

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

OMB No 1545-0047
2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
The Armed Forces Foundation
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
16 North Carolina Ave, SE
 City or town, state or country, and ZIP + 4
Washington, DC 20003

D Employer identification number
75-3070368

E Telephone number
202-547-4713

G Gross receipts \$ **6,089,258.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **www.armedforcesfoundation.org**

K Form of organization: Corporation Trust Association Other ▶

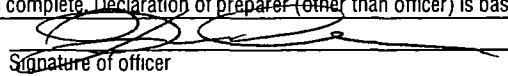
L Year of formation: **2002** **M State of legal domicile:** **DC**

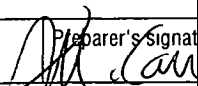
Part I Summary

Activities & Governance			
1	Briefly describe the organization's mission or most significant activities: Promoting the morale, welfare & quality of life of the US Armed Forces community, including their		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	16
6	Total number of volunteers (estimate if necessary)	6	150
7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,723,127.	6,074,699.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,442.	6,635.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9e, 10c, and 11e)	0.	2,220.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,729,569.	6,083,554.
Expenses		Prior Year	Current Year
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,576,513.	4,485,426.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	541,405.	579,397.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 60,261.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	807,543.	779,895.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,925,461.	5,844,718.
19	Revenue less expenses Subtract line 18 from line 12	<195,892.>	238,836.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	337,536.	594,557.
21	Total liabilities (Part X, line 26)	24,462.	42,647.
22	Net assets or fund balances Subtract line 21 from line 20	313,074.	551,910.

Part II Signature Block

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 ▶ 
 Signature of officer
Patricia Driscoll, President
 Type or print name and title

Paid Preparer Use Only ▶ 
 Print/Type preparer's name **M. Carole Wiedorfer** Preparer's signature
 Firm's name ▶ **Quinn, Moutsos & Wiedorf**
 Firm's address ▶ **5010 Dorsey Hall Drive, Ellicott City, MD 21042-**

SCANNED JAN 03 2013

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission. To promote the morale, welfare and quality of life of the U.S. armed forces community, including active duty, reserves and retired personnel and their families. To undertake a variety of activities and programs that provide quality support and recreation services to

2 Did the organization undertake any significant program services during the year which were not listed on the prior 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 4,512,155. including grants of \$) (Revenue \$ 5,064,805.) Morale, Welfare and Recreation programs to provide moral support and offer diversionary activities to injured service men and women to recover and readjust to civilian life. These programs include participation in Marine Corps Marathon, Troops to the Track (NASCAR events), Project American Heroes event, golf outings, concerts, families activities, Welcome Home ceremonies, hospital dinner parties, Toys for Troops events, holiday parties, Las Vegas stay, etc. In addition to the donation of money and in-kind, an additional amount of \$1,031,248 of volunteer time was donated.

4b (Code) (Expenses \$ 336,365. including grants of \$) (Revenue \$ 499,780.) Annual Congressional Gala to celebrate military service men and women & to raise community awareness to benefit members of the military community. In addition to the donation of money and in-kind, an additional amount of \$193,063 of volunteer time was donated.

4c (Code) (Expenses \$ 51,532. including grants of \$) (Revenue \$ 143,500.) Through its Outdoor Sports Program, the AFF plans hunting, fishing, and other outdoor recreational events around the country for our brave wounded warriors and their families. These activities are termed "social reintegration" by therapists. The program helps bolster their confidence and self esteem, while serving as a venue for them to assimilate with the public. In addition to the donation of money and in-kind, an additional amount of \$147,792 of volunteer time was donated.

4d Other program services (Describe in Schedule O.) (Expenses \$ 677,177. including grants of \$) (Revenue \$ 366,614.)

4e Total program service expenses 5,577,229.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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 authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
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 organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	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 services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O</i>		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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 to any question in this Part VI

Section 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 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.		
	11		
b	Enter the number of voting members included in line 1a, above, who are independent		
	10		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		X

Section 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?		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?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ DC**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶
Patricia Driscoll - 202-547-4713
16 North Carolina Avenue, SE, Washington, DC 20003

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position <i>(do not check more than one box, unless person is both an officer and a director/trustee)</i>						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) The Honorable Mark White Exec Board Member	5.00	X					0.	0.	0.	
(2) Beverly Young Exec Board Member	5.00	X					0.	0.	0.	
(3) The Honorable Duncan Hunter Exec Board Member	5.00	X					0.	0.	0.	
(4) Andy Persaud Exec Board Member	5.00	X					0.	0.	0.	
(5) Adam Richman Exec Board Member	5.00	X					0.	0.	0.	
(6) Jeff Burton Exec Board Member	5.00	X					0.	0.	0.	
(7) CSM Dennis Carey Exec Board Member	5.00	X					0.	0.	0.	
(8) Patricia Driscoll President	40.00			X			125,000.	0.	19,675.	
(9) Tris Barry Treasurer	10.00			X			0.	0.	0.	
(10) Hugh Webster Secretary	10.00			X			0.	0.	0.	
(11) Maj. Gen (ret) Randall West, US Chairman of Exec Board	10.00			X			0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							125,000.	0.	19,675.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							125,000.	0.	19,675.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,074,699.				
	g	Noncash contributions included in lines 1a-1f \$		4,170,796.				
	h	Total. Add lines 1a-1f		6,074,699.				
	Program Service Revenue	2 a		Business Code				
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f						
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		6,419.			6,419.
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties		2,220.			2,220.	
	6 a	Gross rents	(i) Real	(ii) Personal				
		b	Less. rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)			216.	216.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b	Less: direct expenses	b				
		c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less. cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a								
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.			6,083,554.	216.	0.	8,639.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	14,600.	14,600.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	4,470,826.	4,470,826.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	144,675.	137,441.		7,234.
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	347,109.	324,095.		23,014.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	50,183.	46,710.	1,274.	2,199.
10 Payroll taxes	37,430.	34,976.		2,454.
11 Fees for services (non-employees):				
a Management				
b Legal	562.		562.	
c Accounting	26,768.		26,768.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	59,062.	59,062.		
12 Advertising and promotion	50,177.	48,854.	1,238.	85.
13 Office expenses	48,593.	5,518.	41,772.	1,303.
14 Information technology	52,837.	36,872.	9,534.	6,431.
15 Royalties				
16 Occupancy	128,683.	40,796.	87,008.	879.
17 Travel	126,765.	109,684.	14,166.	2,915.
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	5,664.	344.	5,320.	
23 Insurance	4,688.		4,688.	
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 O.)				
a Catering & Refreshments	198,091.	198,091.		
b Program Event Supplies	24,912.	24,912.		
c Postage & Delivery	21,075.	8,591.	2,242.	10,242.
d Meals & Entertainment	12,410.	6,019.	5,561.	830.
e All other expenses	19,608.	9,838.	7,095.	2,675.
25 Total functional expenses Add lines 1 through 24e	5,844,718.	5,577,229.	207,228.	60,261.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	69,993.	1	181,688.
	2	Savings and temporary cash investments	176,141.	2	326,378.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 57,562.		
	b	Less: accumulated depreciation	10b 49,056.	14,731.	10c 8,506.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	60,628.	12	62,442.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	16,043.	15	15,543.
16	Total assets. Add lines 1 through 15 (must equal line 34)	337,536.	16	594,557.	
Liabilities	17	Accounts payable and accrued expenses	15,479.	17	36,201.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	6,037.	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	2,946.	25	6,446.
	26	Total liabilities. Add lines 17 through 25	24,462.	26	42,647.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds	0.	30	0.
	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32	Retained earnings, endowment, accumulated income, or other funds	313,074.	32	551,910.
33	Total net assets or fund balances	313,074.	33	551,910.	
34	Total liabilities and net assets/fund balances	337,536.	34	594,557.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,083,554.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,844,718.
3	Revenue less expenses Subtract line 2 from line 1	3	238,836.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	313,074.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	551,910.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990. Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- 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?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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?
- 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

	Yes	No
2a		X
2b	X	
2c		X
3a		X
3b		

Form 990 (2011)

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

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2571134.	8033660.	3346106.	5723127.	6074699.	25748726.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2571134.	8033660.	3346106.	5723127.	6074699.	25748726.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						12439494.
6 Public support. Subtract line 5 from line 4						13309232.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2571134.	8033660.	3346106.	5723127.	6074699.	25748726.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	46,775.	27,263.	9,042.	6,442.	8,855.	98,377.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						25847103.
12 Gross receipts from related activities, etc (see instructions)					12	
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	51.49	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. 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	► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>		
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	► <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 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

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization **The Armed Forces Foundation** Employer identification number **75-3070368**

Part I 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
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 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)? Yes No

9 In Part XIV, 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 XIV, 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) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		57,562.	49,056.	8,506.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				8,506.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Apple Inc. 13 shs	5,265.	End-of-Year Market Value
(B) Georgia Power Sr. Note		
(C) Pfd 8.2%	42,417.	End-of-Year Market Value
(D) Heinz Co. 67 shs	3,621.	End-of-Year Market Value
(E) Merck & Co. 68 shs	2,564.	End-of-Year Market Value
(F) Northrop Grunman Corp 30		
(G) shs	1,754.	End-of-Year Market Value
(H) Raymond James Finl Inc 10		
(I) shs	310.	End-of-Year Market Value
Total (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	62,442.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Due to Operation Yellow Ribbon	2,946.
(3) Due to The 26.2 Foundation	3,500.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	6,446.

FIN 48 (ASC 740) Footnote In Part XIV, 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)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,083,554.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,844,718.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	238,836.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	238,836.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	8,923,947.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<318.>
b	Donated services and use of facilities	2b	2,840,711.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	2,840,393.
3	Subtract line 2e from line 1	3	6,083,554.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
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	6,083,554.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	8,685,429.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,840,711.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	2,840,711.
3	Subtract line 2e from line 1	3	5,844,718.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,844,718.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE I
(Form 990)**

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

OMB No 1545-0047

2011

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Name of the organization **The Armed Forces Foundation** Employer identification number **75-3070368**

Part I General Information on Grants and Assistance

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 criteria used to award the grants or assistance? Yes No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fort Belvoir Elementary School 5970 Meeres Rd Fort Belvoir, VA 22060			1,000.	0.			Sponsorship of Community Day
Fort Belvoir Elementary School 5970 Meeres Rd Fort Belvoir, VA 22060			600.	0.			Donation in Support of STEM Day October 29, 2011
Unit Scholarship Fund P.O. Box 43211 Fayetteville, NC 28306	56-1851232		5,000.	0.			Sponsorship of Mark Popelka's golf tournament
Fort Meade MWR 3064 C Mower Ct. Ft. Meade, MD 20755			500.	0.			Sponsorship of DoDFRA Golf Tournament July 29, 2011
Fort Meade MWR 3064 C Mower Ct. Ft. Meade, MD 20755			1,000.	0.			Contribution for DoDFRA Christmas Party
OSEG Special Events P.O. Box 440 Fort Belvoir, VA 22060			1,000.	0.			Sponsorship of Golf Classic event

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____

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

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

Schedule I (Form 990) (2011)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Vigilant Torch Associates 6412 Brandon Ave, Suite 318 Springfield, VA 22150			2,000.	0.			General Donation
The 26.2 Foundation 450 8th Ave, SE St. Petersburg, FL 33710			3,500.	0.			Donation in Support of Wheelchairs for Warriors

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(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
Various - See Attached List	250	303,888.	0.	Actual Cost of the item paid for on behalf of the military person or family	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Armed Forces Foundation
Transaction Detail By Account
January through December 2011

Schedule I, Part III



Family Assistance	Type	Date	Num	Name	Memo	Amount
Check	04/07/2011	dc	Family First			650 00
Check	04/07/2011	dc	Family First			1,270 00
Check	04/11/2011	dc	Family First			325 00
Check	05/26/2011	dc	Family First			114 00
Check	09/12/2011	eft	American Express		-	635 00
Check	09/12/2011	eft	American Express		-	615 00
Check	08/31/2011	5439	The Landings at Langley		Abdur Talley	1,500 00
Check	04/20/2011	5190	Pablo Water and Sewer District		Ackerman, Gary	130 00
Check	04/20/2011	5191	Mission Valley Power		Ackerman, Gary	130 00
Check	06/01/2011	5271	USAA		Adams	926 77
Check	01/25/2011	5045	La Hacienda Apartments		Aljandro	815 00
Check	07/05/2011	5324	Dons Grappe		Anita LaFlora	1,500 00
Check	07/26/2011	5379	Georgia Power		Annie Rodriguez	304 00
Check	07/26/2011	5380	RE/MAX		Annie Rodriguez	995 00
Check	06/01/2011	5278	Par Auto		Anthony Mansfield	927 72
Check	04/21/2011	5175	USAA		Anthony Pratt	920 00
Check	12/20/2011	5664	Capitol One Auto Financing		Antonia Thornton	500 00
Check	12/20/2011	5629	Brian Branson		Arkansas Chapter	300 00
Check	10/24/2011	5504	Jacaranda Village at Plantation		Armando Acosta	1,025 00
Check	05/25/2011	5258	USAA		Arrington	520 00
Check	05/25/2011	5259	Nuvel Credit Union		Arrington	500 01
Check	02/21/2011	5091	Melissa Wilhelm		Babatunde Ogunwo	990 00
Check	01/25/2011	5050	BAC Home Loan Servicing, LP		Bailey	575 71
Check	01/25/2011	5051	Vectran Energy Delivery		Bailey	322 00
Check	11/30/2011	5588	USAA		Beersdorf	549 00
Check	11/30/2011	5587	Toyota Financial Services		Beersdorf	414 00
Check	08/05/2011	eft	American Express		best buy ipod for injured	183 99
Check	07/05/2011	5339	Wells Fargo Home Mortgage		Blum	1,047 39
Check	07/05/2011	5340	OPPD		Blum	132 00
Check	04/21/2011	5174	Ron Hart		Bolden (rent)	995 00
Check	12/12/2011	5607	Canterbury Square Apts		Brandon Harden	1,500 00
Check	04/20/2011	5189	WoodStone Apts		Brittany Hemg	1,000 00
Check	01/25/2011	5041	Lincoln Hill Apartments		Bruce Lee	785 00
Check	02/22/2011	5096	Navy Federal Credit Union		Bryan Whelan	456 00
Check	02/22/2011	5097	USAA		Bryan Whelan	520 00
Check	05/12/2011	eft	American Express		calling card	50 00
Check	05/25/2011	5257	Ashton Park Apartments		Cardrell Sumner	1,800 00
Check	12/21/2011	5669	Delmarva Power		Childs	500 00
Check	07/05/2011	5335	JEA		Chowning	300 00
Check	02/23/2011	5105	Sandy Javadi		Chns Iverson	875 00
Check	04/23/2011	5197	Citi Mortgage		Chns Kirkley	1,500 00
Check	08/31/2011	5446	Riverside Public Utilities		Chns Mullen	115 00
Check	08/31/2011	5447	The Gas Company		Chns Mullen (gas #1)	122 00
Check	08/31/2011	5448	The Gas Company		Chns Mullen (gas #2)	50 00
Check	01/04/2011	5026	State Farm Insurance		Claire and Patrick Kemgan	456 00
Check	05/25/2011	5263	Brian Lauterbach		Collin Grimes	1,800 00
Check	05/25/2011	5264	Charles D Byrd III		Corey White	1,250 00
Check	01/25/2011	5039	Colorado Springs Utilities		Daniel Demers	400 00
Check	08/30/2011	5423	BAC Home Loan Servicing, LP		Daniel Forgie	1,500 00
Check	12/23/2011	eft	Rymes Heating Oil		Danielle Goodwin	750 00
Check	11/29/2011	5572	Harry Marton Realtors		Danneil Mayes rent	1,300 00
Check	12/20/2011	5647	DT Credit Corporation		Darnus Myrick	858 00
Check	07/05/2011	5341	Carol and Duane Axtman		David Black (rent)	1,450 00
Check	11/21/2011	5548	David Head		David Head	1,200 00
Check	04/19/2011	5179	PHH Mortgage Services		David Moore	1,500 00
Check	11/29/2011	5574	Columbus Water Works		Daylynn Quail	200 00
Check	08/31/2011	5441	Real Property Management Results		Dedra Stoudemire	1,500 00
Check	05/25/2011	5253	Cnner Investments		Demery	1,440 00
Check	11/30/2011	5593	The Plantation		Devin Murray	900 00
Check	05/25/2011	5255	USAA		Devon McKinnon	1,018 67
Check	05/25/2011	5260	Kurt Whyte		Dian Suzutabest	800 00
Check	10/24/2011	5505	JEA		Donna Devitto	1,200 00
Check	05/25/2011	5256	Emeral Homes		Drake	1,550 00
Check	07/05/2011	5334	Traditions Realty		Duane and Jessica Chowning	1,250 00
Check	03/01/2011	5115	Dave Massey		Dustin Arledge	1,050 00
Check	07/05/2011	5330	Brookside Park Apartments		Ebony Chaney	1,500 00
Check	04/20/2011	5180	Navy Federal Credit Union		Eddie Stewart	1,500 00
Check	01/25/2011	5049	James and Glona Whyte		Edward Molina	1,025 00
Check	11/28/2011	5569	Wells Fargo		Elliott	424 00
Check	04/20/2011	5186	Birdy Properties		Eric Chambers	1,395 00
Check	10/17/2011	5486	SLS Contractors		Eric Kallal (received \$1K & \$500 & \$500 in)	4,000 00
Check	06/01/2011	5272	American Honda Finance Corp		Eric Sanders	1,031 00
Check	08/30/2011	5429	GMAC Mortgage		Eron Lindsey (brother of Enc)	1,266 00
Check	12/20/2011	5642	USAA		Faulkner	1,092 00
Check	12/20/2011	5643	LIPA		Faulkner	323 00
Check	06/06/2011	5279	Navy Lodge		February and April	15,720 00
Check	11/30/2011	5580	ALLY		Frank Newsom	964 00

Armed Forces Foundation
Transaction Detail By Account
January through December 2011

Type	Date	Num	Name	Memo	Amount
Check	04/21/2011	5171	IndyMac Bank	Frederck Simpson	1,500 00
Check	07/28/2011	5377	Springhaven Apartments	Freeman	512 00
Check	05/25/2011	5262	Joe Fuhman	Goodenow	1,500 00
Check	10/24/2011	5508	Chase	Green	1,500 00
Check	11/28/2011	5557	Bella Vista Apartments	Green, Swinton	300 00
Check	11/28/2011	5558	Bella Vista Apartments	Green, Swinton	920 00
Check	11/28/2011	5561	Ford Homes	Gregory Elliott	890 00
Check	11/28/2011	5562	US Bank Consumer Finance	Gregory Elliott	376 00
Check	01/25/2011	5046	PSE&G	Gregory Williams	1,500 00
Check	11/29/2011	5571	Flagstar Bank	Hagins	1,265 00
Check	02/25/2011	5112	Chase Home Finance	Hartley	1,500 00
Check	07/05/2011	5322	Powder Mill Village	Hector Caceres	1,500 00
Check	11/29/2011	5573	Craig Flanagan	Herman Howard	1,200 00
Check	04/20/2011	5188	Georgia Power	Herng	120 00
Check	04/20/2011	5193	COMED	Highley	918 13
Check	01/25/2011	5043	Empire Distinct	Hill	200 00
Check	01/25/2011	5044	KCP&L	Hill	451 00
Check	04/20/2011	5187	USAA Federal Savings Bank	Hogan	987 00
Check	11/21/2011	5547	Sean Conway	Hospital needed them	209 96
Check	08/31/2011	5436	Magnolia Court Apartments	Howard Pnce	663 00
Check	12/20/2011	5655	Progress Energy	India Beavers	383 00
Check	12/20/2011	5656	RE/MAX	India Beavers	1,130 00
Check	07/05/2011	5336	USAA	Jacob Aloko	212 55
Check	07/05/2011	5337	TXU Energy	Jacob Aloko	100 00
Check	07/05/2011	5338	AUM	Jacob Aloko	100 00
Check	07/05/2011	5325	Geico	Jamie Anderson	500 00
Check	02/07/2011	5073	Navy Lodge	Jan 11	12,960 00
Check	10/24/2011	5509	Capitol One Auto Financing	Janisch	949 00
Check	10/26/2011	5514	USAA	Jason Lanear	1,500 00
Check	11/28/2011	5566	USAA	Jay Xiong	515 12
Check	11/28/2011	5568	Leng Chac	Jay Xiong	750 00
Check	02/02/2011	5058	Citi Mortgage	Jeffery Dean	1,500 00
Check	08/31/2011	5440	Prestige Financial Services	Jennifer and Chadwick Turner	600 00
Check	11/28/2011	5565	USAA	Jennifer August King	584 00
Check	12/09/2011	5606	Jennifer R Clark	Jennifer Clark	1,000 00
Check	08/29/2011	5421	Ken Kraus	Jessica Ennis	1,350 00
Check	05/25/2011	5265	Lake Point	Jessica Ransom	1,175 00
Check	07/29/2011	5386	Wells Fargo Home Mortgage	Jesus Pena	1,571 00
Check	12/20/2011	5644	French Quarter Apartments	Jewell Oliver	1,220 00
Check	07/05/2011	5328	Mortgage Service Center	Joel Pelletier Jr	1,435 44
Check	07/05/2011	5332	Small Miracles Childcare Center	Jonathan Taylor children	800 00
Check	12/20/2011	5653	Ford Credit	Joseph Whitefeather	1,700 00
Check	10/24/2011	5511	Santander Consumer	Joshua Hall	474 00
Check	07/05/2011	5329	Douglas John Munz	Juliana Barcia	1,500 00
Check	10/11/2011	5483	Navy Lodge	July (\$3160) & Aug (\$4800)	7,960 00
Check	09/09/2011	5458	Navy Lodge	June	7,120 00
Check	01/25/2011	5042	Amberwood Apartments	Karem Bryant	1,500 00
Check	12/20/2011	5648	WGS Clayton Housing	Kathann Tobin	1,010 00
Check	12/20/2011	5649	Hyundai Motor Finance	Kathann Tobin	350 00
Check	12/20/2011	5650	Nissan Motor Acceptance Corp	Kathanne Tobin	362 00
Check	02/21/2011	5095	Beechwood Terrace Apts	Katrine Green	1,536 00
Check	07/05/2011	5331	Capital Management Services	Keith Tate	749 45
Check	12/20/2011	5652	USAA	Kenneth Peebles	994 00
Check	04/20/2011	5182	Zona Wells	Kroll	1,515 00
Check	10/24/2011	5501	Deer Trail	Krystal & Perry Johnson	1,500 00
Check	08/30/2011	5425	Oakstone Apartments	LaReesha Tew	857 00
Check	04/19/2011	5178	North Hills Properties	Larry Lambert	180 00
Check	07/05/2011	5333	Santander Consumer	Lawrence Roach	1,000 00
Check	03/18/2011	5137	Janel Hayes	LCPL Hayes at Bethesda	1,500 00
Check	06/13/2011	5289	Janel Hayes	LCPL Hayes at Bethesda	2,000 00
Check	06/17/2011	5299	Janel Hayes	LCPL Hayes at Bethesda	1,500 00
Check	02/02/2011	5059	Broadstone Travesia	Lopez	1,432 34
Check	01/25/2011	5052	Aurora Financial Group	Luis Negrón	1,500 00
Check	02/24/2011	5110	Twin Terrace Apts	Lynch	950 00
Check	02/25/2011	5111	Billing Services	Lynch	150 00
Check	12/20/2011	5654	Toyota Financial Services	Lythi M Chan	1,500 00
Check	05/10/2011	5231	Navy Lodge	march	10,760 00
Check	05/23/2011	5251	Mortgage Investors Corporation	Marcum	664 00
Check	05/25/2011	5252	USAA	Marcum	377 00
Check	04/21/2011	5176	Insuremax Insurance	Marcus Gilbert	213 00
Check	04/21/2011	5195	Albany Water, Gas and Light	Marcus Gilbert	120 00
Check	12/20/2011	5636	Bank of Amenca	Mano Williams	1,200 00
Check	12/20/2011	5637	Domunion Power	Mano Williams	300 00
Check	07/28/2011	5376	Wells Fargo Home Mortgage	Mark Dalton	1,500 00
Check	08/01/2011	5274	Charlie McLaughlin Jr	Marlena and Charlie McLaughlin	900 00
Check	02/21/2011	5092	USDA-RD	Matthew Lowery	1,065 00
Check	07/22/2011	5359	Navy Lodge	May	8,320 00
Check	06/01/2011	5273	City of Raleigh	McLaughlin	193 00

Armed Forces Foundation
Transaction Detail By Account
January through December 2011

Type	Date	Num	Name	Memo	Amount
Check	06/01/2011	5275	PSNC Energy	McLaughlin	133 00
Check	04/23/2011	5196	Legacy at Cross Creek	Michael Adams	1,392 00
Check	07/26/2011	5382	USAA	Michael Costello	1,500 00
Check	12/21/2011	5666	Bank of Amencia	Michael Dunn	1,182 00
Check	12/21/2011	5667	Atlanta Federal Credit Union	Michael Dunn	500 00
Check	08/30/2011	5427	USAA	Michael Rutherford	315 00
Check	08/30/2011	5435	Glenn Ratcliff	Michelle Hinkins	1,330 00
Check	04/20/2011	5184	Alabama Power Company	Monique Gosha Stephens	845 00
Check	04/20/2011	5192	Kenneth Adams	Mornson	1,500 00
Check	02/21/2011	5093	Adams Electnc	Mort	544 00
Check	02/21/2011	5094	Capitol One Auto Financing	Mort	714 00
Check	04/20/2011	5181	Wells Fargo Home Mortgage	Mungia	1,487 00
Check	10/24/2011	5502	Wells Fargo Auto Finance	Nathan Crabtree	943 00
Check	10/24/2011	5507	Met-ED	Nickolaou	967 00
Check	12/09/2011	5605	Navy Lodge	November	800 00
Check	12/14/2011	5610	Navy Lodge	October	5,200 00
Check	04/20/2011	5183	Edisto Electnc Cooperative	Odessa Garrett	543 00
Check	07/25/2011	5365	WSSC	Osmund Anderson	400 00
Check	07/25/2011	5369	JEA	Paknik	213 38
Check	09/12/2011	eft	American Express	Palm Beach Memorial Funeral Home	250 00
Check	05/23/2011	5250	Wesley Providence Apartment Homes	Patnck Cox (first check lost)	1,500 00
Check	10/03/2011	5478	Carlton Estes	per bev	100 00
Check	10/03/2011	5479	Rayna Estes	per bev	100 00
Check	11/30/2011	5583	GMAC Mortgage	Peter Lara	1,387 00
Check	11/30/2011	5581	Georgia Power	Pncscilla Newsom	397 00
Check	02/21/2011	5090	Darren L Balsley	Randy Elliston	1,500 00
Check	08/30/2011	5431	Central Mississippi Credit Corp	Rashad Bates	892 00
Check	11/28/2011	5559	Capitol One Auto Financing	Rathkey	370 00
Check	11/28/2011	5560	APS	Rathkey	331 00
Check	12/20/2011	5634	DTE Energy	Rebecca Williams	805 00
Check	08/31/2011	5437	JB Partners Group Inc	rent for Artun Abramian	1,140 78
Check	11/28/2011	5556	Tomas Diaz	rent for Corey Abel	1,300 00
Check	12/21/2011	5668	Daniel Parsons	rent for David Childs	1,050 00
Check	11/29/2011	5575	Dream Makers of Amencia	rent for Daylynn Quail	900 00
Check	07/25/2011	5366	Andrew Conley	rent for Emanuel Alexander	1,260 00
Check	08/30/2011	5424	Habitat for Humanity	rent for Enc and Nicole Lundsey	1,220 00
Check	08/30/2011	5428	Wendy Putnam	rent for George Putnam (son)	1,000 00
Check	07/06/2011	5342	Jeff Magone	rent for Joy Brncoe	1,375 00
Check	07/25/2011	5367	The Park at Sycamore School	rent for Kendenck Dillard	1,500 00
Check	11/30/2011	5584	Ejaz Ahmad	rent for Oscar Matsumoto-Gurola	1,500 00
Check	12/20/2011	5638	US Bank Consumer Finance	Ricky Atteberry	1,784 00
Check	06/08/2011	5287	Bill or Lon Heinrck	Ricky Heinrck (Arkansas)	500 00
Check	02/08/2011	5077	Taiga Twins Apts	Roberson	900 00
Check	12/20/2011	5633	ALLY	Robert G. Williams	477 00
Check	06/08/2011	5288	Robert Keefe	Robert Keefe	3,000 00
Check	11/28/2011	5563	Serafina (Fairfield Residential)	Robert Rivera	1,500 00
Check	11/28/2011	5567	The Westbridges	Robinson	1,590 00
Check	08/31/2011	5438	Wells Fargo Home Mortgage	Ronald Williams	1,500 00
Check	01/28/2011	5057	Balfour Beatty	Russell Norms	1,500 00
Check	08/30/2011	5426	Wells Fargo Auto Finance	Rutherford	510 00
Check	11/30/2011	5582	S&L Property Management	Saul & Elizabeth Monroy	1,395 00
Check	02/28/2011	5114	Maquoketa Municipal Electnc	Schveiger/Vincent	202 00
Check	04/20/2011	5194	Stonetree Apts	Sean and Tammy Matthews	832 00
Check	10/24/2011	5506	Navy Lodge	September	5,160 00
Check	04/21/2011	5172	BAC Home Loan Servicing, LP	Shawn Benjamin	1,500 00
Check	10/24/2011	5510	Linda Kelly	Shawn James	800 00
Check	04/20/2011	5185	TXU Energy	Shen Fisher Seckel	600 00
Check	11/30/2011	5591	Terhune's Propane	Sherr Stout	809 74
Check	09/13/2011	5457	Keywood Gardens	Sherrytta Segwnc	1,000 00
Check	02/22/2011	5099	Barbara Karter	Sparrow Simmons	700 00
Check	01/25/2011	5040	Ford Credit	Speer	1,500 00
Check	08/30/2011	5434	Walkabout Creek Properties	Stephanie and Bryan Winston	1,100 00
Check	10/24/2011	5500	Santander Consumer	Steven Smith	1,500 00
Check	11/30/2011	5590	Rush Shelby Energy	Stout	455 00
General Journal	12/31/2011			Suburban Heating Company Danielle Goodwin	750 00
Check	07/05/2011	5327	BAC Home Loan Servicing, LP	Swann	500 00
Check	07/05/2011	5328	Mississippi Power Company	Swann	300 00
Check	11/30/2011	5589	Palmetto Pointe Apartments	Taree Patterson	990 00
Check	11/30/2011	5592	SCE&G	Teresa McCutcheon	842 00
Check	12/20/2011	5640	Wells Fargo Home Mortgage	Terra Jones	1,500 00
Check	11/28/2011	5564	USAA	Terrell King	280 00
Check	07/25/2011	5363	USAA	Terry Bolling	400 00
Check	05/25/2011	5266	Bank of Amencia	Thomas Frantz	1,500 00
Check	12/20/2011	5641	Chase	Thomas Graves	1,815 00
Check	11/30/2011	5585	GMAC Mortgage	Thomas Taylor	1,392 00
Check	12/20/2011	5663	The Renaissance Schools of Sangre Ridge	Thorton girls	1,000 00
Check	10/24/2011	5503	Chase Auto Finance	Tim Chambers	1,500 00
Check	10/26/2011	5515	Mike Monahan	Tondra Clifton	950 00

**Armed Forces Foundation
Transaction Detail By Account
January through December 2011**

Type	Date	Num	Name	Memo	Amount
Check	04/21/2011	5173	Nabonal Auto Finance	Tony Perry	744 00
Check	07/25/2011	5364	Toyota Financial Services	Tnscha Rasch	1,350 00
Check	07/26/2011	5378	Payment Processing Center	Tyrone Freeman	908 00
Check	11/30/2011	5588	Guam Power Authority	Victor Dungca	1,290 00
Check	07/25/2011	5372	USAA	Victoria Olmo	650 00
Check	07/25/2011	5373	CPS Energy	Victoria Olmo	300 00
Check	12/20/2011	5639	Barnwell Properties	Villarreal	1,390 00
Check	02/25/2011	5113	Bank of the West	Vincent	426 00
General Journal	12/31/2011			Walmart gift cards	5,008 00
General Journal	12/31/2011			walmart gift cards	1,250 00
General Journal	12/31/2011			walmart gift cards	1,275 00
General Journal	12/31/2011			walmart gift cards	1,250 00
General Journal	12/31/2011			walmart gift cards	1,250 00
Check	08/30/2011	5430	Nissan Motor Acceptance Corp	Walter Whitten	530 00
Check	11/29/2011	5570	Stephanie Toitch	Ward/Godfrey rent	1,500 00
Check	07/25/2011	5374	Revenue Collections	Water bill for Tim Shive	370 41
Check	07/25/2011	5370	Cross Creek Apartments	William Dewberry	550 00
Check	07/25/2011	5371	Georgia Power	William Dewberry	200 00
Check	10/24/2011	5512	Seterus	William Horne	1,150 00
Total Family Assistance					<u>303,887 56</u>
TOTAL					<u>303,887 56</u>

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

The Armed Forces Foundation

Employer identification number

75-3070368

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1 Patricia Driscoll	(i)	125,000.	0.	0.	0.	0.	125,000.	0.
	(ii)	0.	0.	0.	0.	19,675.	19,675.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Patricia Driscoll	President of Organi	51,600.	Patricia Dr		X
Patricia Driscoll	President of Organi	29,410.	Patricia Dr		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Patricia Driscoll

(b) Relationship Between Interested Person and Organization:

President of Organization

(c) Amount of Transaction \$ 51,600.

(d) Description of Transaction: Patricia Driscoll owns the building at 16 North Carolina Ave with another person as Frontline Defense Holdings (a joint venture). Organization pays monthly rent to the joint venture.

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Patricia Driscoll

(b) Relationship Between Interested Person and Organization:

President of Organization

(c) Amount of Transaction \$ 29,410.

(d) Description of Transaction: Patricia Driscoll is a 100% partner of Frontline Defense Systems LLC who shares the building at 16 North Carolina Ave. Organization reimburses the LLC for its share of building operating and other common expenses (G&E, Telephone, Rent, Cellphone, Auto).

(e) Sharing of Organization Revenues? = No

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2011

Department of the Treasury
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

Open to Public Inspection

Name of the organization **The Armed Forces Foundation** Employer identification number **75-3070368**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X		50,559.	Retail Cost of New I
5	Clothing and household goods	X		261.	Retail Cost of New I
6	Cars and other vehicles	X	3	871,033.	FMV on Transfer Date
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	2	3,857.	Market Value Transfe
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Las Vegas Tri)	X	1	1,685,557.	Retail Cost of Hotel
26	Other ▶ (Waived Media)	X	1	850,000.	Retail Value of Medi
27	Other ▶ (Airplane Vouc)	X	2	277,900.	Retail Cost of Vouch
28	Other ▶ (Waived Buyer ')	X	1	126,000.	Customary Premiums &

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II		X
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II.		X
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information

Part I, Other Types of Property:

Limosine Service

(a) Check if applicable = X

(b) Number of Contributors = 1

(c) Revenue Reported on Form 990, Part VIII \$ 80000.

(d) Method of determining revenue: Retail Cost of Limo Service

Various Events Tickets

(a) Check if applicable = X

(b) Number of Contributors = 17

(c) Revenue Reported on Form 990, Part VIII \$ 74104.

(d) Method of determining revenue: Retail Cost of Tickets

Computers & Other Electronics

(a) Check if applicable = X

(b) Number of Contributors = 5

(c) Revenue Reported on Form 990, Part VIII \$ 50432.

(d) Method of determining revenue: Retail Cost of Computers & Electronics

Toys for Troops' Children

(a) Check if applicable = X

(b) Number of Contributors = 5

(c) Revenue Reported on Form 990, Part VIII \$ 49360.

(d) Method of determining revenue: Retail Cost of Toys

Items Donated for Silent Auction

(a) Check if applicable = X

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information

(b) Number of Contributors = 5

(c) Revenue Reported on Form 990, Part VIII \$ 23812.

(d) Method of determining revenue: Retail Value

Various Advertising Services

(a) Check if applicable = X

(b) Number of Contributors = 5

(c) Revenue Reported on Form 990, Part VIII \$ 14100.

(d) Method of determining revenue: Customary Advertising Fees

Outdoor Sports Experiences & Equipment

(a) Check if applicable = X

(b) Number of Contributors = 12

(c) Revenue Reported on Form 990, Part VIII \$ 6996.

(d) Method of determining revenue: Retail Cost Of Trips & Equipment

Christmas Stockings

(a) Check if applicable = X

(b) Number of Contributors = 50

(c) Revenue Reported on Form 990, Part VIII \$ 5000.

(d) Method of determining revenue: Retail Value

Meals & Other Food Donations

(a) Check if applicable = X

(b) Number of Contributors = 5

(c) Revenue Reported on Form 990, Part VIII \$ 1825.

(d) Method of determining revenue: Retail Cost of Food/Meals

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Lined area for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2011
Open to Public
Inspection

Name of the organization

The Armed Forces Foundation

Employer identification number

75-3070368

Form 990, Part I, Line 1, Description of Organization Mission:

families.

Form 990, Part III, Line 1, Description of Organization Mission:

contribute to the retention, readiness, mental, physical, and emotional
well-being and enjoyment of these men and women.

Form 990, Part III, Line 4d, Other Program Services:

Other programs include School Initiative, PTSD and TBI Education,
Laptops for Soldiers, Career Counseling, Family Assistance, Bereavement
Assistance, Navy Lodge & Family Hotel and Website. In addition to the
donation of money and in-kind for these other programs, an additional
amount of \$1,252,805 of volunteer time was donated.

Expenses \$ 677,177. including grants of \$ 0. Revenue \$ 366,614.

Form 990, Part VI, Section B, line 11: No review will be conducted.

Form 990, Part VI, Section B, Line 12c: All employees, officers, and board
members sign a conflict of interest statement prior to beginning their
duties. Annually, all officers, employees and board members must disclose
any conflicts of interests to the Board of Directors if not done so at the
time of conflict arisal.

Form 990, Part VI, Section B, Line 15b: The Board of Directors forms a
subcommittee, which includes outside persons, to review, research and
recommend compensation for officers. The data used is based on researc

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

Name of the organization

The Armed Forces Foundation

Employer identification number

75-3070368

of comparable foundations. The Board of Directors has the final vote on the recommendation of the committee.

Form 990, Part VI, Section C, Line 19: Upon request, a copy of the requested document is either mailed to the person making the request or the person can come to the office to pick it up. The person is charged for the copy according to IRS rules and regulations.

2011

Attachment Sequence No 179

4562

Depreciation and Amortization 990 (Including Information on Listed Property)

See separate instructions. Attach to your tax return.

Form Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

Business or activity to which this form relates

Identifying number

The Armed Forces Foundation

Form 990 Page 10

75-3070368

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows and 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Includes lines 1-13.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

Table with 3 rows and 2 columns: Line number, Amount. Includes lines 14-16.

Part III MACRS Depreciation (Do not include listed property) (See instructions.)

Section A

Table with 2 rows and 2 columns: Line number, Amount. Includes lines 17-18.

Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes lines 19a-i.

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Includes lines 20a-c.

Part IV Summary (See instructions)

Table with 3 rows and 2 columns: Line number, Amount. Includes lines 21-23.

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use.								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use.								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year.					
43 Amortization of costs that began before your 2011 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions The Armed Forces Foundation	Employer identification number (EIN) or <input checked="" type="checkbox"/> 75-3070368
	Number, street, and room or suite no. If a P O box, see instructions 16 North Carolina Ave, SE	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Washington, DC 20003	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

Patricia Driscoll

- The books are in the care of **16 North Carolina Avenue, SE - Washington, DC 20003**
Telephone No **202-547-4713** FAX No **202-547-4293**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until **November 15, 2012**
- For calendar year **2011**, or other tax year beginning _____, and ending _____
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension
Taxpayers books and records are incomplete and will not allow for the following of a timely and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Patricia Driscoll** Title **President CPA** Date **8/1/2012**