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Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. 12/26, **2014**, and ending 12/31 2014 For calendar year 2014 or tax year beginning A Employer identification number Name of foundation TRANTON FOUNDATION INC 47-2622961 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) (703) 851-1401 PO BOX 5525 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here MCLEAN, VA 22103 G Check all that apply X Initial return Initial return of a former public charity 1 Foreign organizations, check here . Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change H Check type of organization X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . J Accounting method X Cash Fair market value of all assets at If the foundation is in a 60-month termination Other (specify) _____ end of year (from Part II, col (c), line under section 507(b)(1)(B), check here 200,053. *16)* ▶ \$ (Part I, column (d) must be on cash basis) (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (b) Net investment (c) Adjusted net for charitable total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in expenses per purposes ıncome income books (cash basis only) column (a) (see instructions)) 200,000 Contributions, gifts, grants, etc., received (attach schedule) . if the foundation is not required to Check > attach Sch B 53 53 ATCH 1 3 Interest on savings and temporary cash investments. Dividends and interest from securities Gross rents Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) . Net short-term capital gain, Income modifications . Gross sales less returns and allowances . . . Less Cost of goods sold c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 200,053. 53. 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 a Legal fees (attach schedule) Accounting fees (attach schedule) and Administrative Other professional fees (attach schedule) . . . Interest ECEIVED 17 Taxes-(attach-schedule) (see instructions). . . 18 Depreciation (attach schedule) and depletion. 19 20 21 Travel_conferences_and_meeting Printing and Dublications 22 Operating 23 Other expenses (attach schedule) 24 Total operating and administrative expenses. Add lines 13 through 23. Contributions, gifts, grants paid 25 26 Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12 200,053 Excess of revenue over expenses and disbursements . . b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-). .

Page 2

Б	art II	Balanca Shoots	Attached schedules and amounts in the	Beginning of year		End c	of year
	बार ॥ 	Datatice Streets	description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1 ,	Cash - non-interest-bear	ıng				
			cash investments		200,0)53.	200,053
		-					
			btful accounts ►				
			abtful accounts ▶				
			officers, directors, trustees, and other				-
			tach schedule) (see instructions)				
		•	receivable (attach schedule)				
			intiful accounts				
s							
Assets		Inventories for sale or us					
Ąŝ			leferred charges				
`			te government obligations (attach schedule)				
		•	e stock (attach schedule)				
	11 °	Investments - corporate Investments - land, building:	e bonds (attach schedule)				
	••	and equipment basis					
		Less accumulated deprecia (attach schedule)					
	12	Investments - mortgage	loans				
	13	Investments - other (atta Land, buildings, and	ach schedule)				
i		equipment basis	· •				
		Less accumulated deprecia (attach schedule)					
1	15	Other assets (describe	-)				
			completed by all filers - see the				
		instructions Also, see p	page 1, item l)	0	200,0)53.	200,053.
	17	Accounts payable and a	accrued expenses				
	18	Grants payable	<i></i>				
Se	19	Deferred revenue					
liti	20		ors, trustees, and other disqualified persons				
Liabilities	21	Mortgages and other no	otes payable (attach schedule)				
	22	Other liabilities (describe	e ▶) L				
		,					
	23	Total liabilities (add line	es 17 through 22)	0		0	
		Foundations that fol	low SFAS 117, check here . ▶				
w		and complete lines	24 through 26 and lines 30 and 31.				
ces	24	Unrestricted					
ā	25						
ä	24 25 26 27 28 29 30		· · · · · · · · · · · · · · · · · · ·				
힡			not follow SFAS 117, ▶ 🗓			_	
Ţ		check here and com	pplete lines 27 through 31.				
6	27		cipal, or current funds				
ets	20	•	r land, bldg , and equipment fund				
SS	29	•	ulated income, endowment, or other funds		200,0)53.	
it A	25	•	d balances (see instructions)	0	200,0		
ž	31		net assets/fund balances (see				
	31			0	200,0	053.	
	out II		nges in Net Assets or Fund Bala		2007		<u> </u>
			balances at beginning of year - Part I		must agree with		
1						1	
_			ed on prior year's return)				200,053
		er amount from Part I				2	200,033
			ded in line 2 (itemize) ▶			3	200,053
		lines 1, 2, and 3				4	200,033
5	Dec	reases not included in	n line 2 (itemize) ▶	line 5) Dertil "		5	200,053
_6	lota	ai net assets or fund b	palances at end of year (line 4 minus	iine 5) - Part II, column (b), line 30	6	200,053

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Pá	art IV Capital Gains	s and Losses for Tax on Inv	restment Income			
		nd describe the kind(s) of property sold		(b) How acquired	(c) Date acquired	(d) Date sold
	2-story	brick warehouse, or common stock, 200) shs MLC Co)	P - Purchase D - Donation	(mo , day, yr)	(mo , day, yr)
<u>1a</u>						
_ <u>b</u>		·			<u>-</u> .	
_ <u>c</u>						
<u>d</u>						
e						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a		<u> </u>				
<u>b</u>			-			 .
_ <u>C</u>		-	-			
<u>d</u>		-	 			
<u>e</u>	Complete only for assets	s showing gain in column (h) and own	ed by the foundation on 12/31/69		O (O-1 (b) -	
_		(i) Adjusted basis	(k) Excess of col (i)		Gains (Col_(h) g (k), but not less t	
	(i) F M V as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	
a					····	
b						
C					, · · · · ·	
d						
е						
2	Capital gain net income	or / not canital loce)	f gain, also enter in Part I, line 7 f (loss), enter -0- in Part I, line 7	2		
3	Net short-term capital g	ain or (loss) as defined in sections				
	If gain, also enter in F	Part I, line 8, column (c) (see ins	structions) If (loss), enter -0- in			
	Part I, line 8		<u></u>	3		
Pa	rt V Qualification	Under Section 4940(e) for Re	educed Tax on Net Investment I	ncome		
(Fo	r optional use by domest	ic private foundations subject to th	ne section 4940(a) tax on net investr	ment incor	me)	
If s	ection 4940(d)(2) applies	, leave this part blank NO	T AVAILABLE FOR INITIAL	YEAR P	RETURNS	
14/-	- 4b- 6d-4 1bla 6		h		<u></u>	7 V [N-
		not qualify under section 4940(e)	butable amount of any year in the ba	ase penoc	''	∐ Yes [No
<u>"</u>			ar, see the instructions before makin	o any enti	100	
<u> </u>	(a)	(b)	(c)		(d)	
Ca	Base period years lendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution is (col (b) divided by	
	2013				((-,	(-//
	2012					
-	2011					
	2010					
_	2009					
2	Total of line 1, column (d)		2		
3			de the total on line 2 by 5, or by the			
	number of years the fou	indation has been in existence if le	ss than 5 years	3		<u> </u>
4	Enter the net value of no	oncharitable-use assets for 2014 f	rom Part X, line 5	4	<u> </u>	
5	Multiply line 4 by line 3			5		
6	Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7		
_	Facility 1	Secret Backwill a				
8	If line 8 is equal to or go Part VI instructions	tions from Part XII, line 4 greater than line 7, check the box	an Part VI, line 1b, and complete	that part	using a 1% ta	x rate See the

	10	X	
Fo	rm 99	0-PF	(2014)

X

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6

7

8b

If "Yes." attach the statement required by General Instruction T

· By language in the governing instrument, or

NOT REQUIRED BY VA

Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either

Enter the states to which the foundation reports or with which it is registered (see instructions)

• By state legislation that effectively amends the governing instrument so that no mandatory directions that

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

(or designate) of each state as required by General Instruction G? If "No," attach explanation ATCH 2

is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"

names and addresses . ATCH 3

Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV

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4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014? | 4b | X

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2b

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(e) Expense account, other allowances

employee benefit

compensation

(c) Compensation

NONE

Total number of other employees paid over \$50,000........

(a) Name and address of each employee paid more than \$50,000

3 Five highest-paid independent contractors for professional services (see instructions). If none, en	ter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	
NONE	
otal number of others receiving over \$50,000 for professional services	▶
Part IX-A Summary of Direct Charitable Activities	
	ausebas of
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
2	
3	
4	
·	
Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	711104111
·	
2	
All other program-related investments. See instructions	
3 NONE	
Catal. Add lines 1 through 3	

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ı	Pan	_	

roini s	90-FF (2014)		Page o
Pari	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn foundatio	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances		100,026.
С	Fair market value of all other assets (see instructions).	1c	
d	Total (add lines 1a, b, and c)	1d	100,026.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	100,026.
4	Subtract line 2 from line 1d		·
	instructions)	4	1,500.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	98,526.
6	Minimum investment return. Enter 5% of line 5	6	81.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations check here ▶ and do not complete this part)	dations	
1	Minimum investment return from Part X, line 6	1	81.
2 a	Tax on investment income for 2014 from Part VI, line 5		
- b	Income tax for 2014 (This does not include the tax from Part VI).		
C	Add lines 2a and 2b	2c	1.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	80.
4	Recoveries of amounts treated as qualifying distributions		-
5	Add lines 3 and 4	5	80.
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	80.
Pari	XII Qualifying Distributions (see instructions)	·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
' a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		
-		2	
3	Amounts set aside for specific charitable projects that satisfy the		
	Suitability test (prior IRS approval required)	3a	
b	Suitability test (prior IRS approval required) Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	 	
•		5	0
6	Enter 1% of Part I, line 27b (see instructions) Adjusted qualifying distributions. Subtract line 5 from line 4	6	0
J	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when co		
	qualifies for the section 4940(e) reduction of tax in those years	alculating wi	iether the roundation

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	n 990-PF (2014)				Page 9
Pa	rt XIII Undistributed Income (see instru	uctions)	<u></u>		
1	Distributable amount for 2014 from Part XI,	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
	line 7				80.
2	Undistributed income, if any, as of the end of 2014				
а	Enter amount for 2013 only				
b	Total for prior years 20 12 ,20 11 ,20 10				
3	Excess distributions carryover, if any, to 2014				
а	From 2009				
	From 2010				
	From 2011				
d	From 2012				
	From 2013				
	Total of lines 3a through e	_			
4					
	line 4 ▶ \$				
а	Applied to 2013, but not more than line 2a				
	Applied to undistributed income of prior years				
.,	(Election required - see instructions)				
С	Treated as distributions out of corpus (Election required - see instructions)				
d	Applied to 2014 distributable amount				
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2014				
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as				j
	indicated below:				
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions				
е	Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount - see instructions				
z					
ſ	Undistributed income for 2014 Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2015				80.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)				
8	Excess distributions carryover from 2009 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2015.	0			
	Subtract lines 7 and 8 from line 6a				
	Analysis of line 9				
	Excess from 2010				
	Excess from 2011				
	Excess from 2012				
	Excess from 2013				
е	Excess from 2014				L

Form **990-PF**(2014)

N	FOUNDATION	INC	47-2622961

⊃a	rt XIV Private Op	erating Foundations	(see instructions ar	nd Part VII-A, question	on 9)	NOT APPLICABL
1 a	If the foundation has	received a ruling or d	etermination letter that	it is a private opera		
	foundation, and the rulin	g is effective for 2014, e	nter the date of the ruling		▶∟	
b	Check box to indicate v				section 4942	(j)(3) or 4942(j)(5)
) a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) 10ta1
	I or the minimum investment return from Part X for each year listed					
b	85% of line 2a					_
C	Qualifying distributions from Part					
	XII, line 4 for each year listed .					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test- enter 2/3 of minimum invest- ment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income (interest, dividends rents, payments on secunites loans (section 512(a)(5)), or royalities)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942 ()(3)(B)(III)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
a	rt XV Supplemer	ntary Information (Complete this part	only if the found	ation had \$5,000	or more in assets

at any time during the year - see instructions.)

Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

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Part XV Supplementary Information (continued)						
3 Grants and Contributions Paid Durin	ng the Year or Appr	oved for F	uture Payment			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount		
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution			
Recipient Name and address (home or business) a Paid during the year	snow any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount		
Total	<u> </u>		▶ 3a			
b Approved for future payment Total						

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Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Excluded by	(d) Amount	Related or exempt function income
1 Program service revenue		7,11104111	Exclusion code	711104111	(See instructions)
a			 		
b					. –
c					
d	ļ				-
e					
f					
g Fees and contracts from government agencies	ļ	·			<u>.</u>
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	53.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property .					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory	1				
9 Net income or (loss) from special events					<u> </u>
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					*
c				·	······································
d					
e					
12 Subtotal Add columns (b), (d), and (e)				53.	
13 Total. Add line 12, columns (b), (d), and (e) . (See worksheet in line 13 instructions to verify calc Part XVI-B Relationship of Activities	ulations)				
Explain below how each activity accomplishment of the foundation					
				_	
					
					
		-		·	
					
l l			-		

Part	XVII	Information R Exempt Organ			ers To and T	ransacti	ons and	Relation	ships W	ith None	:hari	table	;
1 [old the	organization direct			e in any of the	following	with any	other orga	nization d	lescribed		Yes	No
	•	ion 501(c) of the Co	-		•			_					
		ations?	•		. , , , ,	-	•		•	·			ĺ
	•	ers from the reportin	ig foundati	on to a nor	ncharitable exe	mpt organ	zation of						1
		sh	•								1a(1)		Х
		er assets											Х
		ransactions			• • • • • • • •								
(1) Sal	es of assets to a no	ncharitable	e exempt or	ganization						16(1)		Х
		chases of assets fro									1b(2)		Х
		ntal of facilities, equi									-		Х
		mbursement arrange											Х
		ins or loan guarantee											Х
		formance of service											Х
		of facilities, equipn									1c		Х
		answer to any of th									$\overline{}$	faır m	arke
		of the goods, other											
		n any transaction or		-	•	_							
(a) Line	e no	(b) Amount involved	(c) Nan	ne of nonchar	itable exempt organ	ızatıon	(d) Desc	ription of transf	ers, transact	ions, and shar	ing ama	ngeme	nts
		N/A			·		N/A		_				
	1												
		·											
						_							
		2											
2a l	s the	foundation directly	or indirect!	ly affiliated	with or relate	ed to one	or more	tax-exempt	t organiza	ations			
		ed in section 501(c)		•				•		Γ	7 Y	es X] No
		" complete the folio				(-/(-//							
		(a) Name of organization			(b) Type of org	anization			c) Description	on of relations	hip		
													
					,			· · · · ·					
						<u> </u>				· -			
	-												
						· · · · · ·							
		penalties of penjury I decla							o the best of	f my knowledg	e and t	elief, it	is true
~ :	correct	t, and complete Declaration of	i preparer (other	r than taxpayer)	is based on all informa	tion of which p	reparer has an	y knowledge					
Sign	H	AN TON-THAT			/ W/u/8	415	PRESI	DENT		May the IRS with the pre			retum below
Here	Sign	atuge of officer or trustee		0 - 0	Date_		Title			(see instructions		Yes	No
		av	, rue	ray	un				·				
	1.4	Print/Type preparer's na	me	Pr	eparer's signature			Date ,	Che	ck if P	PTIN		
Paid		STEVEN BROWN			Steven	Bar	um	10/20/2	I .		2012	2917	3
Prep	arer			BROWN, P	.C. CPA	J , UC		, , , , , , , , , , , , , , , , , , ,	Firm's EIN	▶ 54-15			
Use (RD, STE 6	00	-		7 HINT 3 EIIV				
,	y	l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		VA	,	=	221	02-3006	Phone no	703-84	18-2	502	
		1	,										

Form **990-PF** (2014)

Schedule B

(Form 990, 990-EZ, or 990-PF)

TRANTON FOUNDATION INC

OMB No 1545-0047 **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. Name of the organization

Employer identification number

		47-2622961				
Organization type (check one	e)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private	e foundation				
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private for	undation				
	501(c)(3) taxable private foundation					
	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule an	id a Special Rule See				
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, con or property) from any one contributor. Complete Parts I and II. See inst contributions	_				
Special Rules						
regulations under s 13, 16a, or 16b, ar	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form and that received from any one contributor, during the year, total contributor the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line	990 or 990-EZ), Part II, line itions of the greater of (1)				
contributor, during	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ to the year, total contributions of more than \$1,000 exclusively for religious onal purposes, or the prevention of cruelty to children or animals. Complete	s, charitable, scientific,				
contributor, during contributions totale during the year for General Rule appli	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ to the year, contributions exclusively for religious, charitable, etc., purpose and more than \$1,000. If this box is checked, enter here the total contribution exclusively religious, charitable, etc., purpose. Do not complete any contribution of the year and the year.	es, but no such utions that were received of the parts unless the table, etc , contributions				
	t is not covered by the General Rule and/or the Special Rules does not t ist answer "No" on Part IV, line 2, of its Form 990, or check the box on					

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Employer identification number 47-2622961

Part I	Contributors (see instructions) Use duplicate copies	s of Part I if additional space is nee	eded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _	HAN TON-THAT 6305 CASTLE PLACE STE 1-A FALLS CHURCH, VA 22044	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

47-2622961

Part II	Noncash Property (see instructions) Use duplicate copies of Pa	art II if additional space is nee	eded
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Employer identification number

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1.000 or less for the year (Enter this information once See instructions) > \$

0.	duplicate copies of Part III if addit	(a) Han of sife	(d) Deparintion of how sift is held	
o. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4 Re	lationship of transferor to transferee	
o. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
_				
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4 Re	tionship of transferor to transferee	
o. n : I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
· -				
		(e) Transfer of gift		
		•		
	Transferee's name, address, a	•	lationship of transferor to transferee	
	Transferee's name, address, a	•	lationship of transferor to transferee	
	Transferee's name, address, a	•	lationship of transferor to transferee	
 0.	Transferee's name, address, and the state of	•	lationship of transferor to transferee (d) Description of how gift is held	
0.		nd ZIP + 4 Re		
0. 1		nd ZIP + 4 Re		
D. 1 1		nd ZIP + 4 Re		
o. n l		(c) Use of gift (e) Transfer of gift		

JSA 4E 1255 1 000

- INTEREST ON TEMPORARY CASH INVESTMENTS PART I FORM 990PF,

NET INVESTMENT INCOME	53.	53.
REVENUE AND EXPENSES PER BOOKS	53.	53.
		TOTAL
DESCRIPTION	NAVY FEDERAL CREDIT UNION	

ATTACHMENT 2

FORM 990PF, PART VII-A, LINE 8B - EXPLANATION OF NON-FILING

VA ATTORNEY GENERAL DOES NOT ACCEPT FILING OF FORM 990-PF

PART VII-A, LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS FORM 990PF,

ATTACHMENT 3

NAME AND ADDRESS

HAN TON-THAT 6305 CASTLE PLACE STE 1-A FALLS CHURCH, VA 22044 ATTACHMENT 4

EXPENSE ACCT AND OTHER ALLOWANCES	0	0	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	0	0	0
COMPENSATION	0	0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRES/DIRECTOR	SECRETARY/DIRECTOR	GRAND TOTALS

HAN TON-THAT PO BOX 5525 MCLEAN, VA 22103

NAME AND ADDRESS

LAM-VIEN TRAN PO BOX 5525 MCLEAN, VA 22103