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EXTENDED TO FEBRUARY 16, 2016

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2014 Open to Public Inspection

Department of the Treesury 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.

A	FOR THE	3 2014 calendar year, or tax year beginning 001 1, 2014 and ending	<u> </u>	15
В	Check if	C Name of organization	D Employer ide	ntification number
_		FOUNDATION OF THE ADDOCTATION OF FORMER		
<u>L</u>	Addre	AGENTS OF THE U.S. SECRET SERVICE		
느	Name change linitial		52	-1035969
느	iretum	Number and street (or P.O box if mail is not delivered to street address) Room/s		
L	Final retum/ termin		51	5-282-8192
_	ated	City or town, state or province, country, and ZIP or toreign postal code	G Gross receipts \$	289,510.
느	Ameno	WEST DES HOTNES, TA 30200	H(a) Is this a gro	
L	Applic tion pendir			nates? Yes X No
		SAME AS C ABOVE		ates included? Yes No
				ch a list. (see instructions)
		e: > WWW.OLDSTAR.ORG	H(c) Group exem	
			fear of formation: 200	6 M State of legal domicile: IA
	art I	Summary	E c CUDDADM	T 757
8	1	Briefly describe the organization's mission or most significant activities: ENCOURAGENFORCEMENT, AND LAW ENFORCEMENT FAMILIES NE	EDING ACCTO	MANCE LIAW
Activities & Governance				
ş	1	Check this box if the organization discontinued its operations or disposed of r		1 - 1
Ĝ				3 4 4 4
ං ජ				$\begin{vmatrix} 4 \\ 5 \end{vmatrix}$ 0
Ę		Total number of individuals employed in calendar year 2014 (Part V, line 2a)	• • • • • • • • • • • • • • • • • • • •	
돛	6 70	Total number of volunteers (estimate if necessary)		
¥	/ a			7a 0.
-	<u> </u>	Net unrelated business taxable income from Form 990-1, ime 34 1.0.1	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	69,23	
Ę	ι			0. 0. 0.
Revenue			70,68	
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	70700	0. $0.$
		Total revenue · add lines 8 through 11 (must equal Part VIII. column (A), line 12)	139,91	<u> </u>
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	120,22	
		Benefits paid to or for members (Part IX, column (A), line 4)	220,22	0. 0.
s	۱	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0. 0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.
<u> </u>	ь	Total fundraising expenses (Part IX, column (D), line 25)	24.70	10 - 10 mg/mg/mg/mg/
Δ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	44,79	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	165,01	
	19	Revenue less expenses. Subtract line 18 from line 12	-25,09	
Net Assets or Fund Balances			Beginning of Current Y	
Sets	20	Total assets (Part X, line 16)	1,241,90	
200	21	Total liabilities (Part X, line 26)	1,41	
2.5	22	Net assets or fund balances. Subtract line 21 from line 20	1,240,49	0. 1,200,993.
P	art II	Signature Block		
Unc	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and st	itements, and to the best	of my knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	parer has any knowledge	
				12-15-15
Sig	n	Signature of officer	Date	
He	re	JAMES CREAGHE, TREASURER		·
		Type or print name and title	-1 a	
		Print/Type preparer's name Preparer's signature	Date Chec	;
Pai		JAY A HORN, CPA	setH	employed P01259887
	parer	Firm's name DENMAN & COMPANY, LLP	Firm's EIN	42-0794029
USE	Only	Firm's address 1601 22ND STREET, SUITE 400		E1E 00E 0400
_		WEST DES MOINES, IA 50266-1453	Phone no	515-225-8400
		RS discuss this return with the preparer shown above? (see instructions)	<u> </u>	X Yes No
4320	001 11-0	7-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2014)

EXTENDED TO FEBRUARY 16, 2016

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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OMB No 1545-0047 Open to Public Inspection

<u>A I</u>	or th	e 2014 calendar year, or tax year beginning	<u>UL I, 2014 and е</u>	ل ending	UN 30,	<u> 2015</u>	
В	Check if	C Name of organization			D Employe	r identific	ation number
ā	applicab	FOUNDATION OF THE ASSU	CIATION OF FORME	ΣR			
	Addre	E AGENTS OF THE U.S. SEC	RET SERVICE				
	Name chang	e Uoing business as				52-10	035969
	lnıtıal return	Number and street (or P.0. box if mail is not de	livered to street address)	Room/suite	E Telephon	e number	'
	Final return	6919 VISTA DRIVE, WEDG	EWOOD BUILDING			515-2	282-8192
	termir ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receip	ts\$	289,510.
	Amen return	ded WEST DES MOINES, IA 5	0266		H(a) is this a	group re	turn
	Application	Finame and address of principal officer OAL	IES CREAGHE			ordinates'	
	pendi	SAME AS C ABOVE			H(b) Are all sub	ordinates in	cluded? Yes No
1	Гах-ех	empt status. X 501(c)(3) 501(c) (✓ (Insert no.)	or 527	If "No,"	attach a l	list (see instructions)
J	Vebsi	te: ► WWW.OLDSTAR.ORG			H(c) Group e	exemption	number 🕨
K	orm of	organization: X Corporation Trust A	ssociation Other >	L Year	of formation: 2	006 м	State of legal domicile: IA
Pa	art I	Summary					
a)	1	Briefly describe the organization's mission or mos	t significant activities ENCOU	JRAGE	& SUPPO	RT LA	W
Governance		ENFORCEMENT, AND LAW ENFO	RCEMENT FAMILIES	NEED	ING ASS	ISTA	NCE.
ű	2	Check this box If the organization disco	ntinued its operations or dispos	ed of more	than 25% of	its net as:	sets
Š	3	Number of voting members of the governing body	(Part VI, line 1a)			3	4
	4	Number of independent voting members of the go	verning body (Part VI, line 1b)			4	4
es 6	5	Total number of individuals employed in calendar	year 2014 (Part V, line 2a)			5	0
Ž.	6	Total number of volunteers (estimate if necessary)				6	8
Activities &	7 a	Total unrelated business revenue from Part VIII, co	olumn (C), line 12			7a	0.
_	b	Net unrelated business taxable income from Form	990-T, line 34			7b	0.
					Prior Yea	r	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)			69,	234.	112,952.
Š	9	Program service revenue (Part VIII, line 2g)				0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4	, and 7d)		70,	684.	49,851.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d	e, 9c, 10c, and 11e)			0.	0.
	12	Total revenue - add lines 8 through 11 (must equa	Part VIII, column (A), line 12)		139,	918.	162,803.
	13	Grants and similar amounts paid (Part IX, column	(A), lines 1-3)	Ĺ	120,	225.	96,050.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
တ္တ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A),	line 11e)			0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), lin	e 25) 🕨	0.			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)		44,	792.	59,197.
	18	Total expenses. Add lines 13-17 (must equal Part	X, column (A), line 25)		165,	017.	155,247.
	19	Revenue less expenses Subtract line 18 from line	12		-25,	099.	7,556.
Net Assets or Fund Balances				Be	ginning of Curre	ent Year	End of Year
sets	20	Total assets (Part X, line 16)			1,241,	906.	1,206,993.
tA8	21	Total liabilities (Part X, line 26)			1,	416.	6,000.
캺	22	Net assets or fund balances Subtract line 21 from	line 20		1,240,	<u>490.</u>	1,200,993.
Pa	art II	Signature Block					
Und	er pena	ilties of perjury, I declare that I have examined this return	, including accompanying schedules	and statem	ents, and to the	best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of whi	ich preparer	has any knowle	dge.	
Sig	n	Signature of officer			Date		
Her	е	JAMES CREAGHE, TREASUR Type or print name and title	ER			-	
		Print/Type preparer's name	Preparer's signature	_	Date	Check	PTIN
Paid	1	JAY A HORN, CPA	Jay a. Then C	PA	12-21-15	rf self-employed	P01259887
	arer	Firm's name DENMAN & COMPANY	LLP			s EIN ▶	42-0794029
	Only	Firm's address 1601 22ND STREET	, SUITE 400				
	•	WEST DES MOINES,	IA 50266-1453		Phon	e no.515	5-225-8400
May	the II	RS discuss this return with the preparer shown abo			,		X Yes No

	1 990 (2014) AGENTS OF THE U.S. SECRET SERVICE	52-1035969	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		\mathbf{x}
1	Briefly describe the organization's mission		
	TO PROVIDE FOR THE GENERAL WELFARE, DEVELOPMENT, GROWTH	AND WELL BE	ING
	OF THE ASSOCIATION'S MEMBERSHIP AND OTHERS AS DIRECTED	BY THE	
	FOUNDATION'S TRUSTEES.	<u> </u>	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the pnor Form 990 or 990-EZ?	Yes	X No
	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?	Yes	X No
	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 other		
	revenue, if any, for each program service reported.	,	
4a	(Code) (Expenses \$ 28,778. including grants of \$ 27,100.) (Reven	¢	
	INDIVIDUAL AND NONPROFIT CONTRIBUTIONS - AID AND ASSIST		ERS '
	SURVIVORS AND DEPENDENTS OF DECEASED MEMBERS AND LAW EN		51(5)
	OFFICERS. CONTRIBUTIONS ARE ALSO GIVEN TO ORGANIZATION		RTP
	THE MISSION OF THE FOUNDATION.	5 IIIII BOLLO	
	THE MIDDION OF THE FOUNDATION	-	
		 	
			
4b	(Code) (Expenses \$ 64,950. including grants of \$ 64,950.) (Revenue		
10	SCHOLARSHIPS - AWARDED ON THE BASIS OF FINANCIAL NEED AI		—— <i>'</i>
	MERIT FOR LINEAR DESCENDENTS OF THE ASSOCIATION OF FORM		тнь
	U.S. SECRET SERVICE MEMBERS. FIFTY EIGHT SCHOLARSHIPS		
	THE CURRENT FISCAL YEAR.	AUVID GIABIA II	
	THE CONTEST A LEGILLE THE TENTE OF THE TENTE		
4c	(Code) (Expenses \$ 4,711. including grants of \$ 4,000.) (Revenue		
40	HARRY NEAL AWARD IS AWARDED TO LAW ENFORCEMENT OFFICERS		,
		AWARDS WERE	
	GIVEN IN THE CURRENT FISCAL YEAR.	MAKDS WEKE	
	GIVEN IN THE CURRENT FISCAL TEAR.		
			
			
			
			
		·	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ 41,748 · including grants of \$ 0 ·) (Revenue \$		
<u>4e</u>	Total program service expenses ► 140,187.		20
43200	2	Form 99	90 (2014)

Form 990 (2014)

Form 990 (2014) AGENTS OF THE U.S. SECRET SERVICE
Part IV Checklist of Required Schedules

52-1035	969	P	age 3
		Yes	No
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	2	X	
to candidates for	3		х
(h) election in effect	4		Х
, assessments, or	5		Х
have the right to			
e Schedule D, Part I ce,	6		<u>X</u>
	7_		<u>X</u>
es," complete	8		X
a custodian for			
ation services?	9		<u>x</u>
vments, permanent	10		<u>x</u>
I, VII, VIII, IX, or X			
olete Schedule D,	11a		x
re of its total	11b	х	
ore of its total	11c		
ets reported in			
	11d		X
Part X	11e		<u>X</u>
at addresses		l	
e D, Part X complete	11f	Х	
)	12a	X	
optional	12b		х
	13		X
	14a		Х
raising, business, llued at \$100,000			
_	14b		X
o or for any	15		X
ssistance to	16		_X_
on Part IX	: I		

			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	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	sımılar amounts as defined ın Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	i		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
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		_X_
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		<u>X</u>
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			
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		_X_
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	_X_	
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		X
d	, , , , , , , , , , , , , , , , , , , ,			
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	<u>X</u>	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		<u>X</u>
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		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			77
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	اسدرا		v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	امرا		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	2001.43
		rorm	33U (2014)

Page 4 Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X Schedule J 23 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 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 Х 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 "Yes," X complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 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 Х 27 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) X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х Schedule N. Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Part V line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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 X 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197

Form **990** (2014)

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2014)

Part V

AGENTS OF THE U.S. SECRET SERVICE Statements Regarding Other IRS Filings and Tax Compliance

R			
52-1035	969	Р	age 5
		Yes	No
<u>a</u> 4			
ortable gaming			
ı	1c	X	
ea 0			
2a 0 ?	2b		
	3a		_X
	3b		
hority over, a			
count)?	4a		<u>X</u>
ounts (FBAR).			
	5a		X
on?	5b_		<u>X</u>
	5c		
organization solicit			37
	6a		<u>X</u>
s or gifts	CL		
	6b		
es provided to the payor?	7a		<u>X</u> _

Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other aut financial account in a foreign country (such as a bank account, securities account, or other financial acc **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acci 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter. 10 Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter-Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 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 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 13b Enter the amount of reserves on hand 13c X Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14h Form 990 (2014)

Form 990 (2014)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion 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	4			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
ь	Enter the number of voting members included in line 1a, above, who are independent 1b	4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
_	officer, director, trustee, or key employee?		2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	on t			
Ü	of officers, directors, or trustees, or key employees to a management company or other person?	~~	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<u> </u>	4	Λ	X
5	Did the organization had any significant changes to its governing documents since the prior Form 556 was filed. Did the organization become aware during the year of a significant diversion of the organization's assets?	<u> </u>	5		X
	Did the organization become aware during the year of a significant diversion of the organization's assets:	F	6		X
6	•	-	0		
7a					v
	more members of the governing body?	-	7a		_X_
b					37
	persons other than the governing body?	}	7b_		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	-	8a	X	
Ь	Each committee with authority to act on behalf of the governing body?	_	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)				
		-		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Ļ	10a		_X_
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?	ļ	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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Ĺ	12b	_X_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	ın Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1			
а	The organization's CEO, Executive Director, or top management official	Ì	15a		_X_
b	Other officers or key employees of the organization	Ī	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	Ī			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	ŀ			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	, [
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b	i	
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3	is only) a	/aılab	le	
-	for public inspection. Indicate how you made these available. Check all that apply	, , ,		-	
	Own website Another's website X 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 interest po	olicy, and	finan	cial	
	statements available to the public during the tax year	oy, und	············	uı	
20	State the name, address, and telephone number of the person who possesses the organization's books and records.	-			
	DIVERSIFIED MANAGEMENT SERVICES, INC 515-282-8192	-			
	6919 VISTA DRIVE, WEDGEWOOD BUILDING, WEST DES MOINES, IA	50266	<u> </u>		
132004	6 11-07-14	2020		990 (2014)
	• ·· ·· ··		. 0.111		~~'-'

Page

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

Check if Schedule O contains a response of	r note to any line in this Part VII	_	İ

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

X Check this box if neither the organiza (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(40		Pos	itior		•••	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	heck more than one ss person is both an				compensation	amount of
	week	_	cerar	nd a d	recto	or/trus	tee)	from	from related	other
	(list any	ector	ŀ			ŀ		the	organizations	compensation
	hours for	l d	.,			Ē		organization	(W-2/1099-MISC)	from the
	related	ste (ruste			ensa		(W-2/1099-MISC)		organization
	organizations	를	nal t		loyee	im oo				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ë			organizations
	line)	를	is i	9	Ke	운동	횬			
(1) THOMAS CATALANO	3.00					ļ				
TRUSTEE		X	_					0.	0.	0
(2) DONALD GAMBATESA	3.00									
TRUSTEE		X						0.	0.	0
(3) JAN GILHOOLY	5.00									
TRUSTEE		x						0.	0.	c
(4) RONALD JOHNSTON	5.00				_		-			
TRUSTEE		X						0.	0.	C
1800188			 							
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Form 990 (2014)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)		
	(A) Name and title	(B) Average hours per week	(do box offi	not c	Pos heck ss pe	C) ition more rson		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	Esti amo o	(F) mated ount of ther
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orgai and	ensation m the nization related nizations
												
•												
										,		
1b	Sub-total								0.	0.	,	0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A						>	0.	0.	,	0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100	,000 of reportable		(
3	Did the organization list any former officer,		ıste	e, ke	y en	nplo	yee,	or I	highest compensated ei	mployee on		es No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportabl								the organization	4	X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	ccrue comper	nsati	on f	rom	any	unr			dual for services	5	X
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	mpensated inc	lepe	ende	nt c	ontr	acto	rs t	hat received more than	\$100,000 of compens	sation fro	
	the organization. Report compensation for (A)					/Ith (or wi	thin	(B)		(C)	
	Name and business	address	NC	ONE	<u> </u>			+	Description of s	ervices	Compens	ation
												
2	Total number of independent contractors (ii	ncluding but n	ot lir	nıter	d to	thos		ted	above) who received m	ore than		
	\$100,000 of compensation from the organization		J. III			(_				Form 99	9 0 (2014)

Form 990 (2014) AGENTS OF THE U.S. SECRET SERVICE 52-1035969 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) Related or (C) Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 8,652. 1 a Federated campaigns 1a Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 104,300 1f g Noncash contributions included in lines 1a-1f \$ 112,952 h Total. Add lines 1a-1f Business Code Program Service f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 50,373. 50,373. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (II) Personal (i) Real 6 a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 126,185. assets other than inventory b Less. cost or other basis 126,707 and sales expenses c Gain or (loss) -522 -522. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue

49,851.

0

162,803.

432009 11-07-14

e Total. Add lines 11a-11d

Total revenue. See instructions.

Seci	Charlet Sahadula O anatoma a sana			impiete column (A)	
	Check if Schedule O contains a respon	(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	15,600.	15,600.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	80,450.	80,450.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	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	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	23,120.	11,560.	11,560.	
b	Legal				
С	Accounting	5,450.	2,725.	2,725.	
d	, ,				
е	· ·				
f	Investment management fees				
g	· -				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PLAQUES AND AWARDS	16,019.	16,019.		
b	NEWSLETTER	11,862.	11,862.		
C	MEMORIAL EXPENSES	1,678.	1,678.		
d	MISCELLANEOUS	1,068.	293.	775.	· · · · · · · · · · · · · · · · · · ·
	All other expenses	1,000.	2,5,6	7,75.	
25	Total functional expenses Add lines 1 through 24e	155,247.	140,187.	15,060.	0.
<u>25</u> 26	Joint costs Complete this line only if the organization	100,411			<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here		ł		

Form 990 (2014)

Part X Balance Sheet

AGENTS OF THE U.S. SECRET SERVICE

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Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 31,703. 80,588. 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4,590. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 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 instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 8,000. 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c investments - publicly traded securities 11 11 1,161,318. 1,162,700. 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 1,241,906. Total assets. Add lines 1 through 15 (must equal line 34) 1,206,993. 16 16 1,416. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 6,000. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 1,416. 6,000. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,240,490. 1,200,993. Unrestricted net assets 27 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 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 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,200,993. 1,206,993. 1,240,490. 33 Total net assets or fund balances 33 1,241,906. Total liabilities and net assets/fund balances

AGENTS OF THE U.S. SECRET SERVICE 52-1035969 Page 12 Form 990 (2014) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 162,803. Total revenue (must equal Part VIII, column (A), line 12) 1 1 155,247. Total expenses (must equal Part IX, column (A), line 25) 2 2 7,556. Revenue less expenses Subtract line 2 from line 1 3 3 1,240,490. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 -47,053. Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 6 Investment expenses 7 7 8 Prior period adjustments 8 0. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 10 1,200,993. column (B)) 10 Part XII Financial Statements and Reporting \mathbf{x} Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: ___ Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes." check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Consolidated basis Both consolidated and separate basis Separate basis X b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis __ Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c Х If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Х За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2014)

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.

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

► Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

FOUNDATION OF THE ASSOCIATION OF FORMER

Inspection **Employer identification number**

AGENTS OF THE U.S. SECRET SERVICE 52-1035969 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) ч that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 AGENTS OF THE U.S. SECRET SERVICE 52-1035969 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support (a) 2010 (d) 2013 Calendar year (or fiscal year beginning in) (c) 2012 (e) 2014 (b) 2011 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 134,959, 118,021. 107,629. 69,234. 112,952. 542,795. 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 118,021. 107,629. 69,234. 112,952. 134,959. 542,795. 4 Total. Add lines 1 through 3 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) 542,795. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (c) 2012 (a) 2010 (b) 2011 (d) 2013 (e) 2014 (f) Total 134,959. 118,021. 107,629. 69,234. 112,952. 542,795. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 26,278. 35,332. 30,865. 36,713. 50,373. 179,561. and income from similar sources 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 VI) 722,356. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 75.14 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 78.03 15 Public support percentage from 2013 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2014

Scriedule A (Form 990 or 990-E2) 2014

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.)

(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
			i	1	
			-	-	
					····
-					
(-) 0010	(h) 2011	(-) 0010	(-D 0010	T (2)0014	(D.T.)
(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
ne organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organiza	ation,
Support Pe	rcentage				
e 8, column (f) d	ivided by line 13, c	olumn (f))		15	
				16	
ment Incom	e Percentage				
l (line 10c, colur	nn (f) divided by lin	e 13, column (f))		17	·
				18	
ganization did n	ot check the box o				7 is not
	organization quali	fies as a publicly s	supported organi	zation	►l
stop here. The ganization did n	not check a box on	line 14 or line 19a	a, and line 16 is m	zation nore than 33 1/3%, a ported organization	▶ L
	Support Pe e 8, column (f) di chedule A, Part ment Income d (line 10c, column 13 Schedule A,	Support Percentage e 8, column (f) divided by line 13, control of the second of the se	Support Percentage e 8, column (f) divided by line 13, column (f)) chedule A, Part III, line 15 ment Income Percentage I (line 10c, column (f) divided by line 13, column (f)) 13 Schedule A, Part III, line 17 ganization did not check the box on line 14, and line	Support Percentage e 8, column (f) divided by line 13, column (f)) chedule A, Part III, line 15 ment Income Percentage I (line 10c, column (f) divided by line 13, column (f)) 13 Schedule A, Part III, line 17 ganization did not check the box on line 14, and line 15 is more than	e 8, column (f) divided by line 13, column (f)) chedule A, Part III, line 15 ment Income Percentage I (line 10c, column (f) divided by line 13, column (f)) 15 16 17

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	İ		
	organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
_	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	10		
_	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
Ī	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	İ		
	purposes	4c		
5a		10		
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			•
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990)	. 8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	_		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			_

determine whether the organization had excess business holdings

	to the state of th	03596	9 P	age 5
Pa	rt IV Supporting Organizations (continued)		1	T
	Has the organization acconted a sift or contribution from any of the following necessary		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	1 445		
		11a	 -	
	A family member of a person described in (a) above?	11b	├	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	l	<u> </u>
<u> </u>	tion b. Type I oupporting Organizations		Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		res	No
1	· · · · · · · · · · · · · · · · · · ·			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1		1
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_1_	 	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		ļ	ļ
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	_		
800	supervised, or controlled the supporting organizations.		<u> </u>	i
Sec	tion C. Type II Supporting Organizations			
	Mare a majority of the organization's directors or triptees during the tay year also a majority of the directors	I	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		1
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
500	the supported organization(s) tion D. Type III Supporting Organizations	1		
Sec	tion b. Type in Supporting Organizations		V	N.
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	···	Yes	No
1	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2	_	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
500	supported organizations played in this regard tion E. Type III Functionally-Integrated Supporting Organizations	3	L	
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions).	 	 -	
1	The organization satisfied the Activities Test Complete line 2 below			
a	The organization satisfied the Activities rest <i>complete line 2</i> below The organization is the parent of each of its supported organizations. <i>Complete line 3</i> below			
b	The organization is the patent of each of its supported organizations. Complete line 3 below.	tructions	-1	
с 2	Activities Test. Answer (a) and (b) below.	uucuons	Yes	Na
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	No
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			1
		20		
_	that these activities constituted substantially all of its activities.	2a	-	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			l
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement	2b		 -
3	Parent of Supported Organizations Answer (a) and (b) below.		,	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1_		
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a	 	
ь	1 /1 3 /1	١		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	<u>3b</u>	L	

Sche Pa i	dule A (Form 990 or 990-EZ) 2014 AGENTS OF THE U.S. SECR			52-1035969 Page 6
L				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			tructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	N. J. ob out house and delicate			(optional)
	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	ľ	(A) Prior Year	(B) Current Year
		,		(optional)_
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
	Average monthly value of securities	1a		
<u>b</u>	Average monthly cash balances	1b		
<u> </u>	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	- {		ļ
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	- -		
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6	·-·	
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ted Type III supporting o	roanization (see
-	instructions)	,		.3 (

Schedule A (Form 990 or 990-EZ) 2014

	edule A (Form 990 or 990-EZ) 2014 AGENTS OF THE			52-1035969 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exi	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	าร	
4_	Amounts paid to acquire exempt-use assets			
5	Qualified set aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	the organization is responsive	9	
	(provide details in Part VI). See instructions			ĺ
9_	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Sect	ion E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)	1		
3	Excess distributions carryover, if any, to 2014:			
<u>—</u> а				
b				
c				
d				
е	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)		· ···· · · · · · · · · · · · · · · · ·	
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D.			
-	line 7: \$			
	Applied to underdistributions of prior years		· · · · · · · · · · · · · · · · · · ·	
	Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
-	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014 Subtract lines 3h			
•	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
•	and 4c			
8	Breakdown of line 7			
a	DISCHARGE THE PROPERTY OF THE			
b				
C				
	Excess from 2013			
	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

FOUNDATION OF THE ASSOCIATION OF FORMER Schedule A (Form 990 or 990-EZ) 2014 AGENTS OF THE U.S. SECRET SERVICE 52-1035969 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions).

SCHEDULE D

(Form 990)

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.

Attach to Form 990.

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

2014
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

FOUNDATION OF THE ASSOCIATION OF FORMER

Employer identification number 52-1035969

AGENTS OF THE U.S. SECRET SERVICE 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 Aggregate value of contributions to (during year) 2 Aggregate value of 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 funds are the organization's property, subject to the organization's exclusive legal control? 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? Part II | Conservation Easements. 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 a historically important land area Protection of natural habitat Preservation of a certified historic structure 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Ves violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a 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. b 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 (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

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

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Schedule D (Form 990) 2014

Assets included in Form 990, Part X

Revenue included in Form 990, Part VIII, line 1

		OF THE U.S				thor.)3596 <u>9</u>	
								-		
3	Using the organization's acquisition, accessi	on, and other record	is, cnec	k any of the	following that are	a sign	iticant	use of its	collection	items
	(check all that apply)									
a	Public exhibition	C			change programs					
b	Scholarly research	е	• []	Other				-		
C	Preservation for future generations		- 1					_		
4	Provide a description of the organization's co			•	-	•		ose in Pai	π ΧΙΙΙ	
5	During the year, did the organization solicit o					milar as	ssets	Γ-	٦٧.	
Par	to be sold to raise funds rather than to be material Escrow and Custodial Arran					" to Co	000	\\	_ Yes	No_
T ai	reported an amount on Form 990, Par		ete ii tne	organizatio	on answered Tres	10 F0	rm 990), Part IV,	line 9, or	
12	Is the organization an agent, trustee, custodi		tion, for	contribution	ne or other accete	not inc	dudod			······
ıa	on Form 990, Part X?	an or other intermed	alary lui	CONTINUUTION	is or other assets	HOL III	Juaea		Yes	□ No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:					_ res	NO
U	ii res, explain the arrangement in rait Air	and complete the lo	niowing	labie.					Amount	
С	Beginning balance						1c		Amount	
	Additions during the year						1d			
e							1e			
f	Ending balance						1f			
2a								Yes	□ No	
	If "Yes," explain the arrangement in Part XIII					•	•		03	
Pai										
		(a) Current year	(b) F	rior year	(c) Two years bad	k (d)	Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	'								
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ild equal 100%								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	ınd admınıstered f	or the	organiz	zation		
	by								, ,	res No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(iı)	
b	If "Yes" to 3a(II), are the related organizations	s listed as required o	n Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the		wment	funds						
Pai	t VI Land, Buildings, and Equipm			_						
	Complete if the organization answered							 		
	Description of property	(a) Cost or o			'	Accu			(d) Book	value
		basis (investr	nent)	basis	(other)	aepre	ciation			
	Land									
b	Buildings									
C	Leasehold improvements									
d	Equipment	-							·····	
	Other	aval Form 000, Part	V 001::-	nn (P) /:nc 1						

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 AGENTS OF To Part VII Investments - Other Securities.	THE U.S. SECRE	T SERVICE	52-1035969 Page 3
Complete if the organization answered "Yes"		1b See Form 990, Part X	, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
(1) Financial derivatives		_	
(2) Closely-held equity interests			
(3) Other	22.25		
(A) MONEY MARKET ACCOUNTS	20,356.		MARKET VALUE
(B) MUTUAL FUNDS	1,142,344.	END-OF-YEAR	MARKET VALUE
(C)			
(D)	· · · · · · · · · · · · · · · · · · ·		
(E)			
(F)			
(G)	 		
(H)	1 162 700		
Total. (Col. (b) must equal Form 990, Part X, col (B) line 12.) ► Part VIII Investments - Program Related.	1,162,700.		
	l de Ferma 000 Deut IV Ima d	1- 0 F 000 D-+V	han 10
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		, line 13 on Cost or end-of-year market value
	(b) Book value	(C) WELFIOO OF VAIDARIE	on cost of end-of-year market value
(1)			
(2)			
(3)	<u> </u>		
<u>(4)</u>			
(5)		······································	
<u>(6)</u>			
(7)			
(8) (9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 990. Part IV. line 1	1d See Form 990 Part X	line 15
	Description	14 000 1 01111 000, 1 411 1	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1e or 11f See Form 990,	Part X, line 25.
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

 \triangleright

Schedule D (Form 990) 2014

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

	dule D (Form 990) 2014 AGENTS OF THE U.S. SECRET			35969 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	•	Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	1		
1	Total revenue, gains, and other support per audited financial statements		1	<u>115,750.</u>
2	Amounts included on line 1 but not on Form 990, Part Vill, line 12			
а	Net unrealized gains (losses) on investments	2a -47,053	<u>.</u>	
b	Donated services and use of facilities	2b]	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	-47,053.
3	Subtract line 2e from line 1		3	162,803.
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		
ь	Other (Describe in Part XIII)	4b	1	
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	162,803.
	t XII Reconciliation of Expenses per Audited Financial Stater	nents With Expenses per		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	•		
1	Total expenses and losses per audited financial statements		1	155,247.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	-	
	Other losses		-	
		2c	-	
d	Other (Describe in Part XIII)	2d	┥_ ┃	0
е	Add lines 2a through 2d		2e	155 247
3	Subtract line 2e from line 1		3	155,247.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
_		1 44 1	1 1	
ь	Other (Describe in Part XIII)	4b	- I	
b b	Other (Describe in Part XIII) Add lines 4a and 4b	40	4c	0.
c _5_	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		4c 5	0. 155,247.
c _5_	Add lines 4a and 4b	40		0. 155,247.
c 5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information.	rt IV, lines 1b and 2b, Part V, line	5	
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa	rt IV, lines 1b and 2b, Part V, line	5	
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any ad	rt IV, lines 1b and 2b, Part V, line	5	
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa	rt IV, lines 1b and 2b, Part V, line	5	
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Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any ad	rt IV, lines 1b and 2b, Part V, line ditional information.	5 4, Part X, I	ine 2, Part XI,
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Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any add and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any add and 4b; LINE 2:	rt IV, lines 1b and 2b, Part V, line ditional information.	5 4, Part X, I	ane 2, Part XI,
Providences PAF THE	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any ad AT X, LINE 2: E FOUNDATION FOLLOWS THE ACCOUNTING FOR UI DUIREMENTS AS REQUIRED BY THE INCOME TAX 1	rt IV, lines 1b and 2b, Part V, line ditional information.	5 4, Part X, I	ane 2, Part XI,
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Providences PAF THE	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any ad AT X, LINE 2: E FOUNDATION FOLLOWS THE ACCOUNTING FOR UI DUIREMENTS AS REQUIRED BY THE INCOME TAX 1	rt IV, lines 1b and 2b, Part V, line ditional information.	5 4, Part X, I	ane 2, Part XI,
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Providences PAF THE	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any ad AT X, LINE 2: E FOUNDATION FOLLOWS THE ACCOUNTING FOR UI DUIREMENTS AS REQUIRED BY THE INCOME TAX 1	rt IV, lines 1b and 2b, Part V, line ditional information.	5 4, Part X, I	ane 2, Part XI,
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Providences PAF THE	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any ad AT X, LINE 2: E FOUNDATION FOLLOWS THE ACCOUNTING FOR UI DUIREMENTS AS REQUIRED BY THE INCOME TAX 1	rt IV, lines 1b and 2b, Part V, line ditional information.	5 4, Part X, I	ane 2, Part XI,
Providences PAF THE	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any ad AT X, LINE 2: E FOUNDATION FOLLOWS THE ACCOUNTING FOR UI DUIREMENTS AS REQUIRED BY THE INCOME TAX 1	rt IV, lines 1b and 2b, Part V, line ditional information.	5 4, Part X, I	ane 2, Part XI,
Providences PAF THE	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any ad AT X, LINE 2: E FOUNDATION FOLLOWS THE ACCOUNTING FOR UI DUIREMENTS AS REQUIRED BY THE INCOME TAX 1	rt IV, lines 1b and 2b, Part V, line ditional information.	5 4, Part X, I	ane 2, Part XI,
Providences PAF THE	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any ad AT X, LINE 2: E FOUNDATION FOLLOWS THE ACCOUNTING FOR UI DUIREMENTS AS REQUIRED BY THE INCOME TAX 1	rt IV, lines 1b and 2b, Part V, line ditional information.	5 4, Part X, I	ane 2, Part XI,

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Open to Public Inspection

OMB No 1545-0047

itification number

2-1035969

2

X Yes

		Employer ider 5	
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	ury ► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.cov/form990.	FOUNDATION OF THE ASSOCIATION OF FORMER AGENTS OF THE U.S. SECRET SERVICE	Part I General Information on Grants and Assistance
	Department of the Treasury nternal Revenue Service	Vame of the organization	Part i Gene

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

criteria used to award the grants or assistance?

SUPPORT MEMORIAL HONORING WHO HAVE DIED IN THE LINE AW ENFORCEMENT PERSONNEL ROCEEDS GO DIRECTLY TO OLICE CHALLENGE - 50K (h) Purpose of grant or assistance RELAY. ALL NET RACE SPONSOR THE NATIONAL Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any F DUTY (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) O.FMV (e) Amount of non-cash assistance recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant 10,000 5 000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 501(C)(3) 501(C)(3) 74-3133168 52-1382926 (b) EIN 1 (a) Name and address of organization NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL FUND - 901 E STREET, NW, SUITE 100 - WASHINGTON, DC 20004 EMPLOYEE RECREATION ASSOCIATION PO BOX 3303 - CROFTON MD 21114 UNITED STATES SECRET SERVICE or government Part II

Enter total number of other organizations listed in the line 1 table

SEE PART IV FOR COLUMN (H) DESCRIPTIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

52-1035969

Page 2

FOUNDATION OF THE ASSOCIATION OF FORMER

(Form 990) (2014) AGENTS OF THE U.S. SECRET SERVICE

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed Schedule I (Form 990) (2014)
Part III Grants and Other

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	C		1		
SCHOLARSHIPS HAPPY NDAL AWAPDS	0	4 000 V		YMV	
FINANCIAL ASSISTANCE	,			A.W.G.	
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	uired in Part I, line	2, Part III, column	(b), and any other ad	iditional information.	
PART I, LINE 2:					
SCHOLARSHIPS - CANDIDATES SUBMIT AN APPLICATION WHICH IS	N APPLICA	TION WHIC	H IS REVIEWED	WED BY A	
SCHOLARSHIP COMMITTEE. FINANCIAL NEED		ONSIDERED	IS CONSIDERED HEAVILY WITH THE	ITH THE	
QUALIFIED CANDIDATES.					

HARRY NEAL AWARD - THE AWARD IS GIVEN TO SEVERAL LAW ENFORCEMENT OFFICERS

EACH YEAR WHO HAVE PERFORMED OUTSTANDING SERVICE TO THE COMMUNITY IN THE

MEMBERS NOMINATE FORM OF A HEROIC ACT OR EXTRAORDINARY INVESTIGATION.

THE TRUSTEES REVIEW THE 30 CANDIDATES FROM THEIR AREAS OF THE COUNTRY.

432102 10-15-14

Schedule I (Form 990) (2014)

SCHEDULE 0

(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.

➤ Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. FOUNDATION OF THE ASSOCIATION OF FORMER

Employer identification number

AGENTS OF THE U.S. SECRET SERVICE 52-1035969	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
OTHER PROGRAM SERVICE EXPENSES TO SUPPORT LAW ENFORCEMENT AGENCIES AND	
THE HISTORICAL HERITAGE OF LAW ENFORCEMENT.	
EXPENSES \$ 41,748. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
FORM 990, PART VI, SECTION A, LINE 3:	
THE ORGANIZATION EMPLOYS DIVERSIFIED MANAGEMENT SERVICES, INC. TO MANAGEMENT	<u> </u>
OPERATIONS OF THE FOUNDATION THROUGH THE ASSOCIATION OF FORMER AGENTS OF	<u> </u>
THE U.S. SECRET SERVICE.	
FORM 990, PART VI, SECTION A, LINE 8B:	
THE FOUNDATION DOES NOT HAVE ANY COMMITTEES WITH THE AUTHORITY TO ACT OF	1
BEHALF OF THE GOVERNING BODY.	
FORM 990, PART VI, SECTION B, LINE 11:	
FORM 990 IS PROVIDED TO TRUSTEES AT A TRUSTEE MEETING FOR REVIEW AND	
APPROVAL.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL BOARD MEMBERS ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY	OF
THE ASSOCIATION AT THE BEGINNING OF EACH YEAR. BOARD MEMBERS ARE REQUIR	₹ED_
TO DISCLOSE ANY POSSIBLE CONFLICTS OF INTEREST ON AN ANNUAL BASIS. THE	
BOARD THEN REVIEWS THE DISCLOSURE FOR ANY POSSIBLE CONFLICT OF INTERESTS	3
FORM 990, PART VI, SECTION C. LINE 19:	

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014) 432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization FOUNDATION OF THE ASSOCIATION OF FORMER AGENTS OF THE U.S. SECRET SERVICE	Employer identification number 52-1035969
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQ	ripen
THE TIME STATE STATES TO THE TOPHIC STON KID	OBD1.
FORM 990, PART XII, LINE 2C:	
OVERSIGHT OF THE AUDIT: THE BOARD ASSUMES RESPONSIBILITY	FOD OVEDSTOUM
OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF	AN
INDEPENDENT ACCOUNTANT. THERE HAS BEEN NO CHANGE FROM PR	IOR YEARS.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2014

OMB No 1545-0047

Open to Public Inspection

FOUNDATION OF THE ASSOCIATION OF FORMER

Employer identification number 52-1035969

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

AGENTS OF THE U.S. SECRET SERVICE Name of the organization

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 End-of-year assets Total income ਉ Legal domicile (state or foreign country) Primary activity **@** Name, address, and EIN (if applicable) of disregarded entity Part II

Section 512(bX13) controlled	N N	×		
Section 5.	Yes			
(f) Direct controlling	`	N/A		
(e) Public charity status (if section	501(c)(3))	2		
(d) Exempt Code section		501(C)		
(c) Legal domicile (state or		IOWA		
(b) Primary activity		PROMOTE AND FACILITATE SOCIAL AND PROFESSIONAL RELATIONS		
(a) Name, address, and EIN of related organization		ASSOCIATION OF FORMER AGENTS OF THE U.S. SECRET SERVICE - 23-7225370, 6919 VISTA DRIVE, WEST DES MOINES, IA 50266		

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

34

Schedule R (Form 990) 2014

432181 08-14-14 LHA

AGENTS OF THE U.S. SECRET SERVICE Schedule R (Form 990) 2014 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 Part III

Page 2

52-1035969

1 90	1	1	I	I
(J) (K) General or Percentage managing ownership partner? Yes No				
Perce				
(j) General or managing partner? Yes No				
Gene Part				
Code V-UB! amount in box amount in box Co of Schedule K-1 (Form 1065) y				
() de V-L unt in FSche				
Cod 10 of 8				i
2000天				
(h) Disproportionate affocations? Yes No				
Orspropo allocati				
_				
(g) Share of end-of-year assets		•		
(g) Share and-of-y asset				
Ψ				
otal				
(f) Share of total income				
Share				
come ated, x und 514)			;	
(e) Inant in 1, unrek from tax is 512-4				
lomin ated, led fro			•	
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)				
(d) Direct controlling entity				-
ortroll ty				
(d) st con entity				
Dira Ora		·		
- = = = = = = = = = = = = = = = = = = =				
(c) Legal domicile (state or foreign				
(b) Primary activity				
(p)				
Prime				
<u> </u>	 		<u> </u>	· · · · · · · · · · · · · · · · · · ·
Ni s				
(a) Name, address, and EIN of related organization				
(a) Iress, a organi				
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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 Part IV

1			ı										
€	Section 512(b)(13) controlled entity?	Yes No		 	-			 	 		 _		
$\overline{}$	<u> </u>	Ye					_						
(L)			:	 						_			
(6)	Share of Pend-of-year	433413											
(£)	Share of total income			-								•	
(e)	Type of entity (C corp, S corp,	(1001)											
(p)	(C corp, S corp, foreign												
(0)	Legal domicile (state or foreign	country)					i						
(q)	Primary activity												
(a)	Name, address, and EIN of related organization												

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Yes

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SECRET SERVICE AGENTS OF THE U.S. Schedule R (Form 990) 2014 Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part V

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	ne or more related
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III, or IV of	of the dispose of
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entity is listed	the Creening
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Note. Complete line 1 in any entity is listed in Parts ii, iii, of IV of this schedule	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- Receipt of (I) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - Gift, grant, or capital contribution to related organization(s)
 - c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
 - e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

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- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)

	relationships and transaction thresholds
	this line, including covered
	n on who must complete
inization(s)	instructions for informatio
operty from related orga	thove is "Yes," see the
s Other transfer of cash or pro	If the answer to any of the a
	8

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
ASSOCIATION OF FORMER AGENTS OF THE U.S.	×	23,120.	
ASSOCIATION OF FORMER AGENTS OF THE U.S. (2) SECRET SERVICE	တ	59,671.	
(3)			
(4)			
(5)			
(9)			

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FOUNDATION OF THE ASSOCIATION OF FORMER AGENTS OF THE U.S. SECRET SERVICE

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Schedule R (Form 990) 2014

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* 3 1

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 Disproport Code V-UBI General or Percentage Workle amount in box 20 managing ownership of Schedule K-1 partner? end-of-year Share of assets Share of псоте total (e)
Are all
partners sec
501(c)(3)
orgs? Yes No Predominant income pa (related, excluded from tax under sections 512-514) ਉ (state or foreign Legat domicile country) ত Primary activity Name, address, and EIN

Schedule R (Form 990) 2014