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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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 and its instructions is at www.irs.gov/form990.

Ā	For the	2013 cale	endar year, or tax year beginning January 1 , 2013, and	ending	Decem	ber 31	, 20 13			
В	Check if	applicable	C Name of organization The Penatgon Federal Credit Union Foundation			D Employe	er identification number			
	Address	change	Doing Business As			54 2062271				
	Name ch	hange	Number and street (or P O box if mail is not delivered to street address) Ro	loom/suite	1	E Telephor	ne number			
	Initial ret	turn	2930 Eisenhower Avenue				703-838-1018			
	Terminat	ted	City or town, state or province, country, and ZIP or foreign postal code							
	Amende	d return	Alexandria, VA 22314			G Gross re	ceipts \$ 4,713,747			
	Applicat	on pending			H(a) is this a gro	up return for s	subordinates? Yes No			
		, ,	2930 Eisenhower Ave, Alexandria, VA 22374 C 10 0			I subordinates included? Yes No				
<u> </u>	Tax-exe	mpt status		527			list. (see instructions)			
J	Website		w.pentagonfoundation.org		H(c) Group e	exemption	number >			
ĸ	Form of o	organization		f formation	2001	M State	of legal domicile VA			
Р	art I	Summ				•				
	1	Briefly de	escribe the organization's mission or most significant activities:	national ch	harity wo	orking to meet the				
8			eds of military personnel and their families in the areas of financial lit							
Governance			or the wounded.				***************************************			
ē	2		us box ▶ ☐ if the organization discontinued its operations or dispo	osed of r	more than	25% of	its net assets.			
õ	3					3	10			
œ	4		of independent voting members of the governing body (Part VI, lin	ne 1b) .		4	10			
jes	5		mber of individuals employed in calendar year 2013 (Part V, line 2a	•		5	0			
Activities	6		mber of volunteers (estimate if necessary)	´		6	57			
Aci	7a		elated business revenue from Part VIII, column (C), line 12			7a	0			
	Ь		lated business taxable income from Form 990-T, line 34			7b	0			
Revenue				Prior Y						
	8	Contribut	tions and grants (Part VIII, line 1h)		2,	584,074	3,716,018			
	9		service revenue (Part VIII, line 2g)	. —	<u> </u>	0	0			
eve	10	-	ent income (Part VIII, column (A), lines 3, 4, and 7d)	1		1,267	311			
Œ	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	0			
	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line	12)	2.	585,341	3,716,329			
	13		nd sımılar amounts paid (Part IX, column (A), lines 1-3)			0	0			
	14		paid to or for members (Part IX, column (A), line 4)	. \vdash		0	0			
s	15		other compensation, employee benefits (Part IX, column (A), lines 5-1	10)		0	0			
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)	· —		0	0			
8	Ь		draising expenses (Part IX, column (D), line 25) 107,6							
ŭ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	- 1	2.	589,037	13,555,825			
	18		penses. Add lines 13-17 (must equal Part IX, column (A), line 25)	. 🗀		589,037	13,555,825			
	19		less expenses. Subtract line 18 from line 12			-3696	-9,839,496			
5 S					inning of Cum		End of Year			
sets or	20	Total ass	ets (Part X, line 16)		5.0	885,378	709,353			
Net Ass Fund Ba	21	Total liab	ulities (Part X, line 26)		4,4	411,299	9,074,770			
훒	22		ts or fund balances. Subtract line 21 from line 20		474,079	-8,365,417				
Pa	art II		ture Block							
			ry, I declare that I have examined this return, including accompanying schedules and				ny knowledge and belief, it is			
tru	e, correct	t, and compl	ete Declaration of preparer (other than officer) is based on all information of which p	preparer ha	s any knowle	dge /				
			Na lubilled		8]4]]	14			
Sig	jn 💮	Sign	ature of officer	,	Date	<i>()</i>	/			
He	re		Jane Elekothelel tresident + LE	<u> </u>						
		T ype	or print name and title							
Pa	id	Print/Typ	pe preparer's name Preparer's signature	Date		Check	T If PTIN			
	epare	r L				self-emp	loyed			
	e Onl		ame ▶		Firm's	s EIN ▶				
J			ddress ▶		Phon	e no				
Ma	y the IR		s this return with the preparer shown above? (see instructions) .				Yes No			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2013)

orm 99	U (2013)
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The Pentagon Federal Credit Union Foundation is a nonprofit national charity working to meet the unmet needs of military
	personnel and their families in the areas of financial literacy, housing grants and assistance and support for the wounded.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revende, if any, for each program service reported.
40	(Code:) (Expenses \$ 231,887 including grants of \$) (Revenue \$)
40	
	Asset Recovery Kit (ARK) - Combat payday lending
	······
Ť	
	······································
	······································
	<u></u>
4b	(Code:) (Expenses \$1,023,853 including grants of \$) (Revenue \$)
	Dreammakers - First time homebuyers program for those in service of our country's national security
4c	(Code:) (Expenses \$ 12,068,319 including grants of \$) (Revenue \$)
	Military Heroes - Assistance for military personnel wounded during overseas conflicts
	······································
	· · · · · · · · · · · · · · · · · · ·
A - 1	Other program as used (December in Cabadida C.)
4d	Other program services (Describe in Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 13,324,059

Part	IV Checklist of Required Schedules			
			Yes	No
` 1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		_	
_	complete Schedule A	2	1	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	12	-	1
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	213	28 4	2 6
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	124L -
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		/
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	V	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	1	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	/	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	· · · ·	✓
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a		∀
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Ė

Part	Checklist of Required Schedules (continued)		Vaa	T No.
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	<u> </u>	Yes	No
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	·	1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		-9-	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
2 9 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		→
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	√	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> , <i>Part VI</i>	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	✓	(201:

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Párt	V Statements Regarding Other IRS Filings and Tax Compliance			- 5				
- GII U	Check if Schedule O contains a response or note to any line in this Part V							
	Check if Schedule O Contains a response of hote to any line in this Part V		Yes	No.				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0							
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable							
c	Did the organization comply with backup withholding rules for reportable payments to vendors and							
•	reportable gaming (gambling) winnings to prize winners?							
2a								
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b						
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~ / ⁻¹				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		·*				
4a	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)?	4a		✓				
b	If "Yes," enter the name of the foreign country: ▶							
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or							
	gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		6 54					
	and services provided to the payor?	7a		✓				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	required to file Form 8282?	7c		✓				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓_				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓				
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting							
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	<u></u>	,	J				
_	organization, have excess business holdings at any time during the year?	8	\Box					
9	Sponsoring organizations maintaining donor advised funds.			لـ ــــا				
а	Did the organization make any taxable distributions under section 4966?	9a						
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
a b	Initiation fees and capital contributions included on Part VIII, line 12		A. 5-1-4-					
11	Section 501(c)(12) organizations. Enter:		٠. د	1				
'' a	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources	•,	- ;					
	against amounts due or received from them.)			- 1				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		i				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	*	J				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note. See the instructions for additional information the organization must report on Schedule O.		-					
b	Enter the amount of reserves the organization is required to maintain by the states in which							
	the organization is licensed to issue qualified health plans			.				
C	Enter the amount of reserves on hand		4.	1.				
I4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b						
		Forn	n 990	(2013)				

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10	¥¥ere vy 4	e: Missign	ā' · · · ·
	If there are material differences in voting rights among members of the governing body, or	idas ma		J
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		(d ₁ /) = -	
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		/
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		/
6	Did the organization have members or stockholders?	6		/
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			,
	one or more members of the governing body?	7a		✓
b	stockholders, or persons other than the governing body?			1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		
0	the year by the following:	-	ethanes.	1年後 47年
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	- 55		
-	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	
		-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		的特	4.3-1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	40-		
12		12c		
13 14	Did the organization have a written whistleblower policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by		emat.	#13±D /
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		ع شمان	
а	The organization's CEO, Executive Director, or top management official	15a		استخسا
b	Other officers or key employees of the organization	15b		· ·
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	Spand Pring.	er or many	** (31**********************************
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		✓
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	د پوسې	p runy	.
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			.'
04	organization's exempt status with respect to such arrangements?	16b		<u>L.</u>
<u>Secτι</u> 17	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ see attached schedule			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	C)(3)e	only)
	available for public inspection. Indicate how you made these available. Check all that apply.)، با	J,(J)3	Ciny)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of into	erest	ooliev	/. and
	financial statements available to the public during the tax year.			, , .
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	,	
	organization: ► James Duke, 2930 Eisenhower Ave., Alexandria, VA 22314, 703-838-1119	Į.		

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Form **990** (2013)

Form 990 (2013)

Part VII	Compensation of Officers, Directors,	Trustees,	, Key Employees,	Highest Compensa	ited Employees, and
	Independent Contractors				

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Officer this box it fictifies the organization	nor any relate	<u>u 0.9</u>	QI IIZ	·uiic	<i></i>	ompo	1136	atou arry correr	it officer, directo	, or trustee.
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	organizations below dotted		Į į		Key employee	8 8		(W-2/1099-MISC)		organization and related
	line)	Z	3		yee	🚆				organizations
		8	Institutional trustee			Highest compensated employee	l	1		
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(2) COL (Ret) Lonnie L. Stith	1.5	1		ĺ						_
Vice Chairman		 *	 		├			0	0	0
(3) Mr. Fred Caprio	1.0	,	ł					_	_	_
Secretary/Treasurer		/	┢	-	-		_	0	0	0
(4) Mr. Ed D. Dauksz	1.0	,								
Director		/		_	<u> </u>		_	0	0	<u> </u>
(5) The Honorable Frederick F.Y. Pang	1.0	,								
Director		/	<u> </u>		ļ			0	0	0
(6) Mrs. Sandra Patricola	1.0									
Director		✓	-					0	0	0
(7) Mr. David Schaeffer	1.0	,								
Director		✓	<u> </u>	_	ļ			0	0	0
(8) CW4 (Ret) Robert D. Scott	1.0									
Director	_	✓	_	_				0	0	0
(9) The Honorable Douglas W. Webster	1.0									
Director		✓			lacksquare			0	0	0
(10) Maj Gen (Ret) Joseph G. Lynch	1.0									
Director		✓						0	0	0
(11) Mr. Christopher Flynn	34							ļ		t
President			✓	<u> </u>	lacksquare			0	0	0
(12) Ms. Kate Kohler	37.5									
Vice President			✓					0	0	0
(13) Mr. Roderick Mitchell	1.0									
Assistant Treasurer			✓		Ш			0	0	0
(14) Mr. James Duke	1.0									
Assistant Treasurer			✓					0	0	0

CO PROPOSED Proposed to the companion of the compa	Párt	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
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Total number of independent contractors (including but not limited to those listed above) who Test any proper of independent contractors (including but not limited to those listed above) who Test any individual compensation from the organization from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual								· -b	· · · · ·				O of	
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	2	,		ı to tn	ose	IISI	ea a	above	e) W	no receivea m	ore than \$10	יטט,טט	υ οτ	
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		reportable compensation from the organi	Zation		_								lv-	
employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who	2	Did the organization list any former of	finar dirac	tor 0		uota	20	kov c		lovoo or bigh	aat aamna	anata		3 NO
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3								amp	noyee, or mgm	est compei	isale		_ ;
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		• •												
Individual	4													
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		•	greater tha	an \$1	50,	UUU	? 11	"Ye	s, "	complete Sch	eaule J fol	suc		*
for services rendered to the organization? If "Yes," complete Schedule J for such person					٠.	•		•			· · · ·	• •		1
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Description of services Total number of independent contractors (including but not limited to those listed above) who	5												- 	
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who			r it "Yes," c	отрі	ere .	Scr	eau	ile J T	or s	sucn person		• •	_ 5	
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Total number of independent contractors (including but not limited to those listed above) who														
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		-		-	-					·				
		Total number of independent contractor	rs (includir	na bu	t no	ot I	imit	ed to	th	ose listed aho	ve) who			
	-								•		-,			

Parl	t VIII	Statement of Revenue					
		Check if Schedule O contains a re	sponse or note to				<u> </u>
			~	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
at st	1a	Federated campaigns 1a	10,169	ا الله الله الله الله الله الله الله ال	V 1 41 112	, ,	*1 -
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1t			e in the second	* 23 *	
S, C	С	Fundraising events 10	641,750	, ,	2 2 4 7 4 2 1 2		,
Gift	d	Related organizations 10	501,275				
Š, E	e	Government grants (contributions) 16	•				
ti S	f	All other contributions, gifts, grants,		at the property of the state of	weight white to been a		
혈	ļ	and similar amounts not included above 11	2,562,824	-			
d C	g	Noncash contributions included in lines 1a-1f. §	6,937			÷	
	h	Total. Add lines 1a-1f	.	3,716,018			
Program Service Revenue			Business Code	,	- `,	<u></u>	
¥e.	2a						
æ	b						
Ğ.	С						
Š	d					-	
Ę	е		-				
į,	f	All other program service revenue.					
	g	Total. Add lines 2a-2f					T
	3	Investment income (including divi					
		and other similar amounts)		311			311
	4	Income from investment of tax-exempt	•				
	5	Royalties	(ii) Personal				, , , , , , , , , , , , , , , , , , , ,
	_ ا	· · · · · · · · · · · · · · · · · · ·	(ii) Fersonai				
	6a	Gross rents					
	b	Less: rental expenses		* , , , , ,			
	C	Rental income or (loss)		LANDER WELVER OF WENNING	AND THE STATE OF T		
	d 7a	Net rental income or (loss)	(ii) Other				
	'a	assets other than inventory	(ii) Other	**	THE PERSON STATES AND PROPERTY OF THE SPECIAL STATE	p. A. S. Forth	" "" " ters* ti "
	ь	Less. cost or other basis		网络拉斯斯斯斯斯	学		
		and sales expenses .		W. S.	And the same of the same		-/ av - 49
	С	Gain or (loss)		ر نو پوهندي خو	±45 −		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	d	Net gain or (loss)					
	u	Net gain or (loss)					
e	8a	Gross income from fundraising		•			
	-	events (not including \$ 641,750		en a Sen eine befreib		. .	et.
ا ۾		of contributions reported on line 1c).				1	
7		O D 1 N/ P 40	a 521,527		女性性 マップル連棒できが使	(20 数别)	ماويست ما
Other Reve	b		b 521,527	ter make at the		⊢ 7	
0		Net income or (loss) from fundraising		0	and the same said the said	·	
		Gross income from gaming activities.			And the factor of the control of the		***
		See Part IV, line 19			and the Allerton Charles and the Allerton Charles		
	b		b				
	С	Net income or (loss) from gaming ac	tivities ►	manufacture and a second or 1			
ł	10a	Gross sales of inventory, less		hay a - prime and advantables.	eproperations at the same of	,	, , , ,
		returns and allowances	a				
	ь	Less: cost of goods sold	b	ra datari e ser i militari e mandide mande	ما در	F 1 4 200	· · · · · · · · · · · · · · · · · · ·
	С	Net income or (loss) from sales of in	ventory >				
		Miscellaneous Revenue	Business Code	All a College Land and Land and Land	A MARKET PROPERTY.	ps. 4, 1	
	11a						
	b						
ļ	С						
	d	All other revenue					
ĺ	е		▶				
- [12	Total revenue. See instructions	▶ [2 740 222			1

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16			mentapologica a	ers or seen a
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			,	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10 11	Other employee benefits				
a b c	Management	9,875	325	9,550	
d e	Lobbying		v al 12 de Branchadol por cal il mor la gal	the management of the second	
f g	Investment management fees	456,466	359,677	22,705	74,084
12 13	Advertising and promotion	173,351 6,244	151,796	9,494	12,061
14	Information technology	58,505		58,086	419
15 16	Royalties				
17 18	Travel	66,081	42,603	4,424	19,054
19	Conferences, conventions, and meetings .	18,309	1		2,006
20 21	Interest	174,334	174,334		
22 23	Depreciation, depletion, and amortization . Insurance	2,356		2,356	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column	and the second second second	the summary of the state of the		,
	(A) amount, list line 24e expenses on Schedule O.)	** YEAR ** ** ** ** ** ** ** ** ** ** ** ** **	The same of the second of the second	1000mmの 1000mm 10000mm 100000mm 100000mm 100000mm 100000mm 100000mm 100000mm 100000mm 10000000mm 100000000	15 7일이 한 31 ₄ 원 - 발
a	Loan Subsidy Military Heroes Support	169,501			
b	DreamMaker Grants	417,560 1,011,243			
d	Defenders Lodge Building	10,992,000			
e	All other expenses	. 0,000,000			
25	Total functional expenses. Add lines 1 through 24e	13,555,825	13,324,059	124,142	107,624
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2013) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . (A) (B) Beginning of year End of year 183,456 1 465,047 2 Savings and temporary cash investments 2 179,247 179,553 3 Pledges and grants receivable, net 3 4 4 47.008 48.930 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 Q 23,650 10,333 10a Land, buildings, and equipment: cost or -markether mentekening (201) other basis. Complete Part VI of Schedule D 10a Some a married by the area and a second 10b b Less: accumulated depreciation 5,452,017 25,121 10c 2,353 11 Investments—publicly traded securities 11 3,137 12 Investments—other securities. See Part IV, line 11 . 12 13 Investments-program-related. See Part IV, line 11. 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 5,885,378 709,353 17 Accounts payable and accrued expenses 17 1,823,255 453,664 Grants payable 18 18 Deferred revenue 19 19 136,742 69,238 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 2,451,302 8,551,868 Total liabilities. Add lines 17 through 25 . . 26 26 4,411,299 9,074,770 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 1,313,705 -8,803,792 28 Temporarily restricted net assets . . 28 160,374 438,375 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and . * . complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32

Total liabilities and net assets/fund balances

33

-8,365,417

709,353

33

1,474,079

5,885,378

1.1

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Form 9	90 (2013)			Pa	ige 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
` 1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,71	16,329
2	Total expenses (must equal Part IX, column (A), line 25)	2		13,55	55,825
3	Revenue less expenses. Subtract line 2 from line 1	3		-9,83	39,496
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,47	74,079
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		-8,3€	55,417
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	
_	A STATE OF THE STA		[1 2 5	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," expenses the property of the control of th	ınlaın.	- A	大 を は ない	ig =
	Schedule O.	piairi	111 - And 1	* ** *** *** ****	* * * *
20			. 2a		-
24	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com-				 ,
	reviewed on a separate basis, consolidated basis, or both:	plica		· · · · · · · · · · · · · · · · · · ·	
	Separate basis Consolidated basis Both consolidated and separate basis			****	
h	Were the organization's financial statements audited by an independent accountant?		. 2b		1
U	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on		4 1.24	-
	separate basis, consolidated basis, or both:	ca on	2000		2
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		34 34 48 60 4	100	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versia	ht lite	التنكاة	
·	of the audit, review, or compilation of its financial statements and selection of an independent according	-			1
	If the organization changed either its oversight process or selection process during the tax year, e.			+	<u> </u>
	Schedule O.	τρ		4!	. :
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth		HARLINGE	أفاتستسدالا
- Ju	the Single Audit Act and OMB Circular A-133?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	erao th		+	_
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a				
			Fo	rm 990	(2013)
					•

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization							Employer le	dentificatio	n number		
	entagon Federal C									062271		
Par			rity Status (All orga						nstruction	ons.		
1 2 3	A church, con A school desc A hospital or a A medical resc	vention of churc ribed in section a cooperative ho earch organization	ation because it is: (Fo thes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunc	churches ch Sched ation desc	s describ ule E.) cribed in	ed in sec section	tion 170 170(b)(1)	(b)(1)(A)(i (A)(iii).)(iii). Ente	er the	
5	An organization	ne, city, and state on operated for)(1)(A)(iv). (Com	the benefit of a colle	ge or uni	versity o	wned or	operated	l by a go	vernmen	tal unit c	lescrit	ed in
	☐ An organization	on that normally	nment or government receives a substantia (A)(vi). (Complete Par	al part of					nit or fror	m the ge	neral _l	oublic
9	An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.											
е		ndation manage	II c Type II that the organization ers and other than one	ıs not co	ntrolled o	directly o	r ındırecti		or more	disqualif	ed pe	rsons
f		ation received a	written determination				a Type	I, Type 	ll, or Typ	pe III su	porti	ng
g	Since August following pers		he organization accep	pted any	gift or co	ontributio	on from a	any of the	•			
			ndirectly controls, eitlody of the supported (nd 11g(i	Yes	No
	(ii) A family m	ember of a pers	on described in (i) abo	ove?						11g(li)	
		•	a person described in							11g(ii	0	
<u>h</u>	Provide the fo	llowing informati	on about the support	ed organi	ization(s).							
1 (i)	Name of supported organization	(II) EIN	(ili) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the orga	you notify nization in of your port?	organiza (i) organi	Is the tion in col ized in the S?	(vii) Amou	nt of mo	onetary
				Yes	No	Yes	No	Yes	No			
(A)							ļ., .,					
(B)												
(C)											1	
(D)												
(E)									,			1
		اد. مشانطرایی یا وایی دونی _{در} دار بو به رایه	that and some and additional or sensible to	Cal-A 190-70 14,300 14	*	War Published Workship	-	A Property A	1 X 400 3 000 11			

Part							
	(Complete only if you checked the				-	•	alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support					1 () 22 (2	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 through 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)	, cause to particular to particular to particular to particular	The second secon	and company to the second	many of the same	्रा १९ १९ जीता च अने अवस्था १९ जेर्ड मा अवस्था १९२३	
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support			<u> </u>	<u> </u>	<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						3
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 carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10		_	•			· · · · · · · · · · · · · · · · · · ·
12	Gross receipts from related activities, etc.	. (see instruction	ons)	• • • •		12	
13	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re					▶ <u>□</u>
<u>Secti</u>	on C. Computation of Public Suppor						
14	Public support percentage for 2013 (line 6		•			14	%
15	Public support percentage from 2012 Sch	nedule A, Part	II, line 14 .			15	<u>%</u>
16a	331/3% support test – 2013. If the organiz				d line 14 is 331	/3% or more, cl	
4	box and stop here. The organization qual	**	• • •	•		45 % 001 01	. ▶ 🗆
b	331/3% support test—2012. If the organ check this box and stop here. The organi					15 15 33 /3%	or more, . ► □
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization mee Part IV how the organization meets the "forganization".	013. If the orga	inization did no and-circumsta	ot check a box nces" test, che	on line 13, 16 eck this box ar	nd stop here. E	line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	tion meets the leets the "facts	facts-and-ci and-circums	rcumstances" tances" test. T	test, check th he organizatio	nis box and st on n qualifies as a	op here.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	If the organization fails to quality	under the tes	sts listed bei	ow, piease co	mpiete Part i	1.)	
	ion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	1,270,180	1,634,515	1,677,403	2,584,074	3,716,018	10,882,190
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,270,180	1,634,515	1,677,403	2,584,074	3,716,018	10,882,190
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	439,892	402,622	919,799	1,750,726	1,795,950	5,308,989
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b	439,892	402,622	919,799	1,750,726	1,795,950	5,308,989
8	Public support (Subtract line 7c from	- ۱۱۱۷ سوره خديمه	· · · · · · · · · · · · · · · · · · ·	المناسعة والمناد المناطقة	grafighten ber der der	· · · · · · · · · · · · · · · · · · ·	
	line 6.)		<u> </u>		•		5,573,201
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	1,270,180	1,634,515	1,677,403	2,584,074	3,716,018	10,882,190
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	7,840	6,660	4,128	1,267	311	20,206
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	7,310	0,000	1,7.20	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J.,	20,200
С	Add lines 10a and 10b	7,840	6,660	4,128	1,267	311	20,206
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,278,020	1,641,175	1,681,531	2,585,341	3,716,329	10,902,396
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization	's first, second		, or fifth tax ye	ar as a section	501(c)(3) ▶ □
Secti	on C. Computation of Public Support						
15	Public support percentage for 2013 (line 8			3, column (f))		15	51 %
16	Public support percentage from 2012 Sch					16	51 %
Secti	on D. Computation of Investment Inc	ome Percen	tage				
17	Investment income percentage for 2013 (li	ne 10c, colum	n (f) divided by	y line 13, colun	nn (f))	17	0.2 %
18	Investment income percentage from 2012					18	0.4 %
19a	331/3% support tests—2013. If the organic						•
	17 is not more than 331/3%, check this box a	=	•	•		-	
b	331/3% support tests—2012. If the organization						
	line 18 is not more than 331/3%, check this b	-	_	· ·	•		
20	Private foundation. If the organization did	d not check a b	oox on line 14,	19a, or 19b, c	heck this box a	and see instruc	tions 🕨 🔲

Schedule A (F	orm 990 or 990-EZ) 20		e 4
Part IV	Supplemental Part III, line 12.	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Also complete this part for any additional information. (See instructions).	<u>-</u>
	•		
			. .

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

The Pentagon Federal Credit Union Foundation Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year). 3 Aggregate grants from (during year) . . Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X

Par	III Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply):		her reco	rds, chec	k any of th	ne follov	wing that are a s	ignıficant ι	ise of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams		
b	☐ Scholarly research		e	Other	,				
C	☐ Preservation for future generations								
4	Provide a description of the organiza XIII		-		•				e ın Part
5	During the year, did the organization assets to be sold to raise funds rather								□ No
Par	Escrow and Custodial Arra Complete if the organization		" to Forr	n 990, P	art IV, line	9, or ı	reported an am	ount on F	orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee included on Form 990, Part X?								□ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing ta	able:				<i></i>
							Α	mount	
С	Beginning balance					10			
d	Additions during the year					10	1		
е	Distributions during the year					1e		-	
f	Ending balance					1f			
2a	Did the organization include an amou	nt on Form 990, Pa	art X, line	21? .				☐ Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the ex	kplanatio	n has been	provide	ed in Part XIII .		
Par	V Endowment Funds.								
	Complete if the organization	answered "Yes"	" to Forr	n 990, P	art IV, line	1 0.			
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years back	(e) Four ye	ears back
1a	Beginning of year balance								
b	Contributions	l						<u> </u>	
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs							i	
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he current year en	d balanc	e (line 1g	, column (a	i)) held	as:		
а	Board designated or quasi-endowmen			` •	,	"			
b	Permanent endowment ▶	04							
С	Temporarily restricted endowment ▶	· %							
	The percentages in lines 2a, 2b, and 2	c should equal 10	0%						
За	Are there endowment funds not in the			zation tha	at are held	and ad	ministered for th	е	
	organization by:							Y	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(II), are the related organ	izations listed as re	equired o	n Schedi	ule R? .			3b	
4	Describe in Part XIII the intended uses	s of the organization	n's endo	wment fu	unds.			V	
Part	VI Land, Buildings, and Equip	ment.							
	Complete if the organization	answered "Yes'	' to Forr	n 990, P	art IV, line	11a. S	See Form 990,	Part X, line	e 10.
	Description of property	(a) Cost or oth			r other basis ther)		Accumulated epreciation	(d) Book	ralue
1a	Land								
b	Buildings								
c	Leasehold improvements								
d	Equipment				16,737		14,834		1,903
e	Other				10,737		10,287		450
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part)	(, column		D(c).)	•		2,353

Part VII	Investments—Other Securities. Complete if the organization answers.	wordd "Voo" to Ear	~ 00 <i>(</i>) Dort IV line	11h Coo Form	000 Port V line 12
			1			
	(a) Description of security or category (including name of security)		(1) Book value		thod of valuation d-of-year market value
(1) Financial	derivatives					
•	neld equity interests					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						· ·
	b) must equal Form 990, Part X, col. (B) line 12.) 🕨				*	
Part VIII	Investments—Program Related					
	Complete if the organization answ	vered "Yes" to For	m 990	0, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		ethod of valuation d-of-year market value
(1)						
(2)						
(3)	10.1.1					
(4)					·	•
(5)						
(6)						
(7)						
(8)						
(9)						
	b) must equal Form 990, Part X, col (B) line 13.)					·
Part IX	Other Assets.			•		
	Complete if the organization answ	vered "Yes" to For	m 990), Part IV, line	11d. See Form	990, Part X, line 15.
	(a) Description				(b) Book value
(1)						
(2)						
(3)	·	·				
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, co	ol (B) line 15.)				
Part X	Other Liabilities.					
	Complete if the organization answ	vered "Yes" to For	m 990), Part IV, line	11e or 11f. See	e Form 990, Part X,
	line 25.					
1.	(a) Description of liability	(b) Book value				
(1) Federal in	come taxes		0			
(2) Ark Load	n Liability	g	1,928	ŧ-	-	
	yable to Pentagon Federal Credit Union		9,940	papinistran servanist	Market Street State State Street Stre	
(4)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
(5)				Sample of the factor	一個なる	min からかいかりまた。 **
(6)				A. T.		
(7)				Bessel (A)	物質ないま	7 - 15m.
(8)				49 8	- 13 k 2 p - 100 km at at a -	te e
(9)				usegauser endig in whi	धनक्ष्री⊒्विति स्तर्भ केरण र ी	ې پوهو د مهاريک کولات يوه
	b) must equal Form 990, Part X, col. (B) line 25.)		1 000			
	·		1,868	the organization	'e financial statem	ente that reports the
	uncertain tax positions. In Part XIII, provide					
organization's	s liability for uncertain tax positions under	rin 48 (ASC 740). Che	ck ner	e ii the text of t	ne loothote has bee	en provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" to Form 990, F			Return.	
1	Total revenue, gains, and other support per audited financial statements		v, iiile 12a.	1	5,196,641
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•			3,130,041
a	Net unrealized gains on investments	2a	1		
b	Donated services and use of facilities	2b	1,001,884		
С	Recoveries of prior year grants	2c	,		
d	Other (Describe in Part XIII.)	2d	478,428		
е	Add lines 2a through 2d			2e	1,480,312
3	Subtract line 2e from line 1		<i></i>	3	3,716,329
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	3,716,329
Part				er Returr	1.
	Complete if the organization answered "Yes" to Form 990, F			1	
1	Total expenses and losses per audited financial statements			1	15,036,137
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ء ا	1		
a	Donated services and use of facilities	2a	1,001,884		
Ь	Prior year adjustments	2b 2c			
c d	Other losses	2d	470.420		
e	Add lines 2a through 2d		478,428	2e	1 400 212
3	Subtract line 2e from line 1			3	1,480,312 13,555,825
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i	1		13,555,625
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	13,555,825
Part				<u> </u>	
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	14; P	art IV, lines 1b and 2b	o; Part V, I	ine 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	ovide any additional ir	nformation	•
Part X,	line 2: The Foundation follows the accounting guidance that creates a single	model	l to address uncertaint	y in tax	·
positio	ns and clarifies the accounting for income taxes by prescribing the minimum i	ecogr	nition threshold a		
tax po:	sition is required to meet before being recognized in its financial statements. U	nder t	the requirements		
				:	•
of this	guidance, organizations could now be required to record an obligation as the	result	of tax positions		
they h	ave historically taken on various tax exposure items. The Foundation is not rec	uired	to record such		
an obli	gation.		•••••		
				•-	
Part XI	, line 2d: \$478,428 is the amount of direct fundraising expenses reported on the	e audi	ted financial statemen	ts	
D VI	t time 2.4 - 6470-420 in the amount of direct foundarious superson separated on the		litad financial atatama	•••	
Part XI	I, line 2d: \$478,428 is the amount of direct fundraising expenses reported on the	e aud	iited financiai Statemer	188	
	,				
					F
				1	

Schedule D (Fo	orm 990) 2013	Page 5
Part XIII	Supplemental Information (continued)	

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundralsing or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public

Name	of the organization					Employer identific	cation number
The P	entagon Federal Credit Union Foun	dation					2062271
Par	Fundraising Activities.				vered "Yes" to Fo	rm 990, Part IV,	line 17.
	Form 990-EZ filers are r						
1	Indicate whether the organization	on raised funds t	hrough any		-		
а	Mail solicitations		e L		ion of non-governm		
b	Internet and email solicitatio	ns	f		ion of government (grants	
C	☐ Phone solicitations		g L	J Special i	fundraising events		
d	☐ In-person solicitations						
2a	Did the organization have a wri- or key employees listed in Form						. – –
		•	-		•	-	
b	If "Yes," list the ten highest paid compensated at least \$5,000 by			uraisers) p	ursuant to agreeme	ents under which tr	ie iuliuraisei is to be
	compensated at least 45,000 by	, the organizatio					
	· · · · · · · · · · · · · · · · · · ·	Τ				(v) Amount paid to	
	(i) Name and address of individual	(ii) Activity		draiser have or control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
	or entity (fundraiser)	(ii) / totavity	contributions?		from activity	fundraiser listed in col (i)	organization
		 	Yes	No		.	
1					†		
•							
2		 					· · · · · · · · · · · · · · · · · · ·
					:		
3							
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4]		•	
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		<u> </u>					
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<u>Total</u>	List all states in which the orga	<u> </u>	• • •	<u> ▶</u>	<u> </u>		<u> </u>
3		inization is regis	tered or lic	ensed to s	olicit contributions	or has been notifi	ed it is exempt from
	registration or licensing.						

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater the	ιι, φο,σσσ.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Gala	Golf Tournament	(hadad assert as A	(add col (a) through col (c))
o)			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	869,191	294,086		1,163,277
ш	2		555,604	86,146		641,750
		line 2)	313,587	207,940		521,527
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	42,817	134,227		177,044
Direct Expenses	7	Food and beverages	107,987	35,816		143,803
Direc	8	Entertainment	56,420	3,194		59,614
	9	Other direct expenses .	106,363	34,703		141,066
	10 11	Direct expense summary. Ad Net income summary. Subtra	dd lines 4 through 9 in co	olumn (d)	.	521,527 0
Pa	rt II		e organization answer	red "Yes" to Form 990	O, Part IV, line 19, or i	reported more
_	_	than φ13,000 on 1 onn 3		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
ě						
<u> </u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Jirect	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	er and every project
	7	Direct expense summary. Ad	ld lines 2 through 5 in co	olumn (d)		
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)		
9		Enter the state(s) in which the or	ganization operates gan	ning activities:		
-	a l	s the organization licensed to op f "No," explain:	perate gaming activities	in each of these states?		
10		Were any of the organization's g	aming licenses revoked	, suspended or terminat	ted during the tax year?	. ☐ Yes ☐ No
	ا رو					

scneau	ule G (Form 990 or 990-E∠) 2013		P	age 🍮
11 12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	☐ Ye		
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility			%
b	T			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	ΓΊ Y e	e []	No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			140
С	Nome			
	Address ►			
16	Gaming manager information:			,
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	□ Director/officer □ Employee □ Independent contractor			
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Ye	s 🗆	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		_	
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) at Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provid additional information (see instructions).	nd (v), e any	and	
	······································			

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public

54 2062271

Department of the Treasury Internal Revenue Service Name of the organization

The Pentagon Federal Credit Union Foundation

▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Employer Identification number

Part VI, Section B - Line 11b. Regarding the filing of the Form 990, the Foundation's Board presently	y relies on the expertise of tax
and financial staff at the Pentagon Federal Credit Union (PFCU) who are experts in these areas. The	Board has requested that PFCU
staff prepare and file the Form 990. The Board is updated on the financials of the Foundation on a re	egular basis and is provided
copies of the financial statements, as well as a copy of the Form 990 upon request.	
Part VI, Section B - Lines 11,12,13,14: Regarding policies for conflict of interest, whistleblower policies	cy, document retention and
destruction policy, the Foundation has adopted the policies of the Pentagon Federal Credit Union (P	PFCU). PFCU donates all employee
services to the Foundation. The Foundation relies on the expertise in these areas of the staff of PFC	CU, of which PFCU staff are experts
and knowledgeable of the established policies and procedures within PFCU for these areas and the	remedies therein. The Foundation
is providing for the resources to adopt and manage its own separate polices through Board direction	n and approval in these important
areas of governance of the Foundation.	' ·
	·
Part VI, Section C - Line 19: Financial statements are available to the public upon request.	i
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Schedule O (Form 990 or 990-EZ) (2013)	Page	2
Name of the organization	Employer identification number	
		_
·		

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

The Pentagon Federal Credit Union Foundation

Part

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047	2013
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Open to Publi Inspection

Employer identification number

54 2062271

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(f)
Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. 3 (e) End-of-year assets (d) Total income 3 (c)
Legal domicile (state
or foreign country) 3 3 (b) Pnmary activity (a) Name, address, and EIN (if applicable) of disregarded entity Ī Part II

<u>ල</u>

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la) Name, address, and EIN of related organization	(b) Prmary activity	Legal domicile (state Exempt Code section or foreign country)	(a) Exempt Code section	(e) Public charrty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 51 control entity	Section 512(b)(13) controlled entity?
						Yes	N _o
(1) Pentagon Federal Credit Union EIN#53 0197038							
	Credit Union	VA	501(c)(1)	N/A	N/A N/A		>
(2)	•						
(6)							
(4)							
(5)							
(9)							
(7)							

Schedule R (Form 990) 2013

Cat. No. 50135Y

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

(i) Section 512(b)(13) controlled entry? Schedule R (Form 990) 2013 (k) Percentage ŝ ownership Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Yes Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. (i) General or managing partner? Yes No (h) Percentage ownership (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) (g) Share of end-of-year assets (h) Osproportonate allocations? ĝ (f) Share of total income Yes (g) Share of end-ofyear assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
(Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
Direct controlling
entity (b) Primary activity (c) Legal domicile (state or foreign country) (b) Pnmary activity (a) Name, address, and EIN of related organization Name, address, and EIN of related organization æ Part III Part IV Ξ E ල € 9 9 8 ල € 9 2 E

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note Complete line 1 if any entity is listed in Darte II III or IV of this school ide				×	Voc	ا
	or more related organ	izations listed in Part		-		, [⁻
a Receipt of (i) interest (ii) annuites (iii) revealties or (iv) rent from a controlled entity				ļ		1
				<u> </u>	<u>`</u>	1.
				2	>	. 1
c Gift, grant, or capital contribution from related organization(s)				<u>۲</u>	_	
d Loans or loan quarantees to or for related organization(s)			J	2		L
e Loans or loan quarantees by related organization(s)		•	-	2 4	· 	I
				<u>*</u> ا	+	T
			• •			٦
f Dividends from related organization(s)				#	^	
g Sale of assets to related organization(s)	•			2	>	L
h Purchase of assets from related organization(s)	•	•	•	. 1		L
				_ [:	<u>`</u>	Ι,
i Exchange of assets with related organization(s)				;=	>	
j Lease of facilities, equipment, or other assets to related organization(s)				÷	<u> </u>	
k Lease of facilities, equipment, or other assets from related organization(s)			•	 - -	/	
		•	•	-	`	L
				= !	•	Ι
				E E	+	1
				٦ ,		
o Sharing of paid employees with related organization(s)				٠	<u> </u>	
				,		
b Reimbursement baid to related organization(s) for expenses			.3.	5	7	1
Rambingament neith by related exceptioning for expenses		•	· · ·	2 3		L
				<u>,</u> Б.	>	Γ
				- 3-		٦.
r Other transfer of cash or property to related organization(s)			•	÷	>	
s Other transfer of cash or property from related organization(s)				1s	<u> </u>	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	omplete this line, inclu	uding covered relation	nships and transactio	n threst	holds.	
(a)	3	(9)	5			l
Name of related organization	Transaction	Amount involved	Method of determining amount involved	amount ir	nvolved	
	type (a–s)					
(4) Double and Condition of the Conditio			-			
(1) reliagon reuela cieul Ollon	3	501,275	501,275 cash Value			
(2) Pentagon Federal Credit Union	9	8,570,254	8,570,254 cash value			
			-			
(3) Pentagon Federal Credit Union	E	982,480	982,480 cash value			- 1
(4)						-
(3)						
(9)						
			Schedule R (Form 990) 2013	(Form 9	990) 20	12

Unrelated Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

di gross revende, una was not a related di gametation. See misu de montro le estam investinent partirerando.	gainzation. Ge	a instructions is	sgalullig exclusi	IOI IOI CEITA	in investment po	armersings.	į		:	
Name, address, and EIN of entity	Primary activity	Legal domicile		(e) Are all partners	(i) Share of		(n) Disproportionate	e Code V—UBI		
		(state or foreign country)	. 🖫	section 501(c)(3) organizations?	total income	_	allocations?	of Schedule K-1 (Form 1065)		
			sections 512-514)	Yes No			Yes No		Yes No	
(1)								:		
(2)										
(9)										
(4)										
(5)										
(9)										
(i)										
(8)										
(6)										
(10)										
(11)	•			******						
(12)										
(13)										
(14)										
(31)										
(16)	-									
								Sche	dule R (For	Schedule R (Form 990) 2013

	Form 990) 2013	Page 5
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	

The Pentagon Federal Credit Union Foundation

Employer ID Number: 54 2062271

2013 Form 990, Part VI, Section C, Line 17

List of all states in which Form 990 will be filed

Alabama

Alaska

Arkansas

California

Colorado

Connecticut

District of Columbia

Florida

Georgia

Hawan

Illinois

Kansas

Kentucky

Maine

Maryland

Massachusetts

Mıchigan

Minnesota

Mıssıssippı

Nevada

New Hampshire

New Jersey

New Mexico

NewYork

North Carolina

North Dakota

Ohio

Oklahoma

Oregon

Pennsylvania

Rhode Island

South Carolina

Tennessee

Utah

Virginia

Washington

West Virginia

Wisconsın