EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the	2022 calendar year, or tax year beginning and endi	ing				
В	Check if applicable	C Name of organization		D Employer identifi	cation number		
Г	Addres	S AFA ACTION, INC					
	Name change			20-45115	16		
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) PO DRAWER 3925	m/suite	E Telephone numbe 662-844-			
	termin- ated			G Gross receipts \$	1888338.		
	Ameno	ed TUPELO, MS 38803		H(a) Is this a group re	eturn		
	Application			for subordinates			
	pendin	PO DRAWER 3925, TUPELO, MS 38803		H(b) Are all subordinates in	ncluded? Yes No		
I	Tax-exe	mpt status: 501(c)(3) X 501(c) (4) (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions		
	Websit			H(c) Group exemptio			
		·	∟ Year o	of formation: 2006 n	A State of legal domicile: MS		
Р	art I	Summary					
ě	1	Briefly describe the organization's mission or most significant activities: TO INFO	ORM_	AND MOBILIZ	E		
Governance		INDIVIDUALS TO STRENGTHEN THE BIBLICAL FOUN					
ērn	2	Check this box if the organization discontinued its operations or disposed of					
ĝ	3	Number of voting members of the governing body (Part VI, line 1a)			<u>8</u>		
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)			20		
ties		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0		
Activities &		Fotal number of volunteers (estimate if necessary)			0.		
Ă		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
_	5	vet unrelated business taxable income norm of our 990-1, Fart I, line 11	<u> </u>	Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		45566.	1888338.		
nue		Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		45566.	1888338.		
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	429790.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		1185.	0.		
xbe	. b	Fotal fundraising expenses (Part IX, column (D), line 25) 238098.	· _				
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9923.	1172774.		
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11108.	1602564.		
- 0	19	Revenue less expenses. Subtract line 18 from line 12		34458.	285774.		
Net Assets or	5		Re	ginning of Current Year	End of Year		
Sset	20	Fotal assets (Part X, line 16)		43189.	384566.		
et A	21	Total liabilities (Part X, line 26)		0. 43189.	55603. 328963.		
	⊴∣ 22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		43103.	320903.		
_		ties of perjury, I declare that I have examined this return, including accompanying schedules and	l etatoma	ents and to the hest of m	v knowledge and helief it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of which p			y knowledge and belief, it is		
	3, 001100	gand complete. Declaration of property (early than emost) to become on an information of which p	лорагог	nas any knowledge.			
Sig	n	Signature of officer		Date			
He		WALKER WILDMON, OFFICER					
		Type or print name and title					
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Pai	id	AMANDA ANGLE AMANDA ANGLE	0	7/10/23 if self-employ	P00624647		
Pre		Firm's name WATKINS UIBERALL, PLLC		Firm's EIN 6	2-1804252		
Use	e Only	Firm's address 417 WEST MAIN STREET STE 100					
_		TUPELO, MS 38804		Phone no. 6 6	2-269-4014		
Ма	ıy the IF	S discuss this return with the preparer shown above? See instructions			X Yes No		

Pa	Statement of Program Service Accomplishments	77
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	AFA ACTON EXISTS TO INFORM AND MOBILIZE INDIVIDUALS TO STR	
	<u> </u>	MILY VALUES
	IN SOCIETY AND GOVERNMENT.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	asured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t	
	revenue, if any, for each program service reported.	,
4a	(Code:) (Expenses \$ 1234649 • including grants of \$) (Revenue \$	
	KNOWING THAT REGISTERED VOTERS CHOOSE NOT TO VOTE BECAUSE	THEY DO NOT
	HAVE THE TIME, KNOWLEDGE, OR RESOURCES TO GATHER COMPREHEN	
	CANDIDATES, CANDIDATES IN CONTESTED RACES WERE RESEARCHED	
	FOLLOWING DATA WAS COMPILED AND MADE AVAILABLE TO THE PUBL	
	GROUP VOTE RATINGS FROM A WIDE SPECTRUM OF PHILOSOPHY, ENI	
	PLUS DONATIONS MADE BY THE CANDIDATES AND DONATIONS RECEIVE	
	CANDIDATES. ALL OF THE INFORMATION WAS MADE AVAILABLE WITH	
	THE FREE VOTER GUIDES ARE AVAILABLE ONLINE. ADDITIONAL RES	
	PROVIDED FOR VOTER INCLUDES: IMPORTANT ELECTION DATES IN I	
	FEDERAL AND STATE LEGISLATIVE PRIMARY AND GENERAL ELECTION	
	WHERE TO REGISTER TO VOTE IN THEIR STATE, WHERE TO CHECK	
	REGISTRATION STATUS, INSTRUCTIONS TO REQUEST AN ABSENTEE I	
41-		YULLOI, AND
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1234649.	,
	p	Form 990 (2022

Part IV Checklist of Required Schedules

			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	Х	
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		Х
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		
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		Х
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		Х
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		Х
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		х
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,			
	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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or 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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	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		Х
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		X
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		х
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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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			,,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
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			v
_	Schedule K. If "No," go to line 25a	24a		Х
	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		
	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	050		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		- 25
b	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	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		Х
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		Х
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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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			
	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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	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			37
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
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?	00		
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
50	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai		_ 55		
	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			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
			$\overline{\Omega}$	

022) AFA ACTION, INC Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

		_		Yes	No				
2 a	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	20							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		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						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authors.	ority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account	-	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 Accou	unts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	I	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the or	l l							
	any contributions that were not tax deductible as charitable contributions?		6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions								
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re-	equired							
	to file Form 8282?		7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit control	act?	7e						
f	3 / 3 / / / /								
g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by t								
_	sponsoring organization have excess business holdings at any time during the year?		8						
9 Sponsoring organizations maintaining donor advised funds.									
a Did the sponsoring organization make any taxable distributions under section 4966?									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:	. 1							
a	Initiation fees and capital contributions included on Part VIII, line 12 Occupany assists included on Farm 200 Part VIII, line 10 for such line and of such line included on Part VIII line 10 for such line and of such line included on Part VIII line 10 for such line and of such line included on Part VIII line 10 for such line and of such line included on Part VIII line 10 for such line and of such line included on Part VIII line 10 for such line included on Part VIII line includ	1							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<u> </u>							
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a								
a	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	1							
b	landari da la								
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?		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	,							
С	Enter the amount of reserves on hand	;							
			14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	on or							
	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 inc	ome?	16		X				
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		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	3								
	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	3								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	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 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
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 appoint one or									
	more members of the governing body?	7a		Х						
b										
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year 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 reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•								
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	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	12a		Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c								
13	Did the organization have a written whistleblower policy?	13		Х						
14	Did the organization have a written document retention and destruction policy?	14		Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization	15b		Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	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 NONE									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s)s only) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial							
	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 books and records									
	WALTER BILLINGSLEY - 6628445036									
	PO DRAWER 3925, TUPELO, MS 38803									

Form 990 (2022) AFA ACTION, INC 20-4511516 Page 7

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, box 6 of 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. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do not check more th		than one		Reportable	Reportable	Estimated		
	hours per week	box offi	k, unle icer ar	ss pe	rson irecto	is bot or/trus	th an stee)	compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r direc				pei		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			ensal		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	nal tru	onal t		ploye	ee com		1099-NEC)		and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DEBBIE WUTHNOW	20.00	 			_	1				
BOARD MEMBER		1		Х				47468.	0.	0 .
(2) TIM WILDMON	1.00								_	
PRESIDENT				Х				0.	0.	0 .
(3) WALKER WILDMON	1.00	4								
BOARD MEMBER	1.00			X				0.	0.	0 .
(4) CASEY SMITH	1.00	4								
BOARD MEMBER	1 00	₩		Х				0.	0.	0 .
(5) STEVE CRAMPTON	1.00	4		3,7				0.		
BOARD MEMBER	1.00	₩		Х				0.	0.	0.
(6) J.B. HORTON BOARD MEMBER	1.00	-		x				0.	0.	0 .
(7) DR. ED HOLLIDAY	1.00	╁		^				0.	0.	•
BOARD MEMBER	1.00	1		Х				0.	0.	0.
(8) WESLEY WILDMON	1.00	+							•	•
BOARD MEMBER		1		х				0.	0.	0.
		T								
		1								
		L								
		$ldsymbol{f eta}$								
		4								
		₩								
		4								
		₩	-							
		-								
		\vdash	\vdash				\vdash			
		1								
		+	\vdash				\vdash			
		1								
		T	T				t			
		1	1							

Form **990** (2022)

	(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)		compensation compensati			other						
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	ISC/ from the			ation he ation ated
	Cubtatal								47468.		0.			0.
	Subtotal Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								47468.		0.			0.
2	Total number of individuals (including but r compensation from the organization	ot limited to th	ose	liste	ed al	bov	e) wl	ho r	eceived more than \$100	0,000 of reportable	е			8
	compensation normalis organization												Yes	_
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			-		-		_		•		3		X
4	For any individual listed on line 1a, is the su								her compensation from			0		
	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or a							elat	ed organization or indiv	idual for services		_		X
Sec	rendered to the organization? If "Yes," cometion B. Independent Contractors	ipiete Scrieduit	e J I	or si	JCH	pers	SOII .					5		1 12
1	Complete this table for your five highest co	•								•	pens	ation	from	
	the organization. Report compensation for (A)	the calendar y	ear	<u>endi</u>	ng v	vith	or w	rithir 	n the organization's tax (B)	year.		((``	
	Name and business	address	N	ONE	3				Description of s	services	С	ompe		on
	Total number of independent contractors (i	including but n	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation				(0					Form	990	(2022)
												. 01111		(2022)

Га	rt v	/1111		or note to any lin	o in this Dort VIII			
			Check if Schedule O contains a response	or note to any iir	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	sections 512 - 514
ts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
S, G			Fundraising events 1c					
ar /			Related organizations 1d					
s, G			Government grants (contributions) 1e					
ion Si			All other contributions, gifts, grants, and					
but			similar amounts not included above	1888338.				
ntri d O		g	Noncash contributions included in lines 1a-1f					
Col		_	Total. Add lines 1a-1f		1888338.			
				Business Code				
ė,	2	а						
e ryic		b						
Se		С						
am eve		d						
Program Service Revenue		е						
P.		f	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter					
			other similar amounts)					
	4		Income from investment of tax-exempt bond	oroceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
4		b	Less: cost or other basis					
nue			and sales expenses 7b					
Revenue			Gain or (loss) 7c					
			Net gain or (loss)					
Other	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8b					
			Net income or (loss) from fundraising events	······				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	1				
			Less: direct expenses 9b					
			` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	<u> </u>				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a Less: cost of goods sold 10l					
				7				
		C	Net income or (loss) from sales of inventory .	Business Code				
snc	44	_		Duaniesa Code				
Miscellaneous Revenue	11							
ella		b						
Re		ч С	All other revenue					
Σ			All other revenue					
	12	C	Total revenue. See instructions		1888338.	0.	0.	0.
	14		Total 1970ildo. Odd ilidii ddildiid					

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·	- ,	·
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	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				
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	391169.	353641.	25700.	11828
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	20504		2121	
10	Payroll taxes	38621.	32098.	3194.	3329
11	Fees for services (nonemployees):				
а					
b	<u> </u>				
С					
d	, , , , , , , , , , , , , , , , , , , ,				
е	· · · · · · · · · · · · · · · · · · ·				
f	Investment management fees				
g					
40	column (A), amount, list line 11g expenses on Sch 0.)	255106.	81795.	278.	173033
12 13	Advertising and promotion	5532.	4924.	304.	304
14	Office expenses	2986.	2658.	164.	164
15	Information technology	25001	2030.	1010	101
16	Royalties Occupancy				
17	Travel	32022.	28498.	1762.	1762
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	24001.			24001
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28169.		28169.	
23	Insurance				
24	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 0.)				
а	CONTRACT LABOR	468681.	461378.		7303.
b	PROFESSIONAL FEES	183388.	120389.	55684.	7315.
С	COMPUTER SOFTWARE	101991.	90771.	5610.	5610.
d	OTHER	31594.	28118.	1738.	1738.
е	All other expenses	39304.	30379.	7214.	1711.
25	Total functional expenses. Add lines 1 through 24e	1602564.	1234649.	129817.	238098
26	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)				Form 990 (2022

<u>. u</u>	rı X	Check if Schedule O contains a response or	note to any line in this Part X	······		
		,	,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		43189.	1	124956.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4	6094.	
	5	Loans and other receivables from any currel				
		trustee, key employee, creator or founder, s				
		controlled entity or family member of any of		5		
	6	Loans and other receivables from other disc				
छ		under section 4958(f)(1)), and persons desc		6		
	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
	1	Land, buildings, and equipment: cost or oth				
		basis. Complete Part VI of Schedule D				
	Ь	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, II			12	
	13	Investments - program-related. See Part IV,		13		
	14	Intangible assets		14	253516.	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must	43189.	16	384566.	
	17	Accounts payable and accrued expenses		101071	17	32717.
	18	Grants payable			18	
	19	Deferred revenue		19	13721.	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
so.	22	Loans and other payables to any current or				
Liabilities		trustee, key employee, creator or founder, s				
Ξ		controlled entity or family member of any of			22	
Ë	23	Secured mortgages and notes payable to un			23	
	24	Unsecured notes and loans payable to unre			24	
	25	Other liabilities (including federal income tax				
	23	parties, and other liabilities not included on				
		of Schedule D	ines 17-24). Complete Falt X	0.	25	9165.
	26	T-1-11'-1-11' A-1-11' 47 Ib 05		0.	26	55603.
	20	Organizations that follow FASB ASC 958,	check here X	· ·	20	330031
es		and complete lines 27, 28, 32, and 33.	CHECK HEIE			
an Si	27	Net assets without donor restrictions		43189.	27	328963.
3ali	28			13103.	28	3203031
Þ	20	Net assets with donor restrictions			20	
표		Organizations that do not follow FASB AS	oc 958, check here			
ŏ		and complete lines 29 through 33.	a da		20	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current full			29	
Ass	30	Paid-in or capital surplus, or land, building, or			30	
et/	31	Retained earnings, endowment, accumulate		43189.	31	328963.
Ž	32	Total net assets or fund balances		43189.	32	
	33	Total liabilities and net assets/fund balances	S	43109.	33	384566.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			883			
2	Total expenses (must equal Part IX, column (A), line 25)	2			025			
3	Revenue less expenses. Subtract line 2 from line 1	3		285774				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			431	89.		
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,					
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	O					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3а		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

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

Employer identification number

2022

Schedule B (Form 990) (2022)

AFA ACTION, INC 20-4511516 Organization type (check one): Filers of: Section: X = 501(c)(4) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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** 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 that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022) Page 2

Name of organization Employer identification number

AFA ACTION, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$1044290.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$\$	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
3	N/A	\$10000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$\$	Person X Payroll

Schedule B (Form 990) (2022) Page

Name of organization

Employer identification number

AFA ACTION, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$9000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$12825 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$12000.	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
10	N/A	\$8340.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	N/A	\$51000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	N/A	\$12000.	Person X Payroll

Schedule B (Form 990) (2022) Page 2

Name of organization Employer identification number

AFA ACTION, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$12000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	N/A	\$80000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	N/A	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	N/A	\$10000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	N/A	\$12000 .	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
18	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization Employer identification number AFA ACTION, INC 20-4511516

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A	\$\$	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

AFA ACTION, INC

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional 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					
		- - - - - \$						

Schedule B (Form 990) (2022) **Employer identification number** Name of organization AFA ACTION, 20-4511516 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (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 (a) No. from Part I (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

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

Name of the organization

AFA ACTION TNC **Employer identification number** 20-4511516

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised 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 v		sed funds
	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		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above		
9	In Part XIII, describe how the organization reports conservati	•	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	nents that describes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections or	f Art Historical Treasures or C	Ather Similar Assets
Га	Complete if the organization answered "Yes" on Form		diei Siiiliai Assets.
	If the organization elected, as permitted under FASB ASC 95		and balance about works
ıa	of art, historical treasures, or other similar assets held for put	'	
	service, provide in Part XIII the text of the footnote to its finar	·	•
h	If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items:	exhibition, education, or research in furt	rierance or public service,
			¢
	(i) Revenue included on Form 990, Part VIII, line 1		<u> </u>
2	If the organization received or held works of art, historical treations	asures or other similar assets for financia	
~	the following amounts required to be reported under FASB A	•	a gain, provide
а	Revenue included on Form 990, Part VIII, line 1	_	\$
	Assets included in Form 990, Part X		
	,		¥

232051 09-01-22

Schedule D (Form 990) 2022

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

Pai	t III Organizations Maintaining C	ollections of A	rt, Histo	orical Tr	easures, d	or Othe	r Simila	ır Asse	ts (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	at make si	gnificant i	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	ı 🔲 L	oan or exc	hange progra	am					
b	Scholarly research	е									
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how the	ey further t	he organizati	ion's exen	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, his	torical trea	sures, or oth	er similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	the organ	ization's c	ollection?				Yes		☐ No
Pai	t IV Escrow and Custodial Arran	-	ete if the o	organizatio	n answered '	"Yes" on I	Form 990	, Part IV,	line 9, o	•	
	reported an amount on Form 990, Pa	t X, line 21.									
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for c	ontribution	ns or other as	sets not i	ncluded	_	_	_	_
	on Form 990, Part X?							L	Yes		J No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						. 1c				
d	Additions during the year						1d				
	Distributions during the year										
f	Ending balance						1f		_		_
2 a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for es	scrow or c	ustodial acco	ount liabilit	ty?	L	Yes		_ No
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete i										
		(a) Current year	(b) Pri	or year	(c) Two year	rs back (d) Three ye	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	<u></u> %									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held a	and administe	ered for th	е				
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on Sc	hedule R?					. 3b		
4	Describe in Part XIII the intended uses of the		owment fu	ınds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV,	line 11a. S	See Form 990), Part X, I	ine 10.				
	Description of property	(a) Cost or o basis (investr			t or other (other)		cumulate reciation	d	(d) Boo	k valu	е
1a	Land										
	Buildings										
С	Leasehold improvements										
d	Equipment										
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, columi	n (B), line	10c.)						0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 AFA ACTION	, INC	2	0-4511516 _{Page} :
Part VII Investments - Other Securities.	II F 000 P IV I'.	441. O. F	
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or el	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Tatal (Cal (h) reveal agual Faura 000, Part V, and (D) line 10.)			
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 000 Port IV line	a 11a Saa Farm 000 Part V lina 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or el	nd of year market value
	(b) Book value	(C) Wethod of Valuation. Cost of el	Hu-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		+	
(7)		+	
(8)		+	
(9) Tatal (Col. (b) must squal Form 000, Port V. col. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes	s" on Form 990 Part IV line	e 11d. See Form 990. Part X. line 15	
	n) Description	774. 333 7 3111 333, 1 417 7, 1110 73.	(b) Book value
<u>`</u>	, Decemption		(b) Book value
(1)			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ine 15.)		
Part X Other Liabilities.	/		<u> </u>
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	25.
1. (a) Description of liability	<u> </u>	, ,	(b) Book value
(1) Federal income taxes (2) DUE TO RELATED PARTY			9165
(3)			1 7103
(4)			
(5)			
(6)			
(7)			
(1)			

2. 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) 2022

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

9165.

Pai	t XI Reconciliation of Revenue per Audited Financial S		ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV			1000220
1	Total revenue, gains, and other support per audited financial statements		1	1888338.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			0
e	Add lines 2a through 2d			1888338.
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	1000330
4	· · · · · · · · · · · · · · · · · · ·	40		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b c	Other (Describe in Part XIII.) Add lines 4a and 4b	<u>- </u>	4c	0.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i>			1888338
	rt XII Reconciliation of Expenses per Audited Financial	Statements With Exper	nses per Return	
. u	Complete if the organization answered "Yes" on Form 990, Part IV		loco poi motam	·•
1	Total expenses and losses per audited financial statements		1	1602564.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
ъ a	Donated services and use of facilities	2a		
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1602564.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			1602564.
Pa	rt XIII Supplemental Information.			
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	e any additional information.		

SCHEDULE 0 (Form 990)

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.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AFA ACTION, INC

Employer identification number 20-4511516

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AMERICA BY ADVANCING BIBLICAL, FAMILY VALUES IN SOCIETY AND GOVERNMENT.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
HOW TO FIND THEIR DISTRICTS OR POLLING LOCATION. THIS RESEARCH IS
PROVIDED ONLINE FOR FREE.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE 990 IS PROVIDED UPON REQUEST TO THE BOARD AND DISCUSSED IN
THEIR MEETING.
FORM 990, PART VI, SECTION C, LINE 18:
EACH DIRECTOR IS PROVIDED A COPY OF THE 990
FORM 990, PART VI, SECTION C, LINE 19:
ALL GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

- 01111 7	ORM 990 FAGE 10							330							
Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	GOODWILL	01/01/22		120M	НУ	42	281685.				281685.			28169.	28169.
	* TOTAL 990 PAGE 10 DEPR & AMORT						281685.				281685.	0.		28169.	28169.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

990

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

AFA	ACTION, INC			FORI	M 990	PAC	E 10			20-4511516
Par	t Election To Expense Certain P	roperty Under Section 1	79 Note: If you					V be	fore y	ou complete Part I.
1 M	laximum amount (see instructions	s)							1	1080000.
Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions)									2	
									3	2700000.
3 Threshold cost of section 179 property before reduction in limitation4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-										
6	(a) Description	of property		(b) Cost (busine	ss use only)		(c) Elected o	cost		
	isted property. Enter the amount									
	otal elected cost of section 179 p								<u>8</u> 9	
9 T	9 Tentative deduction. Enter the smaller of line 5 or line 8									
	10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562									
	usiness income limitation. Enter t								11	
	ection 179 expense deduction. A								12	
	arryover of disallowed deduction				13	3				
Par	Don't use Part II or Part III below				linted mus					
	operium propriestation i an									
	pecial depreciation allowance for						-		14	
	ne tax year roperty subject to section 168(f)(⁻							ſ	14 15	
	ther depreciation (including ACR	2)						····	16	
Par			perty. See inst						10	
	шителье дергениями (д	produce notes pro	• •	tion A						
17 N	IACRS deductions for assets plac	ced in service in tax ve	ears beginning	before 2022					17	
	you are electing to group any assets placed									
	Section B - As	sets Placed in Service	e During 2022	2 Tax Year U	Ising the	Genera	al Deprecia	ation	Syst	em
	(a) Classification of property	(b) Month and year placed	(c) Basis for d (business/inve	stment use	(d) Recov	/ery	e) Convention	(f) Me	ethod	(g) Depreciation deduction
		in service	only - see in:	structions)						
<u>19a</u>	3-year property									
<u>b</u>	5-year property									
<u>c</u>	7-year property									
<u>d</u>	10-year property									
<u>e</u>	15-year property									
f	20-year property				OE vee			_	/L	
<u>g</u>	25-year property				25 yrs	+	MM		<u>/L</u> /L	
h	Residential rental property	/			27.5 yı 27.5 yı		MM		/ <u>L</u> /L	
		/			39 yrs		MM		/ <u>L</u> /L	
i	Nonresidential real property	/			Ja yis	s.	MM		/ <u>L</u> /L	
	Section C - Asse	ets Placed in Service	During 2022	Tax Year Us	ina the A	Iternat				stem
 20a	Class life								/L	
<u></u> b	12-year				12 yrs	s.			/ <u>L</u> /L	
	30-year	/			30 yrs		MM		<u></u> /L	
d	40-year	/			40 yrs		MM		/L	
Par		ns.)				<u> </u>		•		
	isted property. Enter amount fron	•							21	
	otal. Add amounts from line 12, li		es 19 and 20 i	n column (g)	, and line	21.				
	nter here and on the appropriate	-						<u></u>]	22	0.
	or assets shown above and place									
р	ortion of the basis attributable to	section 263A costs			23	3				

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

	Note: For any v 24b, columns (venicie for w a) through (d	nich you are to c) of Section A	using the A, all of S	estandar Section B	a mile , and	Section C	or dedi if app	icting leas licable.	se expens	e, com	piete on	ı y 24a,		
	Section A -	Depreciation	on and Other	Informa	tion (Ca	ution	: See the	instruc	tions for li	mits for p	asseng	er autor	nobiles.))	
24a Do you have evidence to support the business/investm				ent use cl	nt use claimed? Yes I			No	24b If "Y	es," is the	e evide	ence written?		Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investmen use percenta	t l 🔐	(d) Cost or ther basis		(e) Basis for depr business/inv use onl	reciation estment	(f) Recovery period	(g Meth	(g) Method/ Convention		h) eciation uction	(i) Elected section 179 cost	
25	Special depreciation allo	owance for q	ualified listed	property	y placed	in ser	vice durin	g the t	ax year an	ıd					
used more than 50% in a qualified business use										25					
26	Property used more that														
		: :		%											
		: :		%											
		: :		%											
27	Property used 50% or le	ess in a qual	ified business	use:						•					
		: :		%						S/L -					
		: :	1	%						S/L -					
		: :		%						S/L -					
28	Add amounts in column	(h), lines 25	through 27. E	nter her	e and on	line 2	21, page 1			•	28				
	Add amounts in column												29		
		•					n on Use								
to y	our employees, first ans	wer the ques	stions in Sect	on C to	see if you	ı mee	t an exce	ption to	o completi	ng this se	ection fo	or those	vehicles	S.	
			1	(a)		(b)		(c) (d)		-	(e)		(f)		
30	Total business/investment miles driven during the				Vehicle		Vehicle \		Vehicle Veh		nicle V		'ehicle Veh		icle
	year (don't include commu														
	Total commuting miles of														
32	Total other personal (no	_	•												
	driven														
33	Total miles driven during														
	Add lines 30 through 32			<u></u>	- <u></u> -			+	T	\ <u>,</u> ,					
34	Was the vehicle available	•		Yes	No	Yes	S No	Yes	No No	Yes	No	Yes	No	Yes	No
٥-	during off-duty hours?														
35	Was the vehicle used pr	, ,													
00	than 5% owner or relate														
30	Is another vehicle availa														
	use?		- Questions	l for Emm	levere M	lba D	uasida Va	hialaa	for Hoo b	. Their E					
Λn	swer these questions to o			•	-					-			ron't		
	re than 5% owners or rel			zzceptioi	i to com	JI C LII I	g Section	D IOI V	eriicies us	ed by em	ipioyee	s will ai	CIII		
	Do you maintain a writte	<u> </u>		rohihite s	all nareon	al ue	e of vehic	les inc	ludina cor	nmuting	by you	<u> </u>		Yes	No
0,	•		-		-				_	-				—	110
38	employees?	n nolicy stat	tement that n	rohihits r	nersonal		f vehicles	excer	nt commut	ing by yo	 Nur				
00	employees? See the ins		•							0. , ,					
39	Do you treat all use of ve														1
															\vdash
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?															
41	Do you meet the require														
•	Note: If your answer to														
P	art VI Amortization	. ,,, 1	.,	,	22610										
	(a)			(b)		(c	:)		(d)		(e)			(f)	
	Description of	costs	Date	amortization		Amorti	zable		Code		Amortiza	tion	Aı	nortization	

Part VI Amortization								
(a) Description of costs	(a) (b) (c) (d) Description of costs Date amortization begins Amortizable amount Section Period of Section Section Period of Section S					(f) Amortization for this year		
42 Amortization of costs that begins during ye	our 2022 tax yea	ır:						
GOODWILL	010122	010122 281685. 12			M	28169.		
	1 1							
43 Amortization of costs that began before yo	43							
44 Total. Add amounts in column (f). See the	instructions for	where to report			44	28169.		
						- /		

Form **4562** (2022) 216252 12-08-22