

## Form 990-PF Return Summary

For calendar year 2014, or tax year beginning **05/01/14** , and ending **04/30/15**

**AIR FORCE ACADEMY SOCIETY OF  
WASHINGTON DC**

**54-1474578**

**Investment Income**

Interest	<u>1</u>
Dividends	<u>          </u>
Gross rents	<u>          </u>
Capital gain net income	<u>          </u>
Other income	<u>          </u>

**Total investment income** 1

**Expenses**

Officer compensation	<u>          </u>
Salaries / employee benefits	<u>          </u>
Other expenses	<u>          </u>

**Total expenses**           

**Net investment income** 1

**Taxes / Credits**

Regular tax	<u>          </u>
Section 511 tax	<u>          </u>
Subtitle A tax	<u>          </u>

**Total tax**           

**Payments / Penalties / Application**

Estimated tax payments	<u>          </u>
Tax withheld	<u>          </u>
Other payments	<u>          </u>
Estimated tax penalty	<u>          </u>
Overpayment applied to next year's tax	<u>          </u>

**Payments / penalty / application**           

**Net tax due**           

Interest on late payments	<u>          </u>
Failure to file penalty	<u>          </u>
Failure to pay penalty	<u>          </u>

**Additions to tax**           

**Balance due**           

**Refund**           

**Revenue / Expenses per Books Adjusted Net Income**

Total contributions	<u>          </u>	<u>          </u>
Interest	<u>1</u>	<u>1</u>
Dividends	<u>          </u>	<u>          </u>
Capital gains / losses	<u>          </u>	<u>          </u>
Income modifications	<u>          </u>	<u>          </u>
Sale of inventory	<u>          </u>	<u>          </u>
Other income	<u>18,964</u>	<u>18,964</u>
<b>Total revenue</b>	<u>18,965</u>	<u>18,965</u>
Total expenses	<u>21,872</u>	<u>15,372</u>
<b>Excess / ANI</b>	<u>-2,907</u>	<u>3,593</u>

**Next Year's Estimates**

1st quarter	<u>          </u>
2nd quarter	<u>          </u>
3rd quarter	<u>          </u>
4th quarter	<u>          </u>
<b>Total</b>	<u><u>          </u></u>

**Miscellaneous Information**

Amended return \_\_\_\_\_  
Return / extended due date 03/15/16

**Balance Sheet**

	Beginning	Ending	Differences
Assets	<u>17,079</u>	<u>14,172</u>	
Liabilities	<u>          </u>	<u>          </u>	
<b>Net assets</b>	<u>17,079</u>	<u>14,172</u>	<u>-2,907</u>

Form **2848**  
 (Rev. July 2014)  
 Department of the Treasury  
 Internal Revenue Service

**Power of Attorney  
 and Declaration of Representative**

Information about Form 2848 and its instructions is at [www.irs.gov/form2848](http://www.irs.gov/form2848).

OMB No. 1545-0150

**For IRS Use Only**

Received by: \_\_\_\_\_  
 Name \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Function \_\_\_\_\_  
 Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Part I Power of Attorney**

**Caution:** A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

**1 Taxpayer information.** Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address  <b>AIR FORCE ACADEMY SOCIETY OF                  WASHINGTON DC                  PO BOX 6451                  SPRINGFIELD VA 22150-6451</b>	Taxpayer identification number(s)  <b>54-1474578</b> Daytime telephone number  <b>540-507-8585</b> Plan number (if applicable)
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hereby appoints the following representative(s) as attorney(s)-in-fact:

**2 Representative(s)** must sign and date this form on page 2, Part II.

Name and address <b>PETER A. WILHELM                  256R N WASHINGTON ST                  FALLS CHURCH VA 22046-4517</b> Check if to be sent copies of notices and communications <input checked="" type="checkbox"/>	CAF No. <b>2605-43221R</b> PTIN <b>P00166531</b> Telephone No. <b>703-356-5005</b> Fax No. <b>703-356-5955</b> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address <b>ROBERT E. GALLAGHER                  256R N WASHINGTON ST                  FALLS CHURCH VA 22046-4517</b> Check if to be sent copies of notices and communications <input type="checkbox"/>	CAF No. <b>2606-10494R</b> PTIN <b>P00229504</b> Telephone No. <b>703-356-5005</b> Fax No. <b>703-356-5955</b> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address <b>KAREN Z. WILHELM                  256R N WASHINGTON ST                  FALLS CHURCH VA 22046-4517</b> (Note. IRS sends notices and communications to only two representatives.)	CAF No. <b>2605-49755R</b> PTIN <b>P00258166</b> Telephone No. <b>703-356-5005</b> Fax No. <b>703-356-5955</b> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address  (Note. IRS sends notices and communications to only two representatives.)	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

**3 Acts authorized (you are required to complete this line 3).** With the exception of the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts that I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 5000A Shared Responsibility Payment, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)
<b>INCOME</b>	<b>990-PF</b>	<b>2014-2019</b>

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for **Line 4. Specific Use Not Recorded on CAF**

**5a Additional acts authorized.** In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):

Authorize disclosure to third parties;  Substitute or add representative(s);  Sign a return; \_\_\_\_\_

Other acts authorized: \_\_\_\_\_

**b Specific acts not authorized.** My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.  
List any specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): .....

**6 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here  **YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

**7 Signature of taxpayer.** If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.  
**⚠ IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.**

..... Signature Date Title (if applicable)  
..... **AIR FORCE ACADEMY SOCIETY OF**  
..... Print Name Print name of taxpayer from line 1 if other than individual

**Part II Declaration of Representative**

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice before the Internal Revenue Service;
- I am subject to regulations contained in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
  - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c Enrolled Agent—enrolled as an agent by the Internal Revenue Service per the requirements of Circular 230.
  - d Officer—a bona fide officer of the taxpayer organization.
  - e Full-Time Employee—a full-time employee of the taxpayer.
  - f Family Member—a member of the taxpayer’s immediate family (for example, spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
  - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
  - h Unenrolled Return Preparer—Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have prepared and signed the return. **See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions (PTIN required for designation h).**
  - i Registered Tax Return Preparer—registered as a tax return preparer under the requirements of section 10.4 of Circular 230. Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have prepared and signed the return. **See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions (PTIN required for designation i).**
  - k Student Attorney or CPA—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student working in an LITC or STCP. See instructions for Part II for additional information and requirements.
  - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

**⚠ IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.** See the instructions for Part II.

**Note.** For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column. See the instructions for Part II for more information.

Designation — Insert above letter (a-r)	Licensing jurisdiction (state) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable). See instructions for Part II for more information.	Signature	Date
<b>C</b>	<b>FEDERAL</b>	<b>00029107-EA</b>		<b>03/07/16</b>
<b>C</b>	<b>FEDERAL</b>	<b>00020713-EA</b>		<b>03/07/16</b>
<b>B</b>	<b>VA</b>	<b>025575</b>		<b>03/07/16</b>

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning 5/01 2014, and ending 4/30 2015

**2014**

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**

**Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization	<b>AIR FORCE ACADEMY SOCIETY OF WASHINGTON DC</b>	Employer identification number	<b>54-1474578</b>
Name and title of officer	<b>RANDOLPH ROYCE TREASURER</b>		

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	<input checked="" type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b>	<b>0</b>
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c)	<b>5b</b>	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize **WILHELM & ASSOCIATES, LTD.** to enter my PIN **74578** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature } \_\_\_\_\_ Date } **03/07/16**

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**54582120088**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } **KAREN Z. WILHELM** Date } **03/07/16**

**ERO Must Retain This Form—See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2014)

Form **990-PF**

**Return of Private Foundation**  
or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0052

**2014**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

Open to Public Inspection

For calendar year 2014 or tax year beginning **05/01/14**, and ending **04/30/15**

Name of foundation <b>AIR FORCE ACADEMY SOCIETY OF WASHINGTON DC</b>		A Employer identification number <b>54-1474578</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>PO BOX 6451</b>	Room/suite	B Telephone number (see instructions) <b>540-507-8585</b>
City or town, state or province, country, and ZIP or foreign postal code <b>SPRINGFIELD VA 22150-6451</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input checked="" type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>u \$ 14,172</b>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
	3 Interest on savings and temporary cash investments	1	1	1	
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule) <b>STMT 1</b>	18,964		18,964		
12 <b>Total.</b> Add lines 1 through 11	18,965	1	18,965		
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc.	0			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions) <b>STMT 2</b>	400		400	
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	170		170	
	22 Printing and publications				
	23 Other expenses (att. sch.) <b>STMT 3</b>	14,802		14,802	
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23	15,372	0	15,372	0
	25 Contributions, gifts, grants paid <b>SEE STATEMENT 4</b>	6,500			6,500
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	21,872	0	15,372	6,500	
27 Subtract line 26 from line 12:					
a <b>Excess of revenue over expenses and disbursements</b>	-2,907				
b <b>Net investment income</b> (if negative, enter -0-)		1			
c <b>Adjusted net income</b> (if negative, enter -0-)			3,593		

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2014)

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash – non-interest-bearing .....	17,079	14,172	14,172
	<b>2</b> Savings and temporary cash investments .....			
	<b>3</b> Accounts receivable <input type="checkbox"/> .....			
	Less: allowance for doubtful accounts <input type="checkbox"/> .....			
	<b>4</b> Pledges receivable <input type="checkbox"/> .....			
	Less: allowance for doubtful accounts <input type="checkbox"/> .....			
	<b>5</b> Grants receivable .....			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) .....			
	<b>7</b> Other notes and loans receivable (att. schedule) <input type="checkbox"/> .....			
	Less: allowance for doubtful accounts <input type="checkbox"/> .....	0		
	<b>8</b> Inventories for sale or use .....			
	<b>9</b> Prepaid expenses and deferred charges .....			
	<b>10a</b> Investments – U.S. and state government obligations (attach schedule) .....			
	<b>b</b> Investments – corporate stock (attach schedule) .....			
	<b>c</b> Investments – corporate bonds (attach schedule) .....			
	<b>11</b> Investments – land, buildings, and equipment: basis <input type="checkbox"/> .....			
Less: accumulated depreciation (attach sch.) <input type="checkbox"/> .....				
<b>12</b> Investments – mortgage loans .....				
<b>13</b> Investments – other (attach schedule) .....				
<b>14</b> Land, buildings, and equipment: basis <input type="checkbox"/> .....				
Less: accumulated depreciation (attach sch.) <input type="checkbox"/> .....				
<b>15</b> Other assets (describe <input type="checkbox"/> ) .....				
<b>16 Total assets</b> (to be completed by all filers – see the instructions. Also, see page 1, item I) .....	17,079	14,172	14,172	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....			
	<b>18</b> Grants payable .....			
	<b>19</b> Deferred revenue .....			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons .....			
	<b>21</b> Mortgages and other notes payable (attach schedule) .....			
	<b>22</b> Other liabilities (describe <input type="checkbox"/> ) .....			
	<b>23 Total liabilities</b> (add lines 17 through 22) .....	0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.</b> <input type="checkbox"/> .....			
	<b>24</b> Unrestricted .....			
	<b>25</b> Temporarily restricted .....			
	<b>26</b> Permanently restricted .....			
	<b>Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.</b> <input checked="" type="checkbox"/> .....			
	<b>27</b> Capital stock, trust principal, or current funds .....			
	<b>28</b> Paid-in or capital surplus, or land, bldg., and equipment fund .....			
	<b>29</b> Retained earnings, accumulated income, endowment, or other funds .....	17,079	14,172	
<b>30 Total net assets or fund balances</b> (see instructions) .....	17,079	14,172		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .....	17,079	14,172		

<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>		
<b>1</b> Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) .....	<b>1</b>	17,079
<b>2</b> Enter amount from Part I, line 27a .....	<b>2</b>	-2,907
<b>3</b> Other increases not included in line 2 (itemize) <input type="checkbox"/> .....	<b>3</b>	
<b>4</b> Add lines 1, 2, and 3 .....	<b>4</b>	14,172
<b>5</b> Decreases not included in line 2 (itemize) <input type="checkbox"/> .....	<b>5</b>	
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30 .....	<b>6</b>	14,172

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b>	<b>N/A</b>			
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2</b>	Capital gain net income or (net capital loss) <span style="font-size: small;">[ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 ]</span>			<b>2</b>
<b>3</b>	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8 <span style="font-size: small;">[ ]</span>			<b>3</b>

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

**N/A**

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

Yes  No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2013			
2012			
2011			
2010			
2009			
<b>2</b>	Total of line 1, column (d)		<b>2</b>
<b>3</b>	Average distribution ratio for the 5-year base period – divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years		<b>3</b>
<b>4</b>	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5		<b>4</b>
<b>5</b>	Multiply line 4 by line 3		<b>5</b>
<b>6</b>	Enter 1% of net investment income (1% of Part I, line 27b)		<b>6</b>
<b>7</b>	Add lines 5 and 6		<b>7</b>
<b>8</b>	Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.		<b>8</b>

<b>Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)</b>			
<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: ..... <b>(attach copy of letter if necessary—see instructions)</b>		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b .....	<b>1</b>	
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	<b>0</b>
<b>3</b>	Add lines 1 and 2 .....	<b>3</b>	
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	<b>0</b>
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- .....	<b>5</b>	<b>0</b>
<b>6</b>	Credits/Payments:		
<b>a</b>	2014 estimated tax payments and 2013 overpayment credited to 2014 .....	<b>6a</b>	
<b>b</b>	Exempt foreign organizations – tax withheld at source .....	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) .....	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld .....	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d .....	<b>7</b>	
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached .....	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> .....	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> .....	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2015 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	

<b>Part VII-A Statements Regarding Activities</b>			Yes	No
<b>1a</b>	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? .....	<b>1a</b>		<b>X</b>
<b>b</b>	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? .....	<b>1b</b>		<b>X</b>
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
<b>c</b>	Did the foundation file <b>Form 1120-POL</b> for this year? .....	<b>1c</b>		<b>X</b>
<b>d</b>	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. <input type="checkbox"/> \$ ..... <b>(2)</b> On foundation managers. <input type="checkbox"/> \$ .....			
<b>e</b>	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ .....			
<b>2</b>	Has the foundation engaged in any activities that have not previously been reported to the IRS? .....	<b>2</b>		<b>X</b>
	If "Yes," attach a detailed description of the activities.			
<b>3</b>	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .....	<b>3</b>		<b>X</b>
<b>4a</b>	Did the foundation have unrelated business gross income of \$1,000 or more during the year? .....	<b>4a</b>		<b>X</b>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? .....	<b>4b</b>		<b>N/A</b>
<b>5</b>	Was there a liquidation, termination, dissolution, or substantial contraction during the year? .....	<b>5</b>		<b>X</b>
	If "Yes," attach the statement required by General Instruction T.			
<b>6</b>	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: ● By language in the governing instrument, or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? .....	<b>6</b>	<b>X</b>	
<b>7</b>	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV .....	<b>7</b>	<b>X</b>	
<b>8a</b>	Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/>			
	<b>VA</b>			
<b>b</b>	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .....	<b>8b</b>	<b>X</b>	
<b>9</b>	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV .....	<b>9</b>	<b>X</b>	
<b>10</b>	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses .....	<b>10</b>		<b>X</b>



**Part VII-A Statements Regarding Activities (continued)**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<b>X</b>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		<b>X</b>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>u AFASW.ORG</b>	13	<b>X</b>	
14	The books are in care of <b>u RANDOLPH ROYCE</b> Telephone no. <b>u 540-507-8585</b> <b>P.O., BOX 6451</b> Located at <b>u SPRINGFIELD</b> VA ZIP+4 <b>u 22150</b>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <b>u 15</b>			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the foreign country <b>u</b>	16	Yes	No <b>X</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/> <b>u</b>	1b	<b>X</b>
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	1c	<b>X</b>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>u</b> 20 , 20 , 20 , 20		
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement - see instructions.) <b>N/A</b>	2b	
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. <b>u</b> 20 , 20 , 20 , 20		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.) <b>N/A</b>	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<b>X</b>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b	<b>X</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

**5a** During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

**b** If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Yes  No **N/A** **5b**

Organizations relying on a current notice regarding disaster assistance check here

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? **N/A**  Yes  No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b** **X**

If "Yes" to 6b, file Form 8870.

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **N/A** **7b**

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 5				

**2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total** number of other employees paid over \$50,000 ▶ **0**

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
.....		
.....		
.....		
.....		
.....		
<b>Total</b> number of others receiving over \$50,000 for professional services		<b>4</b>

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
<b>1 SEE STATEMENT 6</b>	
.....	<b>8,135</b>
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
<b>1 N/A</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3	

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	<b>0</b>
<b>b</b>	Average of monthly cash balances	<b>1b</b>	<b>7,787</b>
<b>c</b>	Fair market value of all other assets (see instructions)	<b>1c</b>	<b>0</b>
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	<b>7,787</b>
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	<b>0</b>
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	<b>0</b>
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	<b>7,787</b>
<b>4</b>	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	<b>4</b>	<b>117</b>
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	<b>7,670</b>
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	<b>384</b>

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	
<b>2a</b>	Tax on investment income for 2014 from Part VI, line 5	<b>2a</b>	
<b>b</b>	Income tax for 2014. (This does not include the tax from Part VI.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	
<b>5</b>	Add lines 3 and 4	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	<b>1a</b>	<b>6,500</b>
<b>b</b>	Program-related investments – total from Part IX-B	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	<b>6,500</b>
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	<b>5</b>	<b>0</b>
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	<b>6,500</b>

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
<b>1</b> Distributable amount for 2014 from Part XI, line 7 .....				
<b>2</b> Undistributed income, if any, as of the end of 2014:				
<b>a</b> Enter amount for 2013 only .....				
<b>b</b> Total for prior years: 20____, 20____, 20____ .....				
<b>3</b> Excess distributions carryover, if any, to 2014:				
<b>a</b> From 2009 .....				
<b>b</b> From 2010 .....				
<b>c</b> From 2011 .....				
<b>d</b> From 2012 .....				
<b>e</b> From 2013 .....				
<b>f</b> <b>Total</b> of lines 3a through e .....				
<b>4</b> Qualifying distributions for 2014 from Part XII, line 4: <input type="checkbox"/> \$ <u>6,500</u>				
<b>a</b> Applied to 2013, but not more than line 2a .....				
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions) .....				
<b>c</b> Treated as distributions out of corpus (Election required – see instructions) .....				
<b>d</b> Applied to 2014 distributable amount .....				
<b>e</b> Remaining amount distributed out of corpus .....	6,500			
<b>5</b> Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .....	6,500			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b .....				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed .....				
<b>d</b> Subtract line 6c from line 6b. Taxable amount – see instructions .....				
<b>e</b> Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount – see instructions .....				
<b>f</b> Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015 .....				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions) .....				
<b>8</b> Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) .....				
<b>9</b> <b>Excess distributions carryover to 2015.</b> Subtract lines 7 and 8 from line 6a .....				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2010 .....				
<b>b</b> Excess from 2011 .....				
<b>c</b> Excess from 2012 .....				
<b>d</b> Excess from 2013 .....				
<b>e</b> Excess from 2014 .....				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling u **09/15/13**  
**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	<b>384</b>				<b>384</b>
<b>b</b> 85% of line 2a	<b>326</b>				<b>326</b>
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed	<b>6,500</b>				<b>6,500</b>
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	<b>6,500</b>				<b>6,500</b>
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test – enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	<b>256</b>				<b>256</b>
<b>c</b> "Support" alternative test – enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year – see instructions.)**

**1 Information Regarding Foundation Managers:**  
**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).  
**N/A**  
**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.  
**N/A**

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**  
 Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.  
**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:  
**N/A**  
**b** The form in which applications should be submitted and information and materials they should include:  
**N/A**  
**c** Any submission deadlines:  
**N/A**  
**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  
**N/A**

**Part XV Supplementary Information (continued)**

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<p><b>a</b> Paid during the year  <b>USAFA ENDOWMENT</b>  <b>3116 ACADEMY DRIVE #200</b>  <b>USAF ACADEMY CO 80840</b></p>			<p><b>DONATION TO ENDOWMENT FUND</b></p>	<p><b>6,500</b></p>
<p><b>Total</b> .....</p>			<p><b>U 3a</b></p>	<p><b>6,500</b></p>
<p><b>b</b> Approved for future payment  <b>N/A</b></p>				
<p><b>Total</b> .....</p>			<p><b>U 3b</b></p>	





**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

<p><b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?</p> <p><b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:</p> <p>(1) Cash .....                  (2) Other assets .....</p> <p><b>b</b> Other transactions:</p> <p>(1) Sales of assets to a noncharitable exempt organization .....                  (2) Purchases of assets from a noncharitable exempt organization .....                  (3) Rental of facilities, equipment, or other assets .....                  (4) Reimbursement arrangements .....                  (5) Loans or loan guarantees .....                  (6) Performance of services or membership or fundraising solicitations .....</p> <p><b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....</p> <p><b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.</p>	Yes	No
	1a(1)	X
	1a(2)	X
	1b(1)	X
	1b(2)	X
	1b(3)	X
	1b(4)	X
	1b(5)	X
	1b(6)	X
	1c	X

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
<b>N/A</b>			

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3) or in section 527? 
 Yes  No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
<b>N/A</b>		

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<span style="font-size: 2em;">▶</span> _____ Signature of officer or trustee	<span style="font-size: 2em;">▶</span> _____ Date	<b>TREASURER</b> Title
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KAREN Z. WILHELM</b>	Preparer's signature <b>KAREN Z. WILHELM</b>	Date <b>03/07/16</b>	Check <input type="checkbox"/> if self-employed
	Firm's name „ <b>WILHELM &amp; ASSOCIATES, LTD.</b>		PTIN <b>P00258166</b>	
	Firm's address „ <b>256R N WASHINGTON ST</b> <b>FALLS CHURCH, VA 22046-4517</b>		Firm's EIN „ <b>54-2008811</b>	
			Phone no. <b>703-356-5005</b>	

**Federal Statements**

**Statement 1 - Form 990-PF, Part I, Line 11 - Other Income**

Description	Revenue per Books	Net Investment Income	Adjusted Net Income
NETWORKING NATIONALS GAME	\$ 794	\$	\$ 794
GOLF TOURNAMENT FUNDRAISER	12,142		12,142
MONTHLY NETWORKING MEETING	4,850		4,850
DUES AND MEMBERSHIP	1,178		1,178
TOTAL	<u>\$ 18,964</u>	<u>\$ 0</u>	<u>\$ 18,964</u>

**Statement 2 - Form 990-PF, Part I, Line 18 - Taxes**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
APPLICATION FEE	\$ 400	\$	\$ 400	\$
TOTAL	<u>\$ 400</u>	<u>\$ 0</u>	<u>\$ 400</u>	<u>\$ 0</u>

**Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES	\$	\$	\$	\$
REFUND OF DUES	220		220	
INSURANCE	464		464	
POSTAGE	100		100	
ANNUAL MEMORIAL SERVICE	285		285	
MONTHLY MEETING	4,822		4,822	
NATIONALS GAME NETWORKING	776		776	
GOLF TOURNAMENT EXPENSES	8,135		8,135	
TOTAL	<u>\$ 14,802</u>	<u>\$ 0</u>	<u>\$ 14,802</u>	<u>\$ 0</u>

**Federal Statements**

**Statement 4 - Form 990-PF, Part I, Line 25 - Noncash Contributions, Gifts, Grants**

<u>Amount</u>	<u>Noncash Description</u>	<u>FMV Explanation</u>	<u>Book Value Amount</u>	<u>Book Value Explanation</u>	<u>Date</u>
6,500					6/27/14

**Statement 5 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
THERON WEIMER 6944 TANGLEWOOD DRIVE WARRENTON VA 20187	PRESIDENT	0.50	0	0	0
DAVID STERLING 1521 CRESTWOOD LANE MCLEAN VA 22101	VICE PRES.	0.50	0	0	0
DOUGLAS CARLSON 6200 SPRINGSTONE PLACE CLIFTON VA 20124	VICE PRES.	0.50	0	0	0
MICHAEL KRAUSE 10306 JULEP AVENUE SILVER SPRING MD 20902	VICE PRES.	0.50	0	0	0
RANDOLPH ROYCE 10720 CHATHAM RIDGE WAY SPOTSLYVANIA VA 22551	TREASURER	1.00	0	0	0

**Statement 6 - Form 990-PF, Part IX-A, Line 1 - Summary of Direct Charitable Activities**

Description

TO ENABLE THE FOUNDATION TO DONATE \$6500 FOR THE YEAR ENDING 4-30-15 THE FOUNDATION HOSTED AND ORGANIZED A GOLF TOURNAMENT, WHERE 56 PEOPLE ATTENDED AND RAISED APPROXIMATELY \$4655 FOR THE FOUNDATION.

THE OBJECTIVE OF THE ORGANIZATION IS TO FOSTER THE PROFESSIONAL, BUSINESS AND LEADERSHIP GROWTH OF ITS MEMBERS THROUGH EDUCATION AND PROGRAMS. THE ANNUAL GOLF TOURNAMENT IS THE ACTIVITY THAT ALLOWS THE ORGANIZATION TO PROVIDE SUPPORT AND EDUCATION TO ITS MEMBERS, WHILE RAISING FUNDS TO SUPPORT CHARITABLE GIVING. EACH PARTICIPANT IN THE GOLF TOURNAMENT WAS ABLE TO CLAIM A DONATION OF \$44.69 FOR MILITARY MEMBERS AND \$31.69 FOR CIVILIAN MEMBERS.

THE FOUNDATION ALSO HELD A MEMORIAL CEREMONY IN MAY WITH 50 PEOPLE ATTENDING, A NATIONALS BASEBALL GAME IN SEPTEMBER WHICH HAD 26 PEOPLE ATTENDING, A MARCH DINNER MEETING WHICH HAD 45 PEOPLE PRESENT AND AN APRIL DINNER MEETING WHICH HAD 83 PEOPLE IN ATTENDANCE.

Form <b>990-T</b>	<b>Charitable Contribution Carryover Worksheet - Corporations</b>	<b>2014</b>
For calendar year 2014, or tax year beginning <b>05/01/14</b> , ending <b>04/30/15</b>		

Name <b>AIR FORCE ACADEMY SOCIETY OF WASHINGTON DC</b>	Employer Identification Number <b>54-1474578</b>
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<b>Regular Tax Calculations</b>						
Preceding Tax Year	Excess Contributions	Prior Year		Current Year		Next Year
		Utilized Or Reclassified to NOL	Carryover	Reclassified to NOL <small>(Reg.Sec. 1.170A-11(c)(2))</small>	Carryovers Utilized	Carryover
5th <b>04/30/10</b>						
4th <b>04/30/11</b>						
3rd <b>04/30/12</b>						
2nd <b>04/30/13</b>						
1st <b>04/30/14</b>						
Charitable Contribution Carryover To Current Year - Regular				<b>0</b>		
Current Year						<b>6,500</b>
Charitable Contribution Carryover Available To Next Year						<b>6,500</b>

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>US Obs (\$ or %)</u>
SUNTRUST BANK INTEREST	\$ 1			14	
TOTAL	\$ 1				