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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2012**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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.

A For the 2012 calendar year, or tax year beginning 1 July, 2012, and ending 30 June, 20 13

B Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

Association of Former OSI Spwcial Agents, Inc (AFOSISA)

Number and street (or P.O. box, if mail is not delivered to street address)

PO Box 523135

City or town, state or country, and ZIP + 4

Springfield, VA 22152-5135

D Employer identification number

95-3785917

E Telephone number

703-978-8042

F Group Exemption

Number 3

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ AFOSISA.org

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

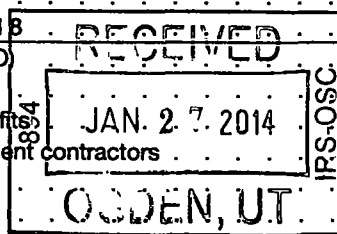
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	\$4,080.00
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	\$11,515.50
	4	Investment income	4	\$3,147.38
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	\$5.00
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	\$18,747.88	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	\$16,500.00
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	\$23,726.61
	16	Other expenses (describe in Schedule O)	16	\$5,370.96
	17	Total expenses. Add lines 10 through 16	17	\$45,597.57
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-\$26,849.69
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	\$377,669.61
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	\$350,819.92

For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	\$377,669.61	22 \$350,819.92
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	\$377,669.91	25 \$350,819.92
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	\$377,669.61	27 \$350,819.92

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 Scholarships and Charity (See Attached Sheet)

(Grants \$) If this amount includes foreign grants, check here ☐

28a	\$16,500.00
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29 Postage, shipping, mailing and printing member's magazine

(Grants \$) If this amount includes foreign grants, check here ☐

29a	\$23,726.61
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(Grants \$) If this amount includes foreign grants, check here ☐

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ☐

31a

32 Total program service expenses (add lines 28a through 31a)

32	\$40,226.61
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Part IV	List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)	\$70,220.
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Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		✓
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 outstanding at the end of the tax year covered by this return?		✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
b 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 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e 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		✓
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ <u>Charles A. Costa</u> Telephone no. ▶ <u>301-843-3391</u> Located at ▶ <u>6110 Bison, Court, Waldorf, MD 20603</u> ZIP + 4 ▶		
b 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)? 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.	Yes	No
42b		✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶		✓
42c		
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 ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
c Did the organization receive any payments for indoor tanning services during the year?		✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		✓
44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		<input checked="" type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		<input checked="" type="checkbox"/>
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		<input checked="" type="checkbox"/>
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b If "Yes," was the related organization a section 527 organization?

49b		<input checked="" type="checkbox"/>
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NA				

f Total number of other employees paid over \$100,000 **0**

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

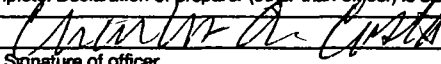
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NA		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1)

nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☐ No

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 officer) is based on all information of which preparer has any knowledge.

Sign Here  **Signature of officer** **Charles A. Costa, Treasurer** **Date** **JAN 24, 2014**

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN
Firm's name ▶ Firm's EIN ▶
Firm's address ▶ Phone no ▶

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

Association of Former OSI Special Agents, Inc (AFOSISA)

Employer identification number

95-3785917

Part III, Statement of Program Accomplishments: The objective of the Association of Former OSI Special Agents, Inc., (AFOSISA) are to maintain and further friendships emanating from service with or employment by the Air Force Office of Special Investigations (AFOSI); to assist one another through combined efforts and mutual association; to perpetuate the ideals and principles of AFOSI; to facilitate contact with members on a worldwide basis; and to unite former and present AFOSI Special Agents in the common interest of promoting the security and welfare of each other, AFOSISA, AFOSI, The United States Air Force and the United States.

Expenses: Line 16: Association Plaques: \$815.09, Ballots: \$297.89, Computer Equipment: \$1,749.87, Expense Voucher: \$46.00, Legal-

Professional Fees: \$25.00, Liability Insurance: \$1,487.00, PO Box Rent: \$144.00, Storage Space: \$1,104.00. Total: \$5,370.96.

Name of the organization

Employer identification number

Association of Former OSI Special Agents, Inc (AFOSISA)**95-3785917**

Scholarship Winners for 2012

Name & Address	School	Amount
Kendyl Siobhan Chavez 1808 Blossom Crest St Bakersfield, CA 93314	Taft College Taft, CA	\$1,000.00
Collen Marie Darcy 7 Cottrell St Boston, MA 02125	West Virginia University Morgantown, WVA	\$1,000.00
Erin Elizabeth Douglas 4618 Aaron Court Jefferson, MD 21755	Robert Morris University Carnot-Moon. PA	\$1,000.00
Joann Marie Flaherty 1401 Regents Park Lane Greensboro, NC 27455	University of North Carolina Chapel Hill, NC	\$1,000.00
Katlynn Marie Hallisey 34218 onroe Huffsmith Road Magnolia, TX 34275	University of Texas Austin, TX (4 Year Winner)	\$1,500.00
Scott Joseph Kuffer 1225 Oak Tree Lane Nokomis, FL 34275	University of Florida Gaineville, FL	\$1,000.00
Ian D. Morrissey 238 Clapp Road Scituate, MA 02066	University of Massachusetts-Darmouth Darmouth, MA	\$1,000.00
Wilson Alexander Rodriguez 1228 Mallard Court Boulder, CO 80303	Lubbock Christian University Lubbock, TX	\$1,000.00
Tylet Ferrer Schantz 1035 Rio Brazos Drive oerne. TX 78006	University of Texas Austin, TX	\$1,000.00
Zachary Joseph Zatyko 1407 Lodi Court Odenton, MD	Duquesne University Pittsburg, PA	\$1,000.00
Tiffany Yvonne Cox 1088 Cornell Court	Christopher Newport University Newport News, VA	\$1,000.00

• **Leland, NC 28451**

Todd Andrew Wilt 100 Whaley Street, Apt 1022 Columbia, SC 29201	University of South Carolina Columbia, SC	\$1,000.00
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Previous 4 Year Winners

Crystal T. Embury	University of Texas	\$1,000.00
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Cheryl Ann Gottselig	California State University Fullerton	\$1,000.00
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Lauren Ashley Moore	NW Florida State College	\$1,000.00
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Total Scholarships Awarded		\$15,500.00
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Charity Donations

Fisher House 7323 W. Hwy 90. Ste 101 San Antonio, TX 78227-3567		\$500.00
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Wounded Warrior Project 7020 A.C. Skinner Pkwy, Ste 100 Jacksonville, FL 32256		\$500.00
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Total Charity Donations		\$1,000.00
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