORAL PROGRAM IN CERTAIN

DISCIPLINES, BE A US CITIZEN, AND HAVE A STATED INTEREST AND CAREER GOAL IN

THE MODELING, SIMULATION & TRAINING SYSTEM AND/OR EDUCATION INDUSTRY. THE

AWARD WILL BE BASED ON STUDENT MERIT AND NEEDS AS DETERMINED FROM THE

Part III Continuation of Grants and Other Assistance to Domes	stic Individuals(Schedule I (Form 99	00), Part III.)		,
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CENTRAL FL CHAPTER SCHOLARSHIP	2.	5,000.	0.		
DELAWARE VALLERY CHAPTER SCHOLARSHIP	12.	12,750.	0.		
GULF COAST CHAPTER SCHOLARSHIP	2.	25,300.	0.		
IOWA-ILLINOIS CHAPTER SCHOLARSHIP	5.	12,500.	0.		
MICHIGAN CHAPTER SCHOLARSHIP	12.	23,500.	0.		
SAN DIEGO CHAPTER SCHOLARSHIP	13.	52,790.	0.		
	13.	32,730.	,		
TENN VALLEY CHAPTER SCHOLARSHIP	6.	12,000.	0.		
WASH DC CHAPTER SCHOLARSHIP	15.	40,000.	0.		
		22.25			
WID GREATER OHIO VALLEY CHAPTER SCHOLARSHIP	12.	22,000.	0.		

Part III Continuation of Grants and Other Assistance to Domes	tic Individuals	Schedule I (Form 99	00), Part III.)		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
		5.000			
WID MICHIGAN CHAPTER SCHOLARSHIP	4.	5,000.	0.		
WID SPACE COAST CHAPTER SCHOLARSHIP	12.	8,500.	0.		

STUDIES AND THERE ARE REMAINING FUNDS, THE INSTITUTION WILL RETAIN SUCH

FUNDS FOR AWARD TO ANOTHER STUDENT OF ITS CHOICE FOLLOWING THE ELIGIBILITY

GUIDELINES. A PANEL CONSISTING OF CURRENT AND PAST I/ITSEC LEADERS AND

MEMBERS OF THE EDUCATION COMMUNITY DETERMINE THE SELECTION.

MEMBERS OF THE EDUCATION COMMUNITY DETERMINE THE SELECTION. UNDERSEA WARFARE FUND: THE NDIA UNDERSEA SYSTEMS WARFARE DIVISION (USWD) UNIVERSITY FELLOWSHIP FUND IS TO FUND SCHOLARSHIPS FOR DOCTORAL CANDIDATES IN SCIENCE AND ENGINEERING RELATED TO UNDERSEA WARFARE AT THE UNIVERSITY OF TEXAS AUSTIN, THE PENNSYLVANIA STATE UNIVERSITY AT STATE COLLEGE, AND THE UNIVERSITY OF WASHINGTON SEATTLE. SPECIFIC ELIGIBILITY RULES FOR THE FELLOWSHIP ARE ESTABLISHED AT THE PARTICIPATING UNIVERSITIES, WHICH FORWARD CANDIDATES TO THE RESEARCH ENGINEER AT THE PENNSYLVANIA STATE UNIVERSITY FOR REVIEW & APPROVAL BY THE UNDERSEA WARFARE EXECUTIVE BOARD. THE FELLOWSHIP IS NORMALLY FOR ONE YEAR NOT TO EXCEED IN-STATE TUITION COSTS &FEES, EXTENDIBLE TO A SECOND YEAR BASED ON STUDENT PERFORMANCE. HORIZONS SCHOLARSHIP: THE SCHOLARSHIP IS INTENDED TO PROVIDE FINANCIAL ASSISTANCE TO FURTHER EDUCATIONAL OBJECTIVES OF WOMEN WHO ARE US CITIZENS EITHER EMPLOYED OR PLANNING CAREERS IN DEFENSE OR NATIONAL SECURITY AREAS (THIS IS NOT LAW ENFORCEMENT OR CRIMINAL JUSTICE). THE AMOUNT OF THE AWARDS VARIES EACH YEAR. THE APPLICANT MUST BE CURRENTLY ENROLLED EITHER PART- OR FULL-TIME AT AN ACCREDITED UNIVERSITY OR COLLEGE WITH A MINIMUM GRADE POINT AVERAGE OF 3.25. AWARDS ARE BASED ON ACADEMIC ACHIEVEMENT, PARTICIPATION IN DEFENSE AND NATIONAL SECURITY ACTIVITIES, FIELD OF STUDY, WORK EXPERIENCE, STATEMENTS OF OBJECTIVES, RECOMMENDATIONS, AND FINANCIAL NEED. A PANEL OF JUDGES, COMPOSED OF WID (NDIA AFFILIATE) MEMBERS, CONSIDERS APPLICATIONS AND MAKES AWARDS ONCE EACH YEAR.

HUBERT D. HARRIS MEMORIAL SCHOLARSHIP FUND: THESE SCHOLARSHIPS ARE OPEN TO

SPECIFIC CANDIDATES PURSUING AN UNDERGRADUATE DEGREE WHO HAVE AN INTEREST

IN A SCIENTIFIC, ENGINEERING, OR MATHEMATICAL (STEM) CAREER. THE

Schedule I (Form 990)

Schedule I (Form 990)

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

Open to Public

53-0196547

Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection
Employer identification number

OMB No. 1545-0047

NATIONAL DEFENSE INDUSTRIAL ASSOCIATION

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	X Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7				
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	((B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) HERBERT CARLISLE	i)	600,106.	239,233.	0.	8,700.	581.	848,620.	0.
CEO (UNTIL 3/2022) (i		0.	0.	0.	0.	0.	0.	0.
(2) JAMES BOOZER	i) _	316,695.	78,750.	0.	8,700.	662.	404,807.	0.
EVP & SECRETARY/TREASURER (i	i)	0.	0.	0.	0.	0.	0.	0.
(3) MARK LEWIS	i)	312,985.	60,000.	0.	8,700.	18,538.	400,223.	0.
EXECUTIVE DIRECTOR - ETI	i)	0.	0.	0.	0.	0.	0.	0.
(4) JAMES ROBB	i) _	256,634.	63,540.	0.	7,625.	0.	327,799.	0.
PRESIDENT - NTSA (i	i)	0.	0.	0.	0.	0.	0.	0.
(5) WESLEY HALLMAN	i)	233,233.	60,318.	0.	7,238.	22,636.	323,425.	0.
SR. VP POLICY	i)	0.	0.	0.	0.	0.	0.	0.
(6) CHRISTINE KLEIN	i) _	246,207.	62,072.	0.	7,449.	7,619.	323,347.	0.
SR. VP MEETINGS	i)	0.	0.	0.	0.	0.	0.	0.
(7) RACHEL MCCAFFREY	i) _	215,972.	53,763.	0.	6,451.	662.	276,848.	0.
SR. VP MEMBERSHIP/WID		0.	0.	0.	0.	0.	0.	0.
(8) SCOTT REKDAL	i)	196,917.	51,450.	0.	6,174.	22,153.	276,694.	0.
SR. VP MARKETING/COMMUNICATION (i	i)	0.	0.	0.	0.	0.	0.	0.
(9) TONY LAWRENCE	i)	161,671.	29,861.	0.	4,906.	21,824.	218,262.	0.
CFO (i		0.	0.	0.	0.	0.	0.	0.
(10) MITCHELL TURNER	i)	158,813.	25,527.	0.	5,105.	22,632.	212,077.	0.
SENIOR DIRECTOR OF IT	i)	0.	0.	0.	0.	0.	0.	0.
(11) DEBORAH DYSON	i)	151,346.	38,586.	0.	2,600.	7,618.	200,150.	0.
VP - NTSA (i	i)	0.	0.	0.	0.	0.	0.	0.
(12) DAVID CHESEBROUGH	i)	153,688.	24,063.	0.	4,813.	15,773.	198,337.	0.
VP - PROGRAMS (i	i)	0.	0.	0.	0.	0.	0.	0.
(13) LATOSHA HILL	i)	143,178.	34,054.	0.	4,435.	13,124.	194,791.	0.
CONTROLLER (i	i)	0.	0.	0.	0.	0.	0.	0.
(14) STEWART MAGNUSON	i) _	132,891.	20,603.	0.	4,120.	13,282.	170,896.	0.
EDITOR - DEFENSE MAGAZINE (i	i)	0.	0.	0.	0.	0.	0.	0.
(15) TAMMY HOFFMAN	i) _	137,026.	21,650.	0.	4,099.	80.	162,855.	0.
DIRECTOR WEB OP (i	i)	0.	0.	0.	0.	0.	0.	0.
	i) _							
(i	i)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
THE ASSOCIATION PURCHASED A FIRST CLASS TICKET FOR THE PRESIDENT & CEO.
PART I, LINE 7:
BONUS COMPENSATION IS REFLECTED IN PART II, COLUMN (B)(II).

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2021
Open to Public Inspection

Name of the organization

NATIONAL DEFENSE INDUSTRIAL ASSOCIATION

Employer identification number 53-0196547

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ITS ALLIES AND PARTNERS. NDIA PROVIDES TRUSTED LEADERSHIP THROUGH THE

CONVENING AND COLLABORATION OF GLOBAL LEADERS TO SOLVE THE MOST COMPLEX

CHALLENGES IN DEFENSE AND NATIONAL SECURITY.

FORM 990, PART VI, SECTION A, LINE 6:

THE ASSOCIATION HAS THREE CLASSES OF MEMBERSHIP: INDIVIDUAL, CORPORATE, ALLIED MEMBERSHIP SHALL BE EITHER REGULAR, LIFE, STUDENT, OR HONORARY, DESCRIBED BELOW. INDIVIDUAL MEMBERS MUST BE UNITED STATES CITIZENS. INDIVIDUAL MEMBERS SHALL BE ENTITLED TO VOTE AS A MEMBER OF ONE OF THE ASSOCIATION'S CHAPTERS ONLY ON MATTERS AFFECTING THE CHAPTER. (A) REGULAR MEMBERSHIP IS OPEN TO THOSE INDIVIDUALS WHO DO NOT QUALIFY FOR ANY OTHER TYPE OF INDIVIDUAL MEMBERSHIP. (B) LIFE MEMBERSHIP IS OPEN TO INDIVIDUAL MEMBERS UPON PAYMENT OF LIFE-TIME MEMBERSHIP DUES. (C) STUDENT MEMBERSHIP IS OPEN TO STUDENTS IN COLLEGES AND TECHNICAL SCHOOLS. (D) HONORARY MEMBERSHIP IS CONFERRED IN THE DISCRETION OF THE BOARD OF DIRECTORS OR THE EXECUTIVE COMMITTEE ON THOSE WHO HAVE RENDERED MERITORIOUS SERVICE IN THE CAUSE OF DEFENSE PREPAREDNESS AND NATIONAL SECURITY. HONORARY MEMBERS WILL PAY NO DUES CORPORATE MEMBERS SHALL BE TERMED REGULAR CORPORATE MEMBERS. REGULAR CORPORATE MEMBERSHIP IS OPEN TO ALL BUSINESSES, INCLUDING PARTNERSHIPS, SOLE PROPRIETORSHIPS, CORPORATIONS, FIRMS, EDUCATIONAL INSTITUTIONS, FOUNDATIONS, ASSOCIATION, AND COMPONENTS THEREOF (HEREINAFTER "CORPORATIONS") ORGANIZED OR OTHERWISE CHARTERED WITHIN THE REFERRED TO AS UNITED STATES. A KEY REPRESENTATIVE, EMPOWERED TO SPEAK (VOTE) FOR HIS OR HER CORPORATION ON MATTERS AFFECTING THE ASSOCIATION AS A WHOLE

132211 11-11-21

(HEREINAFTER REFERRED TO AS "KEY REPRESENTATIVE")

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

WILL BE DESIGNATED BY

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization **Employer identification number** 53-0196547 NATIONAL DEFENSE INDUSTRIAL ASSOCIATION EACH REGULAR CORPORATE MEMBER. REGULAR CORPORATE MEMBERS SHALL HAVE THE RIGHT TO NOMINATE EMPLOYEES TO REGULAR MEMBERSHIP IN THE ASSOCIATION THE TOTAL NUMBER OF SUCH MEMBERSHIP TO BE RELATED TO THE ANNUAL MEMBERSHIP DUES OF THE REGULAR CORPORATE MEMBER, AS MAY BE PRESCRIBED BY THE BOARD OF DIRECTORS OR THE EXECUTIVE COMMITTEE. SUCH MEMBERS SHALL NOT BE REQUIRED TO PAY INDIVIDUAL MEMBERSHIP DUES. ALLIED MEMBERSHIP SHALL BE EITHER INDIVDUAL OR CORPORATE AS DESCRIBED BELOW. (A) ALLIED INDIVIDUAL MEMBERSHIP MAY BE CONFERRED BY THE PRESIDENT OF THE ASSOCIATION ON INDIVIDUALS WHO ARE C1T1ZENS OF (1) NATIONS BELONGING TO THE NATO ALLIANCE, (2) JAPAN, AUSTRALIA, OR NEW ZEALAND, (3) NATIONS WITH WHICH THE UNITED STATES MAINTAINS A RECIPROCAL PROCUREMENT AGREEMENT, (4) NATIONS WITH WHICH THE UNITED STATES DEPARTMENT OF DEFENSE HAS SPECIFICALLY REQUESTED THE ASSOCIATION TO CONDUCT MEETINGS AND ENHANCE COMMUNICATIONS ON AN INDUSTRY-TO-INDUSTRY BASIS. ALLIED INDIVIDUAL MEMBERS MAY PARTICIPATE AS INDIVIDUAL, NON-VOTING MEMBERS IN THE ACTIVITIES OF THE CHAPTERS, SUBJECT TO ANY RESTRICTIONS THAT MAY BE PLACED ON SUCH PARTICIPATION BY THE UNITED STATES GOVERNMENT. IN THE CASE OF CHAPTERS LOCATED OUTSIDE THE FIFTY STATES, ALLIED MEMBERS MAY PARTICIPATE AS INDIVIDUAL VOTING MEMBERS IN THE ACTIVITIES OF THOSE CHAPTERS. (B) ALLIED CORPORATE MEMBERSH1P MAY BE CONFERRED BY THE PRESIDENT OF THE ASSOCIATION ON CORPORATIONS WHICH ARE CHARTERED AND CONTROLLED UNDER THE LAWS OF (1) NATIONS BELONGING TO THE NATO ALLIANCE, (2) JAPAN, AUSTRALIA, OR NEW ZEALAND, (3) NATIONS WITH WHICH THE UNITED STATES MAINTAINS A RECIPROCAL PROCUREMENT AGREEMENT, (4) NATIONS WITH WHICH THE UNITED STATES DEPARTMENT OF DEFENSE HAS SPECIFICALLY REQUESTED THE ASSOCIATION TO CONDUCT MEETINGS AND ENHANCE COMMUNICATIONS ON AN INDUSTRY-TO-INDUSTRY BASIS. ALLIED CORPORATE MEMBERS SHALL HAVE THE RIGHT TO NOMINATE A DESIGNATED NUMBER OF EMPLOYEES AS THEIR REPRESENTATIVES TO RECEIVE ALL BENEFITS OF ALLIED INDIV1DUAL MEMBERS. SUCH MEMBERS SHALL Schedule O (Form 990) 2021 Schedule O (Form 990) 2021 Page **2**

Name of the organization

NATIONAL DEFENSE INDUSTRIAL ASSOCIATION

Employer identification number 53-0196547

NOT BE REQUIRED TO PAY INDIVDUAL MEMBERSHIP DUES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND PROVIDED TO
THE NDIA EXECUTIVE COMMITTEE, WHICH HAS BOARD AUTHORITY DESIGNATED TO IT,

FOR ITS INFORMATION AND REVIEW. A DETAILED REVIEW IS ALSO CONDUCTED BY THE
THE NDIA CHIEF OPERATING OFFICER, AND THE NDIA CONTROLLER. ALL PARTIES ARE
ABLE TO ASK QUESTIONS AND REQUEST CHANGES TO THE FORM 990 PRIOR TO FILING
WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEETING BEGINS WITH A REVIEW OF A CHART OUTLINING THE CONFLICT OF INTEREST POLICY AND THE BOARD CHAIRMAN CALLING FOR ANY DISCLOSURES. THE POLICY IS ALSO OUTLINED IN THE DIRECTOR'S HANDBOOK, WHICH EACH BOARD MEMBER RECEIVES. BOARD MEMBERS, OFFICERS, AND INDIVIDUALS HOLDING STAFF EXECUTIVE POSITIONS ARE REQUIRED TO COMPLETE DISCLOSURE FORMS ANNUALLY AT THE BEGINNING OF EACH FISCAL YEAR, LISTING ALL INTERESTS WHICH EITHER DO, OR POTENTIALLY COULD, REPRESENT A CONFLICT OF INTEREST. OFFICERS AND THOSE INDIVIDUALS HOLDING EXECUTIVE POSITIONS ARE REQUIRED TO UPDATE THEIR DISCLOSURE FORMS THROUGHOUT THE YEAR SHOULD CIRCUMSTANCES CHANGE. THE DISCLOSURE FORM IS A THREE PART FORM. THE FIRST SECTION ASKS IF THERE ARE ANY RELEVANT RELATIONSHIPS TO DISCLOSE (RELEVANT BEING THOSE RELATIONSHIPS RELATED TO THE INTERESTS AND ACTIVITIES OF NDIA AND ITS AFFILIATES). THE SECOND SECTION REQUESTS DISCLOSURE OF RELEVANT FINANCIAL, COMMERCIAL, OR OTHER ORGANIZATIONAL RELATIONSHIPS, AND THE FINAL SECTION REQUESTS A CATEGORY LISTING OF RELATIONSHIPS TO BE DISCLOSED AS APPROPRIATE. ANY ISSUES RAISED WOULD BE PRESENTED TO THE PRESIDENT AND CEO OF NDIA, SUBSEQUENTLY TO THE NDIA FINANCE COMMITTEE CHAIRMAN AND THE NDIA BOARD

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization

NATIONAL DEFENSE INDUSTRIAL ASSOCIATION

Employer identification number 53-0196547

EXECUTIVE COMMITTEE FOR APPROPRIATE ACTION.

FORM 990, PART VI, SECTION B, LINE 15A:

THE COMPENSATION FOR THE PRESIDENT & CEO OF NDIA IS SET BY CONTRACT SIGNED BY THE PRESIDENT AND THE CHAIRMAN, NDIA, AFTER CONSULTATION WITH AN EXTERNAL COMPENSATION EXPERT USING DATA FROM SURVEY COMPENSATION DATA. THE PRESIDENT'S BASE COMPENSATION IS REVIEWED ON AN ANNUAL BASIS BY THE NDIA COMPENSATION COMMITTEE, NORMALLY AS PART OF ITS REVIEW OF THE INCENTIVE AWARDS JUSTIFICATIONS, WITH SUBSEQUENT REVIEW AND APPROVAL BY THE NDIA EXECUTIVE COMMITTEE. THE MOST RECENT REVIEW WAS IN DECEMBER 2022. THE JUSTIFICATION PACKAGE PRESENTED TO BOTH COMMITTEES INCLUDES SURVEY COMPENSATION DATA OF LIKE ENTITIES IN THE NON PROFIT INDUSTRY. THE COMPENSATION OF THE OTHER EXECUTIVES IS REVIEWED ON AN ANNUAL BASIS BY THE NDIA PRESIDENT AND THE NDIA COMPENSATION COMMITTEE AS PART OF ITS REVIEW OF THE INCENTIVE AWARDS JUSTIFICATIONS PRESENTED TO IT AND SUBSEQUENTLY TO THE NDIA EXECUTIVE COMMITTEE. ALL EMPLOYEES' COMPENSATION IS REVIEWED ON AN ANNUAL BASIS BY THE NDIA COO USING THE APPROPRIATE COMPARABILITY DATA AND INFORMATION FROM INDIVIDUAL PERFORMANCE INCENTIVE REVIEWS. EMPLOYEE COMPENSATION IS INDIRECTLY REVIEWED BY NDIA'S FINANCE COMMITTEE AS PART OF THE ANNUAL BUDGETING PROCESS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT

VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.