

Global Business Services  
5622 Columbia Pike, # 303  
Falls Church, VA 22041  
Phone: 703-933-2999  
Fax: 571-335-1175  
WCSSUDAN@YAHOO.COM

March 30, 2015

SUDANESE AMERICAN PUBLIC AFFAIRS ASSOCIATION (SAPAA)  
14120 A LEE HWY, # 2204  
CENTREVILLE, VA 20121

Dear Sir,

Enclosed please find two copies of the 2014 Form 1120 for SUDANESE AMERICAN PUBLIC AFFAIRS ASSOCIATION (SAPAA). I have prepared the return based on the information you provided. Please review and then file one copy with the agency listed below and retain the second copy for SUDANESE AMERICAN PUBLIC AFFAIRS ASSOCIATION (SAPAA)'s records. An authorized officer of the corporation must sign and date the filing copy before mailing.

SUDANESE AMERICAN PUBLIC AFFAIRS ASSOCIATION (SAPAA)'s 2014 federal taxes have been paid in full. Do not include a payment when mailing the return.

I recommend that you mail the federal return as soon as possible, using the United States Post Office certified mail service or an approved delivery service that will provide proof of the mailing date, to the following:

Department of the Treasury  
Internal Revenue Service Center  
Cincinnati, OH 45999-0012

Also enclosed, please find two copies of the 2014 Virginia 500 for SUDANESE AMERICAN PUBLIC AFFAIRS ASSOCIATION (SAPAA). Review the return, then file one copy with the state and retain the second copy for SUDANESE AMERICAN PUBLIC AFFAIRS ASSOCIATION (SAPAA)'s records. An authorized officer of the corporation must sign and date the filing copy on page 2 before mailing.

SUDANESE AMERICAN PUBLIC AFFAIRS ASSOCIATION (SAPAA)'s 2014 Virginia taxes have been paid in full. Do not include a payment when you mail the return.

I recommend that you mail the Virginia 500 return on or before April 15, 2015, using the United States Post Office certified mail service or an approved delivery service that will provide proof of the mailing date, to the following:

Virginia Department of Taxation  
P.O. Box 1500  
Richmond, VA 23218-1500

If you have any questions about the return(s) or about SUDANESE AMERICAN PUBLIC AFFAIRS ASSOCIATION (SAPAA)'s tax situation during the year, please do not hesitate to call me at 703-933-2999. I appreciate this opportunity to serve you.

Sincerely,

JAMAL SALIH  
Global Business Services

# U.S. Corporation Income Tax Return

**2014**

For calendar year 2014 or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

Information about Form 1120 and its separate instructions is at [www.irs.gov/form1120](http://www.irs.gov/form1120).

<b>A Check if:</b> 1a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 attached <input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>TYPE OR PRINT</b></td> <td colspan="3">Name <b>SUDANESE AMERICAN PUBLIC AFFAIRS ASSOCIATION (SAPAA)</b></td> </tr> <tr> <td></td> <td colspan="3">Number, street, and room or suite no. If a P.O. box, see instructions. <b>14120 A LEE HWY, # 2204</b></td> </tr> <tr> <td></td> <td>City or town <b>CENTREVILLE</b></td> <td>State <b>VA</b></td> <td>ZIP code <b>20121</b></td> </tr> <tr> <td></td> <td>Foreign country name</td> <td>Foreign province/state/county</td> <td>Foreign postal code</td> </tr> </table>	<b>TYPE OR PRINT</b>	Name <b>SUDANESE AMERICAN PUBLIC AFFAIRS ASSOCIATION (SAPAA)</b>				Number, street, and room or suite no. If a P.O. box, see instructions. <b>14120 A LEE HWY, # 2204</b>				City or town <b>CENTREVILLE</b>	State <b>VA</b>	ZIP code <b>20121</b>		Foreign country name	Foreign province/state/county	Foreign postal code	<b>B Employer identification number</b> 46-1681221  <b>C Date incorporated</b> 6/10/2014  <b>D Total assets (see instructions)</b> \$ 0
<b>TYPE OR PRINT</b>	Name <b>SUDANESE AMERICAN PUBLIC AFFAIRS ASSOCIATION (SAPAA)</b>																	
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>14120 A LEE HWY, # 2204</b>																	
	City or town <b>CENTREVILLE</b>	State <b>VA</b>	ZIP code <b>20121</b>															
	Foreign country name	Foreign province/state/county	Foreign postal code															
<b>E Check if:</b> (1) <input checked="" type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change																		

<b>Income</b>	1a	Gross receipts or sales	23,738			
	b	Returns and allowance				
	c	Balance. Subtract line 1b from line 1a		23,738	1c	
	2	Cost of goods sold (attach Form 1125-A)			2	
	3	Gross profit. Subtract line 2 from line 1c		23,738	3	
	4	Dividends (Schedule C, line 19)			4	
	5	Interest			5	
	6	Gross rents			6	
	7	Gross royalties			7	
	8	Capital gain net income (attach Schedule D (Form 1120))			8	
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)			9	
10	Other income (see instructions—attach statement)			10		
11	<b>Total income.</b> Add lines 3 through 10		23,738	11		
<b>Deductions (See instructions for limitations on deductions.)</b>	12	Compensation of officers (see instructions—attach Form 1125-E)		12		
	13	Salaries and wages (less employment credits)		13		
	14	Repairs and maintenance			14	
	15	Bad debts			15	
	16	Rents			16	
	17	Taxes and licenses			17	
	18	Interest			18	
	19	Charitable contributions			19	
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			20	
	21	Depletion			21	
	22	Advertising			22	
	23	Pension, profit-sharing, etc., plans			23	
	24	Employee benefit programs			24	
	25	Domestic production activities deduction (attach Form 8903)			25	
	26	Other deductions (attach statement)			26	33,475
	27	<b>Total deductions.</b> Add lines 12 through 26		33,475	27	
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11		-9,737	28	
29a	Net operating loss deduction (see instructions)			29a		
b	Special deductions (Schedule C, line 20)			29b		
c	Add lines 29a and 29b			29c	0	
<b>Tax, Refundable Credits, and Payments</b>	30	<b>Taxable income.</b> Subtract line 29c from line 28 (see instructions)		30	-9,737	
	31	Total tax (Schedule J, Part I, line 11)		31		
	32	Total payments and refundable credits (Schedule J, Part II, line 21)		0	32	
	33	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			33	
	34	<b>Amount owed.</b> If line 32 is smaller than the total of lines 31 and 33, enter amount owed		0	34	
	35	<b>Overpayment.</b> If line 32 is larger than the total of lines 31 and 33, enter amount overpaid		0	35	
	36	Enter amount from line 35 you want: <b>Credited to 2015 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>			36	0

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 taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer: <u><i>Jamal Salih</i></u>	Date: <u>3/30/15</u>	Title: <u>PRESIDENT</u>
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May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JAMAL SALIH</b>	Preparer's signature <b>JAMAL SALIH</b>	Date <b>3/30/2015</b>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P01310195</b>
	Firm's name <b>Global Business Services</b>			Firm's EIN <b>45-5455589</b>	
	Firm's address <b>5622 Columbia Pike, # 303</b>			Phone no. <b>703-933-2999</b>	
	City <b>Falls Church</b>		State <b>VA</b>	ZIP code <b>22041</b>	

<b>Schedule C Dividends and Special Deductions (see instructions)</b>		(a) Dividends received	(b) %	(c) Special deductions (a) × (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	0
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	0
3	Dividends on debt-financed stock of domestic and foreign corporations		see instructions	0
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		42	0
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	0
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	0
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	0
8	Dividends from wholly owned foreign subsidiaries		100	0
9	<b>Total.</b> Add lines 1 through 8. See instructions for limitation			0
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	0
11	Dividends from affiliated group members		100	0
12	Dividends from certain FSCs		100	0
13	Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
14	Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15	Foreign dividend gross-up			
16	IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
17	Other dividends			
18	Deduction for dividends paid on certain preferred stock of public utilities			
19	<b>Total dividends.</b> Add lines 1 through 17. Enter here and on page 1, line 4	0		
20	<b>Total special deductions.</b> Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b			0

**Schedule J Tax Computation and Payment** (see instructions)

**Part I—Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	<input type="checkbox"/>		
2	Income tax. Check if a qualified personal service corporation (see instructions)	<input type="checkbox"/>	2	
3	Alternative minimum tax (attach Form 4626)		3	
4	Add lines 2 and 3		4	0
5a	Foreign tax credit (attach Form 1118)	5a		
b	Credit from Form 8834 (see instructions)	5b		
c	General business credit (attach Form 3800)	5c		
d	Credit for prior year minimum tax (attach Form 8827)	5d		
e	Bond credits from Form 8912	5e		
6	<b>Total credits.</b> Add lines 5a through 5e		6	0
7	Subtract line 6 from line 4		7	0
8	Personal holding company tax (attach Schedule PH (Form 1120))		8	
9a	Recapture of investment credit (attach Form 4255)	9a		
b	Recapture of low-income housing credit (attach Form 8611)	9b		
c	Interest due under the look-back method—completed long-term contracts (attach Form 8697)	9c		
d	Interest due under the look-back method—income forecast method (attach Form 8866)	9d		
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e		
f	Other (see instructions—attach statement)	9f		
10	<b>Total.</b> Add lines 9a through 9f		10	0
11	<b>Total tax.</b> Add lines 7, 8, and 10. Enter here and on page 1, line 31		11	0

**Part II—Payments and Refundable Credits**

12	2013 overpayment credited to 2014	12		
13	2014 estimated tax payments	13		
14	2014 refund applied for on Form 4466	14	( )	
15	Combine lines 12, 13, and 14	15		0
16	Tax deposited with Form 7004	16		
17	Withholding (see instructions)	17		
18	<b>Total payments.</b> Add lines 15, 16, and 17	18		0
19	Refundable credits from:			
a	Form 2439	19a		
b	Form 4136	19b		
c	Form 8827, line 8c	19c		
d	Other (attach statement—see instructions)	19d		
20	<b>Total credits.</b> Add lines 19a through 19d	20		0
21	<b>Total payments and credits.</b> Add lines 18 and 20. Enter here and on page 1, line 32	21		0

**Schedule K Other Information** (see instructions)

1	Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. ▶ 999999		
b	Business activity ▶ ECONOMIC EMPOWERMENT AND COMMUNITY OUTREACH		
c	Product or service ▶ ECONOMIC EMPOWERMENT AND COMMUNITY OUTREACH		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsi- dary controlled group? If "Yes," enter name and EIN of the parent corporation ▶		X
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)		X

Schedule K Other Information continued (see instructions)

	Yes	No
<b>5</b> At the end of the tax year, did the corporation:		
<b>a</b> Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions.		X
If "Yes," complete (i) through (iv) below.		

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

<b>b</b> Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions.		X
If "Yes," complete (i) through (iv) below.		

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

<b>6</b> During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.)		X
If "Yes," file Form 5452, Corporate Report of Nondividend Distributions.		
If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.		
<b>7</b> At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of the corporation's stock entitled to vote or (b) the total value of all classes of the corporation's stock?		X
For rules of attribution, see section 318. If "Yes," enter:		
(i) Percentage owned   ▶                      and (ii) Owner's country   ▶		
(c) The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached   ▶		
<b>8</b> Check this box if the corporation issued publicly offered debt instruments with original issue discount . . . . .	<input type="checkbox"/>	
If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.		
<b>9</b> Enter the amount of tax-exempt interest received or accrued during the tax year   ▶   \$		
<b>10</b> Enter the number of shareholders at the end of the tax year (if 100 or fewer)   ▶		
<b>11</b> If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here . . . . .	<input type="checkbox"/>	
If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.		
<b>12</b> Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.)   ▶   \$		
<b>13</b> Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?	X	
If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year.   ▶   \$		
<b>14</b> Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement (see instructions)?		X
If "Yes," complete and attach Schedule UTP.		
<b>15a</b> Did the corporation make any payments in 2014 that would require it to file Form(s) 1099?		X
<b>b</b> If "Yes," did or will the corporation file required Forms 1099?		X
<b>16</b> During this tax year, did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock?		X
<b>17</b> During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?		X
<b>18</b> Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?		X

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash . . . . .				
2a	Trade notes and accounts receivable . . . . .				
b	Less allowance for bad debts . . . . .	( )	0	( )	0
3	Inventories . . . . .				
4	U.S. government obligations . . . . .				
5	Tax-exempt securities (see instructions) . . . . .				
6	Other current assets (attach statement) . . . . .				
7	Loans to shareholders . . . . .				
8	Mortgage and real estate loans . . . . .				
9	Other investments (attach statement) . . . . .				
10a	Buildings and other depreciable assets . . . . .				
b	Less accumulated depreciation . . . . .	( )	0	( )	0
11a	Depletable assets . . . . .				
b	Less accumulated depletion . . . . .	( )	0	( )	0
12	Land (net of any amortization) . . . . .				
13a	Intangible assets (amortizable only) . . . . .				
b	Less accumulated amortization . . . . .	( )	0	( )	0
14	Other assets (attach statement) . . . . .				
15	<b>Total assets</b> . . . . .		0		0
<b>Liabilities and Shareholders' Equity</b>					
16	Accounts payable . . . . .				
17	Mortgages, notes, bonds payable in less than 1 year . . . . .				
18	Other current liabilities (attach statement) . . . . .				
19	Loans from shareholders . . . . .				
20	Mortgages, notes, bonds payable in 1 year or more . . . . .				
21	Other liabilities (attach statement) . . . . .				
22	Capital stock: a Preferred stock . . . . .				
	b Common stock . . . . .		0		0
23	Additional paid-in capital . . . . .				
24	Retained earnings—Appropriated (attach statement) . . . . .				
25	Retained earnings—Unappropriated . . . . .				
26	Adjustments to shareholders' equity (attach statement) . . . . .				
27	Less cost of treasury stock . . . . .	( )		( )	
28	<b>Total liabilities and shareholders' equity</b> . . . . .		0		0

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return**

Note: The corporation may be required to file Schedule M-3 (see instructions).

1	Net income (loss) per books . . . . .		7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books . . . . .			Tax-exempt interest \$ . . . . .	
3	Excess of capital losses over capital gains . . . . .				
4	Income subject to tax not recorded on books this year (itemize): . . . . .				0
		0			
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation . . . . . \$ . . . . .		a	Depreciation . . . . . \$ . . . . .	
b	Charitable contributions . . . . . \$ . . . . .		b	Charitable contributions \$ . . . . .	
c	Travel and entertainment . . . . . \$ . . . . .				
		0			0
6	Add lines 1 through 5 . . . . .	0	9	Add lines 7 and 8 . . . . .	0
			10	Income (page 1, line 28)—line 6 less line 9	0

**Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)**

1	Balance at beginning of year . . . . .		5	Distributions: a Cash . . . . .	
2	Net income (loss) per books . . . . .			b Stock . . . . .	
3	Other increases (itemize): . . . . .			c Property . . . . .	
			6	Other decreases (itemize): . . . . .	
		0			
4	Add lines 1, 2, and 3 . . . . .	0	7	Add lines 5 and 6 . . . . .	0
			8	Balance at end of year (line 4 less line 7)	0

**Line 26 (1120) - Other Deductions**

1	EQUIPMENT RENTAL (AUDIO/VIDEO SOUND SYSTEM)	1	2,535
2	GRAPHICS DESIGN	2	697
3	HOTEL FOOD, BEVERAGES	3	19,058
4	SAPAA GUESTS AIRLINE TICKETS	4	2,540
5	SAPAA GUESTS HOTEL STAY COSTS	5	1,027
6	VIDEOGRAHPY	6	1,800
7	AWARDS AND GIFTS	7	787
8	MUSICIANS FEES	8	3,173
9	PRINT & COPY COSTS	9	422
10	LOCAL TRANSPORT	10	121
11	ART WORK	11	300
12	PAYPAL FEES	12	15
13	PHOTOGRAPHY	13	1,000
14	Total other deductions	14	33,475
15	Total deductions less expenses for offsetting credits	15	33,475

FORM 500

Department of Taxation
PO Box 1500
Richmond, VA 23218-1500

2014 Virginia Corporation
Income Tax Return



Attention: Use this form only if you have been granted a waiver from the electronic filing mandate.

Official Use Only

FISCAL or SHORT Year Filer: Beginning Date Ending Date

Short Year Return Change in Accounting Period

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer.

FEIN: 46-1681221
Name: SUDANESE AMERICAN PUBLIC AFFAIRS ASSOCIATION (SAPAA)
Mailing Address: 14120 A LEE HWY, # 2204
City or Town: CENTREVILLE
State: VA
ZIP Code: 20121
Entity Type Code: CC
NAICS: 999999
Date Incorporated: 06102014
Description of Business Activity: ECONOMIC EMPOWERMENT AND COMMUNITY OUTREACH

Check Applicable Boxes
Consolidated - Sch 500AC Attached
Combined - Sch 500AC Attached
Change in Filing Status
Multistate Sch 500A Attached
Schedule 500AB Attached
Nonprofit Corporation

Final Return
Final Return - Check here and applicable boxes below.
Withdrawn
Dissolved-No longer liable for tax.
Merged
S Corp Effective

Corporate Telecommunications Company
Noncorporate Telecommunications Company
Electric Supplier Company

Amended Return
Complete Form 500 and Schedule 500ADJ. Attach an explanation of changes to income and modifications.
DO NOT FILE THIS FORM TO CARRY BACK A NET OPERATING LOSS. File Form 500NOLD.

Amended Return - Check here and other applicable boxes.
Federal Audit - Attach copy of IRS final determination.
Schedule 500A Changes
Schedule 500ADJ Changes

Nonrefundable or Refundable Credit Change
Schedule 500AB Changes
Capital Loss Carryback
Other- Attach explanation.

Questions and Related Information
A Have you made any payments to an affiliated corporation...
B Coalfield Employment Enhancement Tax Credit earned from Form 306, Line 11.
C If a net operating loss deduction was claimed...
D If Pass-Through Entity Withholding is claimed...
E Has your federal income tax liability been redetermined...
F Location of Corporation's books



**2014 Virginia Form 500**

SUDANESE AMERICAN PUBLIC AFF  
46-1681221



FEIN  
Page 2

**INCOME**

1	Federal taxable income (from attached federal return) .....	1	-9737. 00
2	Total additions from Schedule 500ADJ, Section A, Line 7 .....	2	0. 00
3	Total (add Lines 1 and 2) .....	3	-9737. 00
4	Total subtractions from Schedule 500ADJ, Section B, Line 10 .....	4	0. 00
5	Balance (subtract Line 4 from Line 3) .....	5	-9737. 00
6	Savings and Loan Association's Bad Debt Deduction (see Instructions) .....	6	00
7	<b>Virginia taxable income</b> (subtract Line 6 from Line 5) .....	7	-9737. 00

**TAX COMPUTATION**

8	<b>Multistate Corporation</b> - If business conducted within and without Virginia (Multistate Corporation), attach Schedule 500A and complete Lines 8(a) through 8(d). If entire business conducted in Virginia, skip to Line 9.		
(a)	Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j) .....	8(a)	0. 00
(b)	Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(h) .....	8(b)	0.0000%
(c)	Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c) .....	8(c)	0. 00
(d)	Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e) .....	8(d)	0. 00
9	<b>Income tax</b> [6% of Line 7 or 6% of Line 8(a)] .....	9	0. 00

**PAYMENTS AND CREDITS**

10	Nonrefundable tax credits: Enter the amount from Schedule 500CR, Part XXXI, Line 139 .....	10	0. 00
11	Adjusted corporate tax (subtract Line 10 from Line 9) .....	11	0. 00
12	2014 estimated Virginia income tax payments including overpayment credit from 2013 .....	12	0. 00
13	Extension payment .....	13	0. 00
14	Refundable tax credits from Schedule 500CR, Part XXXV, Line 147 .....	14	0. 00
15	Pass-Through Entity total withholding from Schedule 500ADJ, Section D .....	15	0. 00
16	<b>Total payments and credits</b> (add Lines 12 through 15) .....	16	0. 00

**REFUND OR TAX DUE**

17	Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11) .....	17	0. 00
18	Penalty (see Instructions) .....	18	0. 00
19	Interest (see Instructions) .....	19	0. 00
20	Additional charge from Form 500C, Line 17 (attach Form 500C) .....	20	0. 00
21	<b>Total due</b> (add Lines 17 through 20) .....	21	0. 00
22	Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16) .....	22	0. 00
23	Amount to be credited to 2015 estimated tax .....	23	0. 00
24	<b>Amount to be refunded</b> (subtract Line 23 from Line 22) .....	24	0. 00

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

Date 3/30/15	Signature of Officer <i>Elmontasir A. Idris</i>	Title PRESIDENT
Printed Name of Officer Elmontasir A. Idris		Phone Number
Print Preparer's Name and Firm Name JAMAL SALIH Global Business Services		Phone Number 703-933-2999
Date 03302015	Individual of Firm, Signature of Preparer JAMAL SALIH	Address of Preparer 5622 Columbia Pike, # 303, Falls Church, VA 22041
Preparer's FEIN, PTIN or SSN P01310195		Approved Vendor Code 1833