

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2019

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning

, 2019, and ending

, 20

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization 22

West Point Society of DC (WPSDC)

Number and street (or P O box if mail is not delivered to street address) 23

Room/suite

6602 Mainsail Ct

City or town, state or province, country, and ZIP or foreign postal code

Burke, VA 22015

D Employer identification number 24

521076221

E Telephone number

(571) 383-6485

F Group Exemption

Number ► 25G Accounting Method Cash Accrual Other (specify) ►I Website: ► sallyport.westpointaog.org/topics/9327/feedJ Tax-exempt status (check only one) — 501(c)(3) 501(c) (7) (insert no.) 4947(a)(1) or 527K Form of organization Corporation Trust Association Other Alumni / Military Society

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

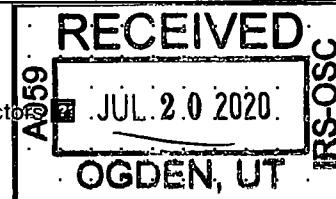
(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ

H Check ► if the organization is notrequired to attach Schedule B 26

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) 27Check if the organization used Schedule O to respond to any question in this Part I 28

1	Contributions, gifts, grants, and similar amounts received	1	5,000
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	18,208
4	Investment income	4	58
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events:		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	153,989
c	Less direct expenses from gaming and fundraising events	6c	185,654
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	(31,665)
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	7,000
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	(1,399)
10	Grants and similar amounts paid (list in Schedule O)	10	45,000
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/>	12	
13	Professional fees and other payments to independent contractors <input checked="" type="checkbox"/>	13	845
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	781
16	Other expenses (describe in Schedule O) <input checked="" type="checkbox"/>	16	12,807
17	Total expenses. Add lines 10 through 16 ►	17	59,433
18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	(60,832)
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	136,777
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	75,945



Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	136,777	22 75,945
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	136,777	25 75,945
26	Total liabilities (describe in Schedule O)	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	136,777	27 75,945

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? Support: U S Military Academy alumni/cadets/candidates

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

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28	Support to United States Military Academy (USMA) Cadet Programs			
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	24,790	<input type="checkbox"/>
29	Support to USMA Graduates, including career assistance and social interactions / networking			
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	65,570	
30	Support to Cadet Candidate programs for future cadets			
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	1,000	
31	Other program services (describe in Schedule O)			
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a		
32	Total program service expenses (add lines 28a through 31a) ►	32	91,360	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Lieutenant General (retired) Keith Walker	5	0	0	0
President				
HON Bruce Kasold	4	0	0	0
Vice President				
Lieutenant Colonel (retired) Richard French	25	24,000	0	0
Executive Director				
Colonel (retired) Richard Polo, Jr	15	0	0	0
Treasurer				
Ginni Guiton	2	0	0	0
Secretary				
Joe Simonelli	4	0	0	0
Membership				
Gabrielle Quatse	4	0	0	0
Communications				
Carl Savino	10	0	0	0
Graduate Outreach				
Patrick Clancey	5	0	0	0
Asst Executive Director				
Brigadier General (retired) Margaret Burcham	5	0	0	0
West Point Leadership Council				
Colonel (retired) Jeffrey Prosch	2	0	0	0
Member Services				
David Rogers	2	0	0	0
Special Activities				

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____; section 4955 ► _____	40b	✓
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40c	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40d	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	40e	✓
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		
41 List the states with which a copy of this return is filed		
42a The organization's books are in care of ► Colonel (retired) Richard J Polo Jr	Telephone no. ► (571) 383-6485	
Located at ► 6602 Mainsail Ct, Burke, VA	ZIP + 4 ► 22015-4291	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► _____	42b	✓
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42c	✓
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		□
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	✓

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

Yes	No
46	✓

Part VI Section 501(c)(3) Organizations Only

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

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

Yes **No**

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	?
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	?
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here		Date
	Richard J Polo, Jr, Treasurer	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no		

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

West Point Society of DC (WPSDC)

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Open to Public
Inspection

Employer identification number

52-1076221

Line 8 Other Revenue Total (\$8,000)

Refund of Hivebrite (web) fees by the Association of Graduates of the U S Military Academy (\$8,000)

Line 10 Grants Total (\$45,000)

Rick French, Executive Director, Honorarium (\$24,000)

Charitable Donation to the Assn of West Point Graduates, Superintendent's Fund (\$13,334)

Charitable Donation to the Assn of West Point Graduates, Long Gray Line Fund (\$6,667)

Charitable Donation to the West Point Parents' Club (\$1,000)

Line 16 Other Expenses Total (\$12,807)

IRS penalty for late filing of previous return (\$9,286)

Army 10 Miler Race support (\$2,710)

Board of Directors' and Executive Committee meetings (\$636)

Support to the WP Leadership & Ethics Conference (\$175)