Return of Private Foundation

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

OMB No 1545-0052

enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

	nt of the Treasury	enter social security nur ▶ Go to www.irs.gov/Form990PF				DIIC. 🤛 /	to Public Inspection
For cal	endar year 20	017 or tax year beginning	Apr 1, 2				ar 31 ,20 18
	foundation			, =		r identification numb	
ROYAL	AIR FORC	E MUSEUM AMERICAN FOUNDATION	N INC		30-00	075287	
		box number if mail is not delivered to street addres		oom/suite	B Telephon	e number (see instruc	tions)
700 1	2TH STREE	T NW			(609)	351-2440	
		ince, country, and ZIP or foreign postal code				ion application is pen	ding, check here ▶ □
WASHI	NGTON DC	20005					_
G Che	ck all that app	· _	urn of a former put	olic charity	D 1. Foreigi	n organizations, check	chere , ▶ 🔲
		☐ Final return ☐ Amende			2. Foreia	n organizations meetir	ng the 85% test.
		Address change Name ch			check	here and attach comp	outation · 🕨 🔲
	ck type of org			V /		foundation status was 07(b)(1)(A), check here	
		nonexempt charitable trust Other					
		of all assets at J Accounting method		Accruál	F If the four	ndation is in a 60-mor	th termination
		n Part II, col. (c), Uther (specify			under sed	ction 507(b)(1)(B), che	ck here ▶ 🗌
		1, 687, 959. (Part I, column (d) must	be on cash basis.)				
Part I		of Revenue and Expenses (The total of	(a) Revenue and	(h) Net	investment	(c) Adjusted net	(d) Disbursements for charitable
		olumns (b), (c), and (d) may not necessarily equal	expenses per books		come	income	purposes
		ın column (a) (see instructions))					(cash basis only)
1		s, gifts, grants, etc., received (attach schedule)	321,300	0. ""			
2		if the foundation is not required to attach Sch. B					
3		savings and temporary cash investments	·	_			
4		and interest from securities					
5		S		· .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1		income or (loss)	, <u>nin 4</u>				
9 6		r (loss) from sale of assets not on line 10	100				
9 _		price for all assets on line 6a 2,100		L-6a	Stmt		
7 ق		n net income (from Part IV, line 2)			,		-
_ 0		term capital gain	man and and and and and and and and and a		······································		
9		odifications					
10		less returns and allowances		* `			-
- 1		of goods sold					
1	•	it or (loss) (attach schedule)		5			-
11		me (attach schedule)	201 404				-
12		l lines 1 through 11	321,400		·····		<u> </u>
၂၁ ၁၈ ၂၂ ၁၈ ၂၂	•	ation of officers, directors, trustees, etc.					
Š 14 15		ans, employee benefits		1	DE0=		
9 15 9 16	•	(attach schedule)			RECE	!'	
מׄ נֿבֿ	_	g fees (attach schedule)	625	5 HSF			+
<u>ĕ</u>		essional fees (attach schedule)	02.	5. [6]	JUL 2:	3 71 .9	
E 17				- \ \ 	<u> </u>	/ (U)	
18		ch schedule) (see instructions)				1 5	
E 19	•	on (attach schedule) and depletion			<u> </u>		1
E 20	•	y				-	
E 21		nferences, and meetings	5,29	8.			1
22		nd publications	5,25				
ਲ 22 ਨ 23		enses (attach schedule) See .Stmt.	109,84	6.	<u> </u>		
24		erating and administrative expenses					
<u>.</u> <u>a</u>		13 through 23	115,76	9.			
Operating and Administrative Expenses 14 15 16 16 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19		ons, gifts, grants paid	153,45				
0 26		nses and disbursements. Add lines 24 and 25					
27		ne 26 from line 12:	,	3 ,	<u> </u>		
1		revenue over expenses and disbursements		2.	*		
l l		tment income (if negative, enter -0-)	. 55.00 (······································	1	
		net income (if negative, enter -0-)					

For Paperwork Reduction Act Notice, see instructions.

REV 06/11/18 PRO

Form **990-PF** (2017)

BAA

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year		of year
			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	91,217.	136,114.	136,114.
	2	Savings and temporary cash investments		······································	
	3	Accounts receivable >			
		Less: allowance for doubtful accounts ► Pledges receivable ►			
	4	Pledges receivable ► Less allowance for doubtful accounts ►	- All State		
	_	Less allowance for doubtful accounts	0.		
	5 6	Grants receivable			
	U	disqualified persons (attach schedule) (see instructions)			
	7				
	7	Other notes and loans receivable (attach schedule)	16		
₁₀	8	Less: allowance for doubtful accounts ► Inventories for sale or use			
Assets	_	Prepaid expenses and deferred charges		9,275.	0 275
ISS	9	· · · · ·		9,213.	9,275.
4	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule)			
	C	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
	12	Less. accumulated depreciation (attach schedule) ► Investments—mortgage loans			
ĺ	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment. basis ▶	***		
	1-7	Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ► L-15 Stmt)	1,544,570.	1,542,570.	1,542,570.
	16	Total assets (to be completed by all filers—see the	1,344,370.	1,342,370.	1,342,370.
		instructions. Also, see page 1, item I)	1 635 787	1,687,959.	1,687,959.
_	17	Accounts payable and accrued expenses	0.	0.	1,007,333.
	18	Grants payable			
Liabilities	19	Deferred revenue			
ij	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ►)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here ▶ 🗵			
llances		and complete lines 24 through 26, and lines 30 and 31.			
an	24	Unrestricted	93,217.	145,389.	
3a	25	Temporarily restricted			
þ	26	Permanently restricted	1,542,570.	1,542,570.	
Net Assets or Fund Ba		Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund		····	
55	29	Retained earnings, accumulated income, endowment, or other funds			
¥ 1	30	Total net assets or fund balances (see instructions)	1,635,787.	1,687,959.	
Ne	31	Total liabilities and net assets/fund balances (see instructions)	1,635,787.	1,687,959.	
	rt III	Analysis of Changes in Net Assets or Fund Balances	······································		·
1		al net assets or fund balances at beginning of year-Part II, colu			
	end-	-of-year figure reported on prior year's return)	· · · · · · ·	<u> 1</u>	1,635,787.
2		er amount from Part I, line 27a			52,172.
3					
4		lines 1, 2, and 3			1,687,959.
5	Dec	reases not included in line 2 (itemize) ► al net assets or fund balances at end of year (line 4 minus line 5)—	Ph	5	
6	Tota	al net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), lir	ie 30 6	1,687,959.
					Form 990-PF (2017)

Part		Losses for Tax on Investm d(s) of property sold (for example, real e-		(b) How acquired	(c) Date acquired	(d) Date sold
		e, or common stock, 200 shs MLC Co		P-Purchase D-Donation	(mo , day, yr)	(mo , day, yr)
<u>1a</u>						
<u>b</u>					,	
d						
<u>u</u>						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis pense of sale		n or (loss) (f) minus (g))
a						
b						
C						
<u>d</u>						
е	Complete only for assets show	ving gain in column (h) and owned	by the foundation	on on 12/31/69	m o 10	
	Complete only for assets show	·······		ess of col (i)		I. (h) gain minus t less than -0-) or
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	• • •	ol (j), if any		from col (h))
a						
b						
d						
е						
2	Capital gain net income or	Inot capital lose) (also enter in F , enter -0- in P		2	
3	If gain, also enter in Part I	or (loss) as defined in sections , line 8, column (c). See instru	ctions. If (los	s), enter -0- ın }		
					3	
Part		er Section 4940(e) for Redurate foundations subject to the				
Was t		this part blank. section 4942 tax on the distribu ualify under section 4940(e). Do			base period?	☐ Yes ☐ No
1	·	unt in each column for each ye			aking any entries.	
	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distribution		(c) e of noncharitable-use a	Dis	(d) stribution ratio divided by col. (c))
	2016		0.	<u></u>	0.	0.000000
	2015	16,0				
	2014					
	2013					
	2012					-
2	Total of line 1, column (d)					0.000000
3		for the 5-year base period—di undation has been in existence				0.000000
4	Enter the net value of nonc	charitable-use assets for 2017 t	from Part X, lin	ne5	. 4	0.
5	Multiply line 4 by line 3 .				. 5	0.
6	Enter 1% of net investmen	it income (1% of Part I, line 27t	o)		. 6	
7	Add lines 5 and 6				. 7	0.
8	Enter qualifying distribution If line 8 is equal to or great Part VI instructions.	ns from Part XII, line 4 ter than line 7, check the box i	 n Part VI, line	1b, and complete	. 8 that part using a	1% tax rate. See the

Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	instru	uctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here \(\bigsim \) and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	N/	——— А	
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check			
-	here ▶ ☐ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
3	Add lines 1 and 2		0.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			L
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 5		0.	
6	Credits/Payments:			
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a			l
b	Exempt foreign organizations—tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868) . 6c 0.			
_d	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d		<u> </u>	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			<u> </u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9		<u> </u>	
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶ 10 Enter the amount of line 10 to be. Credited to 2018 estimated tax ▶ Refunded ▶ 11		0.	
Part				<u> </u>
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Τ	Yes	No
	participate or intervene in any political campaign?	1a	1.00	×
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition		}	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	1b		×
	published or distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c		×
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		×
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	 - -	×
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		×
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		×
•	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.			
•	By language in the governing instrument, or	1		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	1	1	1
	conflict with the state law remain in the governing instrument?	6	×	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	×	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶			
	DE			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	1	1	ļ
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	×	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		L	
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes,"	[
	complete Part XIV	9		×
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10	×	<u> </u>

rar	VII-A Statements Regarding Activities (continued)			
4.4			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions			
12	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		<u>×</u> _
۱ شـ	person had advisory privileges? If "Yes," attach statement. See instructions	12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	<u>^</u>
	Website address ► N/A			
14	The books are in care of ► STUART ARCHER Telephone no. ► (609) 3	51-2	2440	
	Located at ▶ 8517 CENTURY OAK COURT FAIRFAX STATION VA ZIP+4 ▶ 22039			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here	· · ·		▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		V	N -
4	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person?			i
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes 🗵 No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service. If terminating within 90 days.)			
þ	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	4 6		
	Organizations relying on a current notice regarding disaster assistance, check here	1b		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
•	were not corrected before the first day of the tax year beginning in 2017?	1c		×
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2017?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			ĺ
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	01-		
_		2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. • 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
-	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or			
U	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of	!		
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	 		
	foundation had excess business holdings in 2017.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		×
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?			
	chantable purpose that riad not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		×

Par	Statements Regarding Activities	s tor V	Vhich Form	4720	May Be F	lequire	d (contii	nued)			
5a	During the year, did the foundation pay or incur	•								Yes	No
	(1) Carry on propaganda, or otherwise attempt t						☐ Yes	⊠ No			
	(2) Influence the outcome of any specific public										
	directly or indirectly, any voter registration dr						☐ Yes	⊠ No			
	(3) Provide a grant to an individual for travel, stu							⊠ No			
	(4) Provide a grant to an organization other than								}		
	section 4945(d)(4)(A)? See instructions						TYes	⊠ No			
	(5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to a						_	⊠ No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the	e transa	actions fail to	qualify	under the	excepti	ons descr	ribed in			
	Regulations section 53.4945 or in a current notice	regardı	ng disaster as	ssistan	ce? See inst	ructions	s		5b		
	Organizations relying on a current notice regardi	ing disa	ster assistan	ce, che	eck here			▶ □			
C	If the answer is "Yes" to question 5a(4), does t	the four	ndation claim	n exem	ption from	the tax			-		
	because it maintained expenditure responsibility	for the	grant?				☐ Yes	☐ No			
	If "Yes," attach the statement required by Regula	ations s	section 53.49	45–5(d).						
6a	Did the foundation, during the year, receive any	funds,	directly or in-	directly	, to pay pre	emiums					
	on a personal benefit contract?						☐ Yes	⊠ No			
þ	Did the foundation, during the year, pay premiun	ns, dıre	ctly or indire	ctly, on	a personal	benefit	contract	? .	6b		×
	If "Yes" to 6b, file Form 8870										
	At any time during the tax year, was the foundation						_	⊠ No	►		
11.01	If "Yes," did the foundation receive any proceed								7b		
Par	Information About Officers, Direct	tors, I	rustees, F	ounda	tion Mana	agers,	Highly F	Paid E	mploy	ees,	
	and Contractors	1-4:				-1:					
	List all officers, directors, trustees, and found			·-		,			•		
	(a) Name and address	hou	e, and average rs per week	(lf i	mpensation not paid,	emplo	Contribution: yee benefit	plans	(e) Expe	nse aco allowan	count,
		 	ed to position	er	nter -0-)	and defe	rred compe	nsation	Ollier	anowari	
	N MICHAELSON	CHAI			•						_
	MADISON AVENUE SUITE 2210 NEW YORK NY 10022	DDEC	4.00		0.			0.			0.
	DERICK ROGGERO	PRES.	IDENT		0						•
	MANCHESTER PARK CIRCLE ALEXANDRIA VA 22310	WICE	4.00 PRESIDENT		0.			0.			0.
	ART ARCHER CENTURY OAK COURT FAIRFAX STATION VA 22039	VICE	4.00		0.						^
			4.00		0.			0.			0.
See	Statement		2.25		0.			0.			^
2	Compensation of five highest-paid employee	es (oth		e incl		ne 1 —	see instr		e) If n	one d	<u>0.</u>
	"NONE."		er than tho		dued on ii					one, i	enter
	(a) Name and address of each employee paid more than \$50,00	00	(b) Title, and a	veek	(c) Comper		(d) Contribution employee plans and of	benefit	(e) Expe	nse aco allowan	count,
			devoted to pe	osition		j	compens		outer	allowari	ces
NONE											

	77, 400.4.										
								i			
Total	number of other employees paid over \$50,000.								0		
								,	om 99		/2017)

Pai	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	nployees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONI	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
ИОИ	NE NE	
		}
		ļ
		
Tota	al number of others receiving over \$50,000 for professional services	0
		10
Pa	rt IX-A Summary of Direct Charitable Activities	
Lı	st the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	Evpopoes
01	ganizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	RAFMAF EXISTS TO ENSURE THE SHARED AVIATION HERITAGE OF THE UNITED STATES AND THE UNITED KINGDOM IS	
	KEPT ALIVE IN THE MEMORY OF BOTH NATIONS. THE MISSION IS TO PROVIDE FUNDS FOR SUPPORTING THE MUSEUMS	
	PROGRAMS OF ACQUISITION, CONSERVATION, INTERPRETATION AND EDUCATION.	153,459
2		
•		
3		
4		
•		
Pa	rt IX-B Summary of Program-Related Investments (see instructions)	
D	escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
_		ļ
2		
	Il other program-related investments. See instructions	
3	Total program related integrinents. One instructions	
J		
Tota	al. Add lines 1 through 3	<u> </u>
		Form 990-PF (201
BAA	REV 06/11/18 PRO	, -

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	ign foui	ndations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	·-
Ç	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)]]	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	0.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations, check here ► and do not complete this part.)	oundat	ions
1	Minimum investment return from Part X, line 6	1	0.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.) 2b	1	
С	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	0.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	_	
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	·
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g wheth	ner the foundation
			- 000 DE

Part	XIII Undistributed Income (see instruction	ons)			1 ago o
	•	(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
_	line 7	****			0.
2	Undistributed income, if any, as of the end of 2017.	**********			
а	Enter amount for 2016 only	\$\\\" z ;		0.	
р	Total for prior years. 20,20,20		3,		
3	Excess distributions carryover, if any, to 2017.	,	,		
a	From 2012	10 x			
b	From 2013	****** ***** ****			
C	From 2014				
d	From 2015				
e 4	23/300:		, .		
f 4	Total of lines 3a through e	133,105.	*		
7	line 4: > \$, Allianopolius	****		
а	Applied to 2016, but not more than line 2a	2444	18.0		
	Applied to 2010, but not more than line 2a Applied to undistributed income of prior years		<u>`</u>		
~	(Election required—see instructions)	\$44.00 mm			
С	Treated as distributions out of corpus (Election				
	required—see instructions)				
d	Applied to 2017 distributable amount .	- ' , , ^ , 2000-200 , ' > 100 / , 2000-200	2 24		
e	Remaining amount distributed out of corpus	0.			
5	Excess distributions carryover applied to 2017	<u> </u>	(% % * ***		
	(If an amount appears in column (d), the same	\$100 (\$100 p. 100 p. 17	^ %		
	amount must be shown in column (a).)		المراجع المراجع		
6	Enter the net total of each column as				
	indicated below:	Average of the control of the contro	\v4`.		
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	133,105.			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b	*	0.		,
C	Enter the amount of prior years' undistributed	5 34 36× 5			
	income for which a notice of deficiency has	## ': »			
	been issued, or on which the section 4942(a)	SXC-NG XX			
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount—see instructions	<u> </u>	0.		
е	Undistributed income for 2016. Subtract line	6 , 15 3 18 gr. (
	4a from line 2a. Taxable amount—see instructions			_	
				0.	
f	Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2018				•
7		-	\		0.
•	Amounts treated as distributions out of corpus to satisfy requirements imposed by section		*	1	
	170(b)(1)(F) or 4942(g)(3) (Election may be		, , , , , , , , , , , , , , , , , , ,		
	required—see instructions)		**		
8	Excess distributions carryover from 2012 not		· ** **		
	applied on line 5 or line 7 (see instructions)	4,263.	* * \$		
9	Excess distributions carryover to 2018.	,	8.00		
	Subtract lines 7 and 8 from line 6a	128,842.			
10	Analysis of line 9:		3		
а	Excess from 2013	3.4 × 3.47 ×			
b	Excess from 2014 20,000.		, я		
С	Excess from 2015 16,000.		** ***		
d	Excess from 2016 25,500.		, in the second of the second		· ·
е	Excess from 2017 0.	- NS.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		

	000	DE	(2017)	
orm.	990	r	12U I 7 I	

						Page 10
Part			· · · · · · · · · · · · · · · · · · ·		9)	N/A
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective for	or 2017, enter the da	ate of the ruling .	▶		,
b	Check box to indicate whether the fou	ndation is a private	operating foundat	ion described in si	ection 4942(j)(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	<u> </u>	Prior 3 years		·
	income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	investment return from Part X for each year listed		(4, 23.1	- (-,	(4/ 23/ 1	
ь	85% of line 2a					
C	Qualifying distributions from Part XII,	-			 	
·	line 4 for each year listed					
	•	<u> </u>				
d	Amounts included in line 2c not used directly				1	
	for active conduct of exempt activities .					
е	Qualifying distributions made directly					
	for active conduct of exempt activities		,			
	Subtract line 2d from line 2c .					
3	Complete 3a, b, or c for the					
	alternative test relied upon.	n		/		
а	"Assets" alternative test enter:					
•	(1) Value of all assets					
	(2) Value of assets qualifying under		/			
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3					
-	of minimum investment return shown in					
	Part X, line 6 for each year listed	<u> </u>	/			
С	"Support" alternative test-enter:					
	(1) Total support other than gross					
	investment income (interest,	/				
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt	1				
	organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
Part		on (Complete th	is part only if th	ne foundation h	ad \$5 000 or mo	re in assets at
	any time during the year-	• •		ic roundation is	aa 40,000 or me	ne in assets at
	Information Regarding Foundation		13.1			
' -	List any managers of the foundation	•	itad mara than 20	6 of the total cent	ributions received	by the foundation
а	before the close of any tax year (but of					by the loundation
		only if they have co	minibated more th	an \$5,000) (See S	ection 507(0)(2).)	
	JOHN MICHAELSON		······································	-		
b	List any managers of the foundation					ge portion of the
	ownership of a partnership or other e	ntity) of which the	foundation has a 1	10% or greater int	erest.	
2	Information Regarding Contribution	n, Grant, Gift, Loa	n, Scholarship, e	tc., Programs:		
	Check here ► 🗵 if the foundation	only makes contr	butions to prese	lected charitable	organizations and	does not accept
	unsolicited requests for funds. If the f	oundation makes	gifts, grants, etc,	to individuals or o	rganizations under	other conditions,
	complete items 2a, b, c, and d. See in	nstructions.				
а	The name, address, and telephone nu	umber or email add	dress of the person	n to whom applica	tions should be ac	ldressed:
	,					
h	The form in which applications should	d he submitted and	t information and	materials they sho	uld include:	
b	The form in without applications should	S DO GUDITIILLEU ATR	z morniauon anu i	materials tricy SIIC	ara moluue.	
	A					
C	Any submission deadlines:					
			 			,
d	Any restrictions or limitations on av	wards, such as b	y geographical ar	eas, charitable fi	eids, kinds of inst	itutions, or other
	factors:					

3 Grants and Contributions Paid During t	If recipient is an individual,			
Recipient	show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
RAF MUSEUM	SUPPORTED BY			
GRAHAM PARK WAY	PRIVATE		SUPPORT FOR RAF	
NW9 5LL LONDON UK	FOUNDATION	NC	MUSEUM PROGRAMS	153,459
		}		
		1		
	}	}		
		!		
)		
Total				3a 153,459
b Approved for future payment				
				}
			1	

	τ XV				T		
Ente	r gro:	ss amounts unless otherwise indicated.	(a)	(b)	(c)	(d)	(e) Related or exempt function income
1	Proc	gram service revenue.	Business code	Amount	Exclusion code	Amount	(See instructions.)
	а	5					
	b ¯						
	С						
	ď						
	e ¯						
	f -						
	g F	Fees and contracts from government agencies			<u> </u>		
2	-	nbership dues and assessments		 -			
_		•					
3		rest on savings and temporary cash investments					
4		dends and interest from securities	- 4 (M) (M) (M)				
5		rental income or (loss) from real estate:	5	- Spilling			
		Debt-financed property				<u> </u>	
		Not debt-financed property					
6		rental income or (loss) from personal property					
7		er investment income					
8		or (loss) from sales of assets other than inventory		·	3	100.	
9		income or (loss) from special events					
10		ss profit or (loss) from sales of inventory					
11	Othe	er revenue: a					
	b						
	С						
	ď						
	е -						
12	Sub	total. Add columns (b), (d), and (e)	"." (Mary 100 m)			100.	
	T-4-		80.74 × 5.00,000				
3.5	LOTA	al Add line 12 columns (b) (d) and (e)				7.5	1 (1(1)
					· · · · ·	13	100.
(See	work	sheet in line 13 instructions to verify calculation	ıs.)			13	100.
(See Par	work	Asheet in line 13 instructions to verify calculation Alberta Relationship of Activities to the Alberta Relationship of Albert	is.) .ccomplishm	ent of Exemp	t Purposes		
See Par Line	work	Asheet in line 13 instructions to verify calculation A-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm Income is report poses (other that	ent of Exemp orted in column in by providing fun	ot Purposes (e) of Part XVI nds for such purp	-A contributed ii oses) (See instruc	mportantly to the
See Par Line	work t XV e No.	Asheet in line 13 instructions to verify calculation Alberta Relationship of Activities to the Alberta Relationship of Albert	ns.) Accomplishm Income is report poses (other that	ent of Exemp orted in column in by providing fun	ot Purposes (e) of Part XVI nds for such purp	-A contributed ii oses) (See instruc	mportantly to the
See Par Line	work t XV e No.	Asheet in line 13 instructions to verify calculation A-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm Income is report poses (other that	ent of Exemp orted in column in by providing fun	ot Purposes (e) of Part XVI nds for such purp	-A contributed ii oses) (See instruc	mportantly to the
See Par Line	work t XV e No.	Asheet in line 13 instructions to verify calculation A-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm Income is report poses (other that	ent of Exemp orted in column in by providing fur	ot Purposes (e) of Part XVI nds for such purp	-A contributed ii oses) (See instruc	mportantly to the
See Par Line	work t XV e No.	Asheet in line 13 instructions to verify calculation A-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm Income is report poses (other that	ent of Exemp orted in column in by providing fur	ot Purposes (e) of Part XVI nds for such purp	-A contributed ii oses) (See instruc	mportantly to the
See Par Line	work t XV e No.	Asheet in line 13 instructions to verify calculation A-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm Income is report poses (other that	ent of Exemp orted in column in by providing fur	ot Purposes (e) of Part XVI nds for such purp	-A contributed ii oses) (See instruc	mportantly to the
See Par Line	work t XV e No.	Asheet in line 13 instructions to verify calculation A-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm Income is report poses (other that	ent of Exemp orted in column in by providing fur	ot Purposes (e) of Part XVI nds for such purp	-A contributed ii oses) (See instruc	mportantly to the
See Par Line	work t XV e No.	Asheet in line 13 instructions to verify calculation A-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm Income is report poses (other that	ent of Exemp orted in column in by providing fur	ot Purposes (e) of Part XVI nds for such purp	-A contributed ii oses) (See instruc	mportantly to the
See Par Line	work t XV e No.	Asheet in line 13 instructions to verify calculation A-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm Income is report poses (other that	ent of Exemp orted in column in by providing fur	ot Purposes (e) of Part XVI nds for such purp	-A contributed ii oses) (See instruc	mportantly to the
See Par Line	work t XV e No.	Asheet in line 13 instructions to verify calculation A-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm Income is report poses (other that	ent of Exemp orted in column in by providing fur	ot Purposes (e) of Part XVI nds for such purp	-A contributed ii oses) (See instruc	mportantly to the
See Par Line	work t XV e No.	Asheet in line 13 instructions to verify calculation A-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm Income is report poses (other that	ent of Exemp orted in column in by providing fur	ot Purposes (e) of Part XVI nds for such purp	-A contributed ii oses) (See instruc	mportantly to the
See Par Line	work t XV e No.	Asheet in line 13 instructions to verify calculation A-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm Income is report poses (other that	ent of Exemp orted in column in by providing fur	ot Purposes (e) of Part XVI nds for such purp	-A contributed ii oses) (See instruc	mportantly to the
See Par Line	work t XV e No.	Asheet in line 13 instructions to verify calculation A-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm Income is report poses (other that	ent of Exemp orted in column in by providing fur	ot Purposes (e) of Part XVI nds for such purp	-A contributed ii oses) (See instruc	mportantly to the
See Par Line	work t XV e No.	Asheet in line 13 instructions to verify calculation A-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm Income is report poses (other that	ent of Exemp orted in column in by providing fur	ot Purposes (e) of Part XVI nds for such purp	-A contributed ii oses) (See instruc	mportantly to the
See Par Line	work t XV e No.	Asheet in line 13 instructions to verify calculation A-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm Income is report poses (other that	ent of Exemp orted in column in by providing fur	ot Purposes (e) of Part XVI nds for such purp	-A contributed ii oses) (See instruc	mportantly to the
See Par Line	work t XV e No.	Asheet in line 13 instructions to verify calculation A-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm Income is report poses (other that	ent of Exemp orted in column in by providing fur	ot Purposes (e) of Part XVI nds for such purp	-A contributed ii oses) (See instruc	mportantly to the
See Par Line	work t XV e No.	Asheet in line 13 instructions to verify calculation A-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm Income is report poses (other that	ent of Exemp orted in column in by providing fur	ot Purposes (e) of Part XVI nds for such purp	-A contributed ii oses) (See instruc	mportantly to the
See Par Line	work t XV e No.	Asheet in line 13 instructions to verify calculation A-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm Income is report poses (other that	ent of Exemp orted in column in by providing fur	ot Purposes (e) of Part XVI nds for such purp	-A contributed ii oses) (See instruc	mportantly to the
See Par Line	work t XV e No.	Asheet in line 13 instructions to verify calculation A-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm Income is report poses (other that	ent of Exemp orted in column in by providing fur	ot Purposes (e) of Part XVI nds for such purp	-A contributed ii oses) (See instruc	mportantly to the
See Par Line	work t XV e No.	Asheet in line 13 instructions to verify calculation A-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm Income is report poses (other that	ent of Exemp orted in column in by providing fur	ot Purposes (e) of Part XVI nds for such purp	-A contributed ii oses) (See instruc	mportantly to the
See Par Line	work t XV e No.	Asheet in line 13 instructions to verify calculation A-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm Income is report poses (other that	ent of Exemp orted in column in by providing fur	ot Purposes (e) of Part XVI nds for such purp	-A contributed ii oses) (See instruc	mportantly to the
See Par Line	work t XV e No.	Asheet in line 13 instructions to verify calculation A-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm Income is report poses (other that	ent of Exemp orted in column in by providing fur	ot Purposes (e) of Part XVI nds for such purp	-A contributed ii oses) (See instruc	mportantly to the
See Par Line	work t XV e No.	Asheet in line 13 instructions to verify calculation A-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm Income is report poses (other that	ent of Exemp orted in column in by providing fur	ot Purposes (e) of Part XVI nds for such purp	-A contributed ii oses) (See instruc	mportantly to the
See Par Line	work t XV e No.	Asheet in line 13 instructions to verify calculation A-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm Income is report poses (other that	ent of Exemp orted in column in by providing fur	ot Purposes (e) of Part XVI nds for such purp	-A contributed ii oses) (See instruc	mportantly to the
(See Par Line	work t XV e No.	Asheet in line 13 instructions to verify calculation A-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm Income is report poses (other that	ent of Exemp orted in column in by providing fur	ot Purposes (e) of Part XVI nds for such purp	-A contributed ii oses) (See instruc	

_		Organization	ons							
1	in se						anization described elating to political		Yes	No
а	Trans	fers from the rep	orting foundation to	o a noncharitable	exempt organi	zation of.				ŀ
					. •			1a(1)		×
		ther assets .						1a(2)		×
b	• •	transactions:						10(2)		$\stackrel{\boldsymbol{\sim}}{-}$
~			a noncharitable exe	mnt organization				15/4)		
				-				1b(1)		<u>×</u>
			ts from a noncharita					1b(2)		<u>×</u>
			equipment, or other					1b(3)		×
			rangements					1b(4)		<u>×</u>
	• •	oans or loan guar						1b(5)		_ <u>×</u> _
			rvices or membersh	_				1b(6)		×
C		_	quipment, mailing lis					1c		X
d							should always show			
							ndation received less			
	value	ın any transactıo	on or sharing arrang	ement, show in co	olumn (d) the v	alue of the good	s, other assets, or se	rvices	recei	ved.
(a) Line	no (b) Amount involved	(c) Name of noncl	haritable exempt organ	ization (d) Description of trans	fers, transactions, and sha	nng arr	angeme	ents
	-									
					·					
					·					
				·						
	-+									
		<u>-</u>	<u></u>							
	-†		·							
										
2a b	descr	ribed in section 5	ctly or indirectly af 01(c) (other than se following schedule	ection 501(c)(3)) or			mpt organizations] Yes	X	—— No
		(a) Name of organia			f organization		(c) Description of relatio	nshin		
_		(a) Tallo of organia		(2),,,,,,	- 1 90		(1) 2 3 3 3 1 Provide to Folding			
										
										
				-				_		
<u>۰</u> :			declare that I have examine a various of preparer (other the				nd to the best of my knowled	dge and	belief, it	is true,
Sign Here)<	aure of officer or trus	K. Ad	7/12/	1.0	PRESIDENT	May the I with the p	reparer s		elow?
	1 2 3	Print/Type preparer		Preparer's signature	·	Date	, , , , , , , ,	PTIN		
Paid		•• •				7/11	/ Check If		2202	2
Prep	arer	MARY NIEDR			INCHAUS	1/0	self-employed			<u> </u>
Use (Only	Firm's name	Avis & Assoc		}		Firm's EIN ► 75-31			
		Firm's address ▶	5207 Lyngate	CT, Suite	3	20015	Phone no (703) 9			
BAA			Burke		VA 2	22015	F	om 99	U-PF	(2017)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2017

Employer identification number

			N FOUNDATION INC		30-0075287	
Organia	Organization type (check one)					
Filers o	f:	Section:				
Form 99	90 or 990-EZ	☐ 501(c)() (enter number) organization			
		☐ 4947(a)(1) no	onexempt charitable trust not treate	ed as a private found	ation	
		☐ 527 political	organization			
Form 99	90-PF		mpt private foundation			
		4947(a)(1) no	onexempt charitable trust treated as	s a private foundation	n	
		☐ 501(c)(3) taxa	able private foundation			
	nly a section 501(c)(7	=	eneral Rule or a Special Rule. nization can check boxes for both to	he General Rule and	a Special Rule. See	
Genera	l Rule					
X		or property) from an	90-EZ, or 990-PF that received, dur ny one contributor. Complete Parts			
Special	Rules					
	regulations under se 13, 16a, or 16b, and	ections 509(a)(1) ar I that received fron	on 501(c)(3) filing Form 990 or 990- nd 170(b)(1)(A)(vi), that checked Sch n any one contributor, during the ye Form 990, Part VIII, line 1h; or (ii) Form	nedule A (Form 990 d ear, total contribution	or 990-EZ), Part II, line ns of the greater of (1)	
	contributor, during the	he year, total contr	on 501(c)(7), (8), or (10) filing Form 9 ributions of more than \$1,000 exclusions the prevention of cruelty to childre	sively for religious, cl	haritable, scientific,	
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year			but no such ons that were received ne parts unless the able, etc., contributions		

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

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

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Name of organization

ROYAL_AIR_FORCE MUSEUM AMERICAN FOUNDATION INC

Employer identification number

30-0075287__

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROLLS ROYCE 1875 EXPLORER STREET	\$ 20,000.	Person ⊠ Payroll □ Noncash □
	RESTON VA 20190		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SELEX GALILEO 201 12TH STREET SOUTH ARLINGTON VA 22202	\$ 10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3</u>	JOHN MARS 405 BUCKWHEAT CIRCLE JACKSON WY 83001	\$ 50,000.	Person X Payroll D Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	TIM MANNA OLD WARDEN PARK BEDFORDSHIRE, UK	\$13,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	JOAN PADEN C/O PAYDEN & RYGEL 333 SOUTH GRAND AVE, 32ND FL LOS ANGELES CA 90071	\$ 100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	JOHN MICHAELSON 509 MADISON AVENUE SUITE 2210 NEW YORK NY 10022	\$ 10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
ROYAL AIR FORCE MUSEUM AMERICAN FOUNDATION INC

Employer identification number
30-0075287

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TIM MANNA OLD WARDEN PARK BIGGLESWADE	\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	BAE 11487 SUNSET HILLS ROAD RESTON VA 20191	\$ 10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	LOCKHEED MARTIN 6801 ROCKLEDGE DRIVE BETHESDA MD 20817	\$ 30,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	MBDA MISSILE SYSTEMS 5701 LINDERO CANYON ROAD THOUSAND OAKS CA 91362	\$ 10,000.	Person X Payroll
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	GENERAL ATOMICS PO BOX 85608 SAN DIEGO CA 921865608	\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	PRATT & WHITNEY 400 MAIN STREET EAST HARTFORD CT 06118	\$ 10,000.	Person Payroil Noncash (Complete Part II for noncash contributions.)

N	ame (of Arga	nization		

ROYAL AIR FORCE MUSEUM AMERICAN FOUNDATION INC

Employer identification number 30-0075287

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
13	NORTHRUP GRUMMAN 8710 FREEPORT PARKWAY SUITE 200 IRVING TX 75063	\$ 10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
14	PRICE WATERHOUSE COOPERS PO BOX 30004 DURANT FL 33530	\$ 10,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Moncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			

Name of organization

ROYAL AIR FORCE MUSEUM AMERICAN FOUNDATION INC

Employer identification number

30-0075287

raitii	Noncash Property (see instructions). Ose duplicate co	ppies of Part II if additional spar	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of or		MION INC	ì	yer identification number
Part III	Exclusively religious, charitable, etc., co (10) that total more than \$1,000 for the y the following line entry. For organizations of contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	ontributions to organ year from any one co completing Part III, en r. (Enter this informat	izations described in secti intributor. Complete column ter the total of exclusively re	ns (a) through (e) and ligious, charitable, etc.,
(a) No.			(4) D	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	on of how gift is held
_	Transferee's name, address, and ZIP	(e) Transfer of g	ft Relationship of transferor	to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	n of how gift is held
	Transferee's name, address, and ZIP	(e) Transfer of g	ft Relationship of transferor	to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descriptio	on of how gift is held
_		(e) Transfer of g	ft	
	Transferee's name, address, and ZIP		Relationship of transferor	to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	on of how gift is held
	Transferee's name, address, and ZIP	(e) Transfer of g	ft Relationship of transferor	to transferee

Additional information from your 2017 Federal Exempt Tax Return

Form 990-PF: Return of Private Foundation

Line 21(a)

Itemization Statement

Description	Amount
BOARD MEETING EXPENSE-OCTOBER DINNER	1, 953.
MUSEUM DIRECTOR MEETING	500.
LONDON TRAVEL	2,845.
	Total 5,298.

Form 990-PF: Return of Private Foundation

Line 9(b)

Itemization Statement

Description		Amount
DEPOSIT FOR 2018 GALA		9,275.
	Total	9,275.