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Form **990-EZ**

Department of the Treasury Internal Revenue Service

SCANNED JAN 0 7 2010

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 Inspection

Α	For the	2008 calendar	year	, or tax year beginning	September 1	, 2008, and en	ding	Augu	st 31	, 20 09				
B Check if applicable Please				C Name of organization		D Emplo	yer Identification number							
М		Address change use IRS label or AIAA National Capital Section								0195847				
님	Name cha	ange	nnt or		box, if mail is not delive	red to street address)	Room/suite I	E Teleph	lephone number					
님	Initial retu Terminati	12	/pe. ee	1677 Dartmoor Drive				(301)	467-5825				
H	Amended	return	pecific struc-		v. and ZIP + 4				up Exemption					
Ħ	Application	•	pexemption per ►											
=	• Socti		ons.	Huntingtown, MD 20639 ations and 4947(a)(1) nonex		ete muet attach	G Accou							
	- Geom		_	mpleted Schedule A (Form §	•	oto muot attacm		(specify)		M Casii				
_														
	Websit	_		the organization is not h Schedule B (Form 990,										
			saule B (FOM 990,											
_	J Organization type (check only one) —													
K	K Check ► ☐ If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.													
_						•	and of Earm	000 E7						
				ne 9 to determine gross receip					<u>▶ \$</u>	n Dard IV				
ř	art I			enses, and Changes in		Fund Balances	See the ii	nstructi						
	1			s, grants, and similar amoui					1	3500.00				
	2	Program ser	vice i	revenue including governn	nent fees and conf	tracts			2	48493.00				
	3	Membership	dues	s and assessments					3	22000				
	4	Investment i							4	66.00				
	5a	Gross amou	nt fro	om sale of assets other that	an inventory	<u>5a</u>			1					
	b	Less: cost o	r oth	er basis and sales expens	es	5 b		0						
m	с	Gain or (loss)	dule) .	5c	0									
Ž	6	Special events a		1										
Revenue	а	Gross reven	ue (n	ot including \$										
		reported on		-										
	Ь	Less: direct	expe	nses other than fundraisin										
	c			ss) from special events ar	· . \.	6c	0							
	7a	Gross sales	701											
	Ь	Less: cost o	Tigi											
	C	Gross profit	0.5	7c	0									
	8	Other revenu	ue (de	escribe ▶	, (000000000000000000000000000000000000			78/	8	0				
	9			add lines 1, 2, 3, 4, 5c, 6c,	7c, and 8		-01. 1.17		9	74059.00				
	10	_		ar amounts paid (attach so			<u> </u>		10	7274				
	11			or for members		_		!	11					
Š				empensation, and employe				!	12	23800.00				
use use	13			and other payments to in					13	50.00				
Expenses	14			utilities, and maintenance	•				14	700.00				
Ж	15			ions, postage, and shippin					15	1225				
	16	Other expen	ses (i	describe supplies \$1	9. 049: education pr	og. \$3045; prof. d	 evelopmer	nt \$2 .	16	35694				
	17	•	•	Add lines 10 through 16					17	68743				
_	† 	•		for the year (Subtract line					18	5316				
Net Assets	10													
SS	19	Net assets	or tur	nd balances at beginning	of year (from line	27, column (A)) (must agree	e with	19	4207				
<u>*</u>	30	Other chang	rigure	e reported on pnor year's net assets or fund baland	return)	· · · · · ·			20	659				
ž	20			id balances at end of year					21	8864				
Б	art II			s. If Total assets on line 2										
_	art II	Balarioc Ci				Ψ2,300,000 OF 11101		nning of y		(B) End of year				
				See the instructions for Pa	•		(A) Degi			9539				
2:				restments			<u> </u>	333	04 22					
2:							<u> </u>		23					
24 Other assets (describe ►														
2		al assets .						200	25	+ 				
20	6 Tota	al liabilities (de	escnl	be <u>uncashed checks</u>	(0)) (mail of the control of the contro	 		97 26					
2	/ Net	assets or ful	na ba	alances (line 27 of column	(b) must agree w	<u>ıtn line 21)</u>		42	07 27	8864				

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Form **990-EZ** (2008)

Cat No 106421

	12 (2000)					. 490 =
	Statement of Program Service Accom					Expenses
What is		uired for 501(c)(3) (4) organizations				
Describe	e what was achieved in carrying out the organiz	ation's exempt purposes. In	a clear and cond	ise manner,	and	4947(a)(1) trusts;
$\overline{}$	the services provided, the number of persons be				opti	onal for others)
	eral lunch and dinner programs with speaker endance is approximately 700					
atte						
	nts \$) If this amount incl				28a	20,000
29 tec	nnical education programs on aerospace topi endance approximately 500	ICS				
alle						
(Gra	29a	6,000				
	298	0,000				
	ual awards dinner for student winners of sciendance approximately 400					
-9333	manio approximatory 400					
(Gra	nts \$) If this amount incl	udes foreign grants, check	here	▶ □	30a	15.000
					1	10,000
	. •	udes foreign grants, check			31a	
	al program service expenses (add lines 28a th	rough 31a)		<u> ▶</u>	32	41,000
Part I					structio	ons for Part IV.)
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributio employee benefit		(e) Expense account and
	(a) Name and address	devoted to position	enter -0)	deferred compe	nsation	other allowances
Rick O	lemacher	Chairman, 10 hrs/wk				
	ilson Blvd.	,	0		0	0
Arlingt	on, VA					
				ļ		
	eninger	Treasurer, 5 hrs/wk			_ :	
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Washir	ngton, DC					
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Pai	t V . Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	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		✓
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.			
а	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," complete applicable parts of Schedule N	36	_	1
37a	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		✓
	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?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	.		
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	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
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	406		
	L, Part I	40b		
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization ▶0			
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		✓
41	List the states with which a copy of this return is filed. ▶ none			
42a	The books are in care of ► Lynn Heninger Telephone no. ► (703		3-47	61
	Located at ► 2029 K Street. NW, Washington DC ZIP + 4 ►	200	06	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Vos	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	162	
	account)?	420		
	If "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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L	
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			
		1	Voc	Na
			res	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	44	L	/
45	Form 990-EZ			
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		\
	100, 1000 000 mark 00 completed metada of 1000 000 EE	000		

Par	and complete the tables for lines 50 a		3) organization	s must answer questi	ons 46	5–49			
—— 46	Did the organization engage in direct or indirect p		vities on behalf	of or in opposition to		Yes N	0		
	candidates for public office? If "Yes," complete S				46	V	, 		
47	Did the organization engage in lobbying activities	? If "Yes," complete S	chedule C, Part		47		_		
48	Is the organization operating a school as describ	ed in section 170(b)(1)(A)(II)? If "Yes," o	complete Schedule E .	48		_		
49a	Did the organization make any transfers to an ex	empt non-chantable re	lated organization	on?	49a		<u>′ </u>		
	If "Yes," was the related organization(s) a section				49b		_		
50	Complete this table for the five highest compensions each received more than \$100,000 of compensation	ated employees (other tion from the organization	than officers, di ion. If there is n	rectors, trustees and key one, enter "None."	emplo	yees) w	ho		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compen	sation (d) Contributions to employee benefit plans & deferred compensation	acco	xpense ount and illowances			
none)						_		
 -							_		
		1							
							_		
						•	—		
		·							
Total	number of other employees paid over \$100,000						—		
	Complete this table for the five highest compensicompensation from the organization. If there is no		ractors who ead	h received more than \$1	00,000	of			
	(a) Name and address of each independent contractor	paid more than \$100,000		(b) Type of service	(c) Com	pensation			
none									
Total	number of other independent contractors each re						_		
Sign Here	Under penalties of perjury, I declare that thave examined this return, including accompanying schedules and statements, and to the be and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer to the control of t								
	Type or print name and title	Da	te Che	ck if Preparer's Identifying	Number /9	ee instructio	ne)		
Paid Prepa	Preparer's signature		self-	loyed >					
Use O	if self-employed),			EIN ►			_		
May +	address, and ZIP + 4	un abovo? Soo instruct	tions	Phone no ► ()	71.1	. 🗀 .			
iviay l	the IRS discuss this return with the preparer show	vii above: See ilistruci		<u></u>		<u>s </u>	10 (80		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

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AIA	A N	ational Capit	al Section						51		0195847			
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatı	ons mus	t compl	ete this	part.) (se	e instru	ctions)	_		
The	orga	anization is n	ot a private foun	dation because it is:	(Please c	heck onl	y one ord	anızatıo	า.)					
1				rches, or association						A)(i).				
2	☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)													
3				nospital service organ				n 170(b)	(1)(A)(iii).	(Attach S	Schedule H.)			
4	=			ition operated in conj						•		٠,		
-	_		-	ate:			-)(r)(m) = mor me	•		
5														
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).													
7	ш	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)												
	\Box						David III							
8				d in section 170(b)(1)		-	•		.,					
9	V	-	-	receives: (1) more that										
				ed to its exempt funct		-		•						
			-	ent income and unre						i bil tax,	trom businesse	3		
	_		_	after June 30, 1975.				•	-					
10				nd operated exclusive										
11				and operated exclusiv										
			•	blicly supported organ								1		
		509(a)(3). Ch	neck the box tha	it describes the type	of suppo	rting orga	anization	and com	iplete line	es 11e thr	ough 11h.			
		a ☐ Type	। ь □] Type II	□ Тур	e III-Fun	ctionally	ıntegrate	d	d□	Type III-Other			
е		By checking	this box, I cert	tify that the organizat	ion is no	t control	led direc	tly or inc	directly b	y one or	more disqualified	t		
		persons other	er than foundation	n managers and othe	r than one	e or more	publicly	supporte	d organiz	zations de	scnbed in section	า		
			section 509(a)(2)	_			•	• •	•					
f		If the organi	zation received	a written determinate	on from	the IRS	that it is	a Tyne	I Type II	or Type	III supporting			
		_	, check this box		011 11 01111		illat it io	u 1,500	, . , po	, 0, 1,50	о орроки Г	7		
		•		the organization acce	nted anv	oift or c	ontributio	n from s	nv of the			_		
g		following pe		and organization acce	pica uny	giit oi o	On this date	J.1 110111 C	iny or the					
		_		r indirectly controls, e	uthor alo	no or too	other wil	h noroor	a docom	and in (ii)	Yes No			
			-	ning body of the supp		_		iii persor	is descri	Jeu III (II)	11g(i)	-		
			-			-					11g(ii)	-		
				rson described in (i) a of a person described		(u) abovo					11g(iii)	-		
h		` '	•	ation about the organ							1.19(111)[-		
	Name				·				()		full Amount of	-		
W		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify		s the ion in col	(vii) Amount of support			
				above or IRC section		document?	col (i)	of your	(i) organı	zed in the	• • • • • • • • • • • • • • • • • • • •			
				(see instructions))				oort?		S?				
					Yes	No	Yes	No	Yes	No		_		
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F. + +	. 1													

Pai	Support Schedule for Org (Complete only if you chec					and 170(b)(1)	(A)(vi)
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 20045	(b) 2008 C	(c) 200 8 7	(d) 2007 8	(e) 2008/9	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<u>6</u>	Public support. Subtract line 5 from line 4. tion B. Total Support	<u> </u>			L		
	lendar year (or fiscal year beginning in)	(a) 2004 S	(b) 2005 C	(c) 2008	(d) 200 7 8	(e) 2008 9	(f) Total
7	Amounts from line 4	(4) 2041	(2) 2300 0	(0, 2000 ,	(4, 200. 2	(0, 2000 7	(1)
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
0	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
1	Total support. Add lines 7 through 10 .						
2	Gross receipts from related activities, etc	. (see instruction	ns)		L	12	
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re	<u> </u>	d, third, fourth,	•		
-				(f)		14	<u></u> %
4	Public support percentage for 2008 (line	,	•	, column (i))	}	15	
5	Public support percentage from 2007 Sci 331/3 % support test—2008. If the organi				L		
Va	and stop here. The organization qualifies					or more, chec	▶ □
b	331/3 % support test – 2007. If the organization qua	zation did not c	heck a box on	line 13 or 16a, a			
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circum	nstances" test,	check this box a	and stop here. I	Explain in Part I	V how the
b 18	10%-facts-and-circumstances test – 2007 more, and if the organization meets the "forganization meets the "facts-and-circumstate organization did private foundation. If the organization did	acts-and-circums	stances" test, c organization qua	heck this box a lifies as a publicl	nd stop here E ly supported org	xplain in Part I	V how the

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Part III

Sec	tion A. Public Support	ed the box of	i iiie 3 Oi i a				
_	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include	(4, 555)	(5) 2555	(0) 2000	(4) 250.	(0) 2000	(7) / 5 (2)
2	any "unusual grants")	22000	22000	23000	22325	25500	114825
_	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	33380	507460	40710	49617	48493	222946
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	o	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the	0	0	0	0	0	0
6	organization without charge	55380	72746	63710	71917	73993	337771
_	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the						
	year or \$5,000	0	0	0	0	0	0
С	Add lines 7a and 7b	0	0	0	♦ 0	0	0
8	Public support (Subtract line 7c from line 6.)				y <u>. </u>		337771
	tion B. Total Support			r			
Ca	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	55380	72746	63710	71917	73993	337771
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20	132	212	136	66	566
b	Unrelated business taxable income (less section 511 taxes) from businesses	0	0	0	0	0	0
_	acquired after June 30, 1975	20	132	212	136	66	566
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)		_				338337
14	First five years. If the Form 990 is for organization, check this box and stop			nd, third, fourth			in 501(c)(3)
Sec	tion C. Computation of Public Su	pport Percer	ntage	·-			
15	Public support percentage for 2008 (lin	e 8, column (f)	divided by lin	ne 13, column	(f))	15	99 %
16	Public support percentage from 2007 S			7g <i>.</i>	· · · · · ·	16	99 %
Sec	tion D. Computation of Investmen	nt Income Pe	ercentage		· · · · · · · · · · · · · · · · · · ·		
17	Investment income percentage for 2006				olumn (f)) .		s than 1 %
18	Investment income percentage from 20						s than 1 %
19a	33% % support tests—2008. If the organization is not more than 33% %, check this b	anization did no ox and stop he	ot check the be ere. The organi	ox on line 14, a zation qualifies	and line 15 is n as a publicly s	nore than 33% 9 supported orga	%, and line nization ▶ ☑
b	331/3 % support tests—2007. If the organ line 18 is not more than 331/3 %, check this	s box and stop	here. The orga	nization qualıfie	s as a publicly	supported orga	nizatıon 🕨 🔲
20	Private foundation. If the organization	did not check	a box on line 1	14, 19a, or 19b	, check this bo	ox and see inst	ructions ▶ 🔲

Schedule A (Fo	Schedule A (Form 990 or 990-EZ) 2008 Page 4																			
Part IV	Supplemer Part II, line	ntal	Info	rmati	ion. (Com	plete	this	part	to r	orovid	e th	e exr	lanat	ion re	quire	d by	Part I	Lline	10.
	Part II line	17a	or 1	7b: c	or Pai	rt III.	line	12 1	Provid	to p	nv oth	ner a	additio	nal ir	form	ation	lead	ınetru	ctions	۱٥,
	7 417 11, 11110		<u> </u>	, -					1001	20 U	ily Oti	ici a	aditio	ziiai ii	1101111	ation.	1300	ii i Su u	CHOITS	
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