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200906

Form 990-EZ

Department of the Treesury

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

Open to Public

UILET	40 100 100	is Served 1 - The dryantaboli may have to use a Copy of this return to saisly state reporting	3	_			
A F	or the	2008 calendar year, or tax year beginning 1 July , 2008, and endi	ng 30 .	June	, 20 09		
8.0	Check It a		D Empt	D Employer identification num			
=	Address o	a limbs of two contracts of the character when the	95	95 3785917			
=	Name cha Initial retu	The inverse and supply for P.O. DOX, it may is not derivered to street address; Ro	oom/suite E Telep	E Telephone number			
==	rona ren Termatak	16: 100 Rev 523135	(70:	3)	978-8042		
=	Amended	Specific	F Grou	Fvem	intion		
	Application	Der .	. ► 3				
=	Socti	on 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach			☑ Cash ☐ Accrual		
_		a completed Schedule A (Form 990 or 990-EZ).	Other (specify)		& Cash C vector		
1.3	Nebsit	http://afosisa.ncc.org			organization is not hedule B (Form 990,		
		ation type (check only one) - 2 501(c) (3) ◄ (insert no.) 4947(a)(1) or 527	990-EZ, or 990		negatie b (r Gritt 530,		
		if the organization is not a section 509(a)(3) supporting organization and its gross receipt:			\$05 000 A		
		ired, but if the organization chooses to file a return, be sure to file a complete return.	s are normally not	тоге и	nan 525,000. A return is		
		5 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead	ed of Form 990-F7	▶ \$			
خت د	rt	Describe Fundament and Observed in Not Account on Found But and 10	11		or Part I)		
-			ace the madde	1	OF FAIL I.)		
•	1	Contributions, gifts, grants, and similar amounts received.	$\mathcal{O}(\mathcal{O}(\mathcal{O}(\mathcal{O}(\mathcal{O}(\mathcal{O}(\mathcal{O}(\mathcal{O}($	2			
	2	Program service revenue including government fees and contracts	· ,	3	\$9,603.00		
9	3	Membership dues and assessments	·	4	\$5,003.00		
2010	4	Investment income		4			
		Gross amount from sale of assets other than inventory					
9	р	Least, cook of dutic basis and seaso expenses					
~ ⁷ ⊘@	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (at		<u>5c</u>	0		
MAR	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from garning, check	ck here ▶ 📖				
<u>≶</u>	а	Gross revenue (not including \$ of contributions		,			
		reported on line 1)	0	1			
ш I		Less: direct expenses other than fundraising expenses		1 . 1	_		
Z	C	Net income or (loss) from special events and activities (Subtract line 6b from line		<u>6c</u>	0		
SCANNED N	7a	Gross sales of inventory, less returns and allowances	\$3,563.00				
3 1	ь	Less; cost of goods sold	0		** ***		
Ś				7c	\$3,563.00		
- {	8 9	Other revenue (describe bank credit, funds transfer, and escrow holdings		8	\$28,010.00		
		Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	\$41,176.00		
ľ	10	Grants and similar amounts paid (attach schedule)		10	\$14,500.00		
	11	Benefits paid to or for members		11			
8	12	Salaries, other compensation, and employee benefits		12			
5	13	Professional fees and other payments to independent contractors		13			
Expenses	14	Occupancy, rent, utilities, and maintenance		14	634 070 00		
	15	Printing, publications, postage, and shipping.		15	\$21,879.00		
}	16	Other expenses (describe (See Attached)		16	\$8,289.00		
	17_	Total expenses. Add lines 10 through 16		17	\$44,668.00 (\$3,492.00)		
홟	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(\$3,492.00)		
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (mi	ust agree with	40	#33C BC4 AA		
. ₹		end-of-year figure reported on prior year's return)		19	\$336,864.00		
رگر .	20	Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year. Combine lines 18 through 20	<u>.</u>	20	£022 272 00		
	21 rt II	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more,	Flo Form 000 is	21	\$333,372.00 of Form 990 F7		
- 6			(A) Beginning of		(B) End of year		
		(See the instructions for Part II.)	\$336,864				
22		, savings, and investments	3330,004 .	23			
23		24					
24							
25							
26 27	Tota Net	liabilities (describe ►) ssets or fund balances (line 27 of column (B) must agree with line 21)	\$336,864	00 27			
_		Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.	Cat. No. 106421	00 27	Form 990-EZ (2008)		

					Page 2	
Part III "Statement of Program Service Accom			111.)		Expenses	
What is the organization's primary exempt purpose?	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts;					
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.						
28 Scholarships and Charity						
		•••••	•••••			
(Grants \$) If this amount incl	28a	\$14,500.00				
29 Postage, shipping, mailing and printing member	la mananina					
(Grants \$) If this amount incl	udos forsiga granta abada		▶ □		\$24 P70 00	
30				29a	\$21,879.00	
	:					
	udes foreign grants, check			30a		
	udes foreign grants, check			31a		
32 Total program service expenses (add lines 28a th	rough 31a)		▶	32		
Part IV List of Officers, Directors, Trustees, and Key						
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0)	(d) Contributio simployes benefit deferred comper	plans &	(e) Expense account and other allowances	
Richard F. Law 9713 Ceralene Drive, Fairfax, VA 22032	Executive Officer	0		0	0	
Charles A. Costa	Treasurer					
6110 Bison Court, Waldorf, MD 20603	Treasurer	0		0	0	
Thomas Husband 8866 Western Hemlock, Way,Lorton, VA 22079	President Elect	0		0	· o	
Robert D. Doerr 10009 Calley Circle, Garden Ridge, TX 78266	President	0		0	0	
Richard J. Certo	Secretary					
2713 Hydinth Court, Antioch, CA 94509		0		0	0	
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Form 990-EZ (2008)

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Pai	Tother Information (Note the statement requirements in the instructions for Part VI.)		
		Ÿ	es No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	1
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"	36	/
37a b	complete applicable parts of Schedule N  Enter amount of political expenditures, direct or indirect, as described in the instructions.   [37a]  Did the organization file Form 1120-POL for this year?	37b	<b>1</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?  If "Yes," complete Schedule L, Part II and enter the total amount involved	38a	
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9		
	Gross receipts, included on line 9, for public use of club facilities		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	1
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
đ	Enter amount of tax on line 40c reimbursed by the organization		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	<b>/</b>
41	List the states with which a copy of this return is filed. ▶ VA		
		843- 0603-43	3391 41
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	es No
	ff "Yes," enter the name of the foreign country: ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		
44	Old the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	No V
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	1
,	For	m <b>990-E</b>	<b>Z</b> (2008)

Form 990-E2				<del></del>			,såe
Part VI	Section 501(c)(3) organizations only. and complete the tables for lines 50 an	All section 501(c)(3) d 51.	organizations n	nust answer quest	ions 4	6–49	
	he organization engage in direct or indirect po		s on behalf of o	in opposition to		Yes	N
	idates for public office? If "Yes," complete Sc	•			46		<b>_</b>
	he organization engage in lobbying activities?				47	<u> </u>	1
	organization operating a school as described			plete Schedule E .	48	<u> </u>	✓
	he organization make any transfers to an exer	•	ed organization?		49a		۲,
50 Com	es," was the related organization(s) a section	ed employees (other tha	an officers, direct . If there is none,	ors, trustees and ke enter "None."		oyees)	) W
(a)	Name and address of each employee pald more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expensount an	nd
						_	
51 Com	plete this table for the five highest compensation from the organization. If there is nor	ed independent contractie, enter "None."	tors who each re	ceived more than \$1	00,000	of	
51 Com	plete this table for the five highest compensat	e, enter "None."		ceived more than \$1	(c) Con		tion
51 Com	plete this table for the five highest compensation from the organization. If there is nor	e, enter "None."		······································			tion
51 Com	plete this table for the five highest compensation from the organization. If there is nor	e, enter "None."		······································			tion
51 Com	plete this table for the five highest compensation from the organization. If there is nor	e, enter "None."		······································			tion
51 Com	plete this table for the five highest compensation from the organization. If there is nor	e, enter "None."		······································			tion
51 Com	plete this table for the five highest compensation from the organization. If there is nor	e, enter "None."		······································			tion
51 Component	plete this table for the five highest compensation from the organization. If there is nor (a) Name and address of each independent contractor page 1	e, enter "None."		······································			tion
51 Component	plete this table for the five highest compensation from the organization. If there is nor  (a) Name and address of each independent contractor particles and address of each independent contractor particles.	eiving over \$100,000	(ca)	Type at service	(c) Con	pensal	
51 Components	plete this table for the five highest compensation from the organization. If there is nor (a) Name and address of each independent contractor page 1	eiving over \$100,000	(b)	Type of service	(c) Con	y know	Med
51 Components	plete this table for the five highest compensation from the organization. If there is nor tensation from the organization of the organizati	eiving over \$100,000 dt his return, inctuding accom	(b)	Type of service	(c) Con	y know	Medic
Total numl	plete this table for the five highest compensation from the organization. If there is nor tensation from the organization of the organizati	eiving over \$100,000 dt his return, inctuding accom	parrying schadules arr) is based on all Info	Type of service  ad statements, and to the immation of which prepare  Date  Preparer's Identifying	(c) Con	y know	rledg
Total numl Sign Here	plete this table for the five highest compensation from the organization. If there is nor tensation to the organization of the organization	eiving over \$100,000  dithis return, including accomn of preparer (other than office	parrying schedules ar	Type of service  ad statements, and to the immation of which prepare  Date  Preparer's Identifying	(c) Con	y know	rledg
Total numbers  Sign Here  Paid Preparer's	plete this table for the five highest compensation from the organization. If there is nor pensation from the organization. If there is nor learning to the pensation of each independent contractor per c	eiving over \$100,000  eiving over \$100,000  dithis return, including accomn of preparer (other than office	parying schedules are r) is based on all info	Type of service  ad statements, and to the immation of which prepare  Date  Preparer's identifying	(c) Con	y know	Medelede

## 2008 AFOSISA, Inc Scholarship Winners

Name and Address	Amount	School/University
Sonja Katharina Bamford PSC 117, Box 110 APO, AE 09080	\$1,000.00	University of Bath
Ellen Suzanne Bamford PSC 117, Box 110 APO, AE 09080	\$500.00	Glasgow Caledonian University
Courtney Allison Cresap 7365 East Windwood Way Parker, CO 80154	\$1,000.00	Georgetown University
Norah Claire Davis 2900 Bridle Lane Swansea, IL 62225	\$1,000.00	University of Missouri
David Michael Ferretti - 4708 Reann Way Kennesaw, Ga 30144	\$500.00	Georgie Institute of Technology
Stephanie L Gamache 1044 River Ridge Road Amissville, VA 20106	\$1,000.00	College of William and Mary
Meagan Michelle Levesque 148 Sanford Road Westport, MA 02790	\$500.00	Umass - Dartmouth
Cody Jacob Mahler PO Box 247 200 McNicholas Drive Marenisco, MI 49947	\$1,000.00	Gogebic Community College
Natalie Rose Martinez 523 West Sucamore Avenue El Segundo, CA 90245	\$500.00	Santa Monica College
Nyna Marie Nelson 1100 Eagle Nest Drive Granger, WA 98932	\$1,000.00	Central Washington University
Emile Mei Peterson PO Box 96	\$1,000.00	University of Wisconsin

## Irma, W154442

Peter Zane Psaltakis 17008 Hersperger Lane Poolesville, MD 20837	\$1,000.00	University of Maryland
Amanda Neely Oldani 530 Homestead Ridge New Braunfels, TX 78132	\$500.00	Loyola University
Brittany Leigh Haberstroh 1401 FM 3161 Floresville, TX 78114	\$1,000.00	Texas A & M
Alicia Jean Carter 4920 Carriage Park Road Fairfax, VA 22032-8939	\$1,000.00	Georgia College and State University
Mindy Tomassina Miller 709 Armanda Road North Venice, FL 34285	\$1,000.00	University of Florida
Total Scholarships Awarded	\$13,500.00	
Charity Donations		
Fisher House 7323 W. Hwy 90. Ste 101 San Antonio, TX 78227-3567	\$500.00	
Wounded Warrior Project 7020 A.C. Skinner Pkwy, Ste 100 Jacksonville, FL 32256	\$500.00	
Total Charity Donations	\$1,000.00	