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

Open to Public

Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection Internal Revenue Service A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013 Check if applicable: C Name of organization D Employer identification number UNITED STATES NAVAL ACADEMY ALUMNI Address change Name change Doing Business As 52-0548411 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 247 KING GEORGE STREET 410-295-4000 Amende 11,501,328. G Gross receipts \$ City, town, or post office, state, and ZIP code Applica-ANNAPOLIS, MD 21402-5068 H(a) Is this a group return pending F Name and address of principal officer: BYRON MARCHANT Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? JYes L 501(c) (Tax-exempt status: X 501(c)(3))◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: WWW.USNA.COM H(c) Group exemption number K Form of organization: X Corporation Trust Association Other > Year of formation: 1947 M State of legal domicile: MD Part I Summary Briefly describe the organization's mission or most significant activities: TO SERVE AND SUPPORT THE UNITED Governance STATES, THE NAVAL SERVICE, THE NAVAL ACADEMY, AND ITS ALUMNI. $oldsymbol{ol{ol{ol}}}}}}}}}}}}}}}}}}}$ Number of voting members of the governing body (Part VI, line 1a) 28 27 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 5 88 Total number of individuals employed in calendar year 2012 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 50 7 a Total unrelated business revenue from Part VIII, column (C), line 12 270.352. b Net unrelated business taxable income from Form 990-T, line 34. 2,954. **Prior Year Current Year** 3,472,289 Contributions and grants (Part VIII, line 1h) 2,686,821. Revenue Program service revenue (Part VIII, line 2g) 1,529,167 1,833,851. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,473,466 2,488,097. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 861,414 939.038. 7,336,336 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,947,807. 1,891,579 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,799,575. Benefits paid to or for members (Part IX, column (A), line 4) 14 ٥. 2,780,734 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,739,371. 16a Professional fundraising fees (Part IX, column (A), line 11e) ٥. b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,297,612 3,258,219. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,969,925 7,797,165, -633,589 Revenue less expenses. Subtract line 18 from line 12 150,642. **Beginning of Current Year** End of Year Total assets (Part X, line 16) 68,673,168, 72,360,287. 21 21,848,925 22,031,834 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 46,824,243. 50,328,453, 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. 2 4000 S Berne 57 Signature of officer Sign HENRY J. SANFORD CFO & TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Paid JULIA FLANNERY, CPA P00928918 self-employed Firm's name MCGLADREY LLP Preparer Firm's EIN 42-0714325

Firm's address 🔊 100 INTERNATIONAL DRIVE, SUITE 1400

BALTIMORE MD 21202

May the IRS discuss this return with the preparer shown above? (see instructions)

'Ise Only

No

X Yes

Phone no. 410-246-9300

	Check if Schedule O contains a response to any question in this Part III	х
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
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 l	
	Section 501(c)(3) and 501(c)(4) organizations 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		943,770.)
	MEMBERSHIP SUPPORT - COSTS TO PROVIDE SERVICES TO MEMBERS OF THE ALUMNI	
	ASSOCIATION, CLASS AND CHAPTER SUPPORT, AND SPECIAL ALUMNI EVENTS. THE	
	ASSOCIATION MANAGES THE SERVICE ACADEMY CAREER CONFERENCES FOUR TIMES	
	PER YEAR IN DIFFERENT AREAS OF THE U.S. THE CAREER PROGRAMS DEPARTMENT	
	AS ASSISTED THOUSANDS OF GRADS WITH THEIR CAREER TRANSITION. THE	
	ASSOCIATION ENGAGED WITH MORE THAN 58,000 EXISITING AND 1771 NEW	
	MEMBERS IN THE CURRENT FISCAL YEAR. THE ASSOCIATION SUPPORTS 104	
	CHAPTERS AROUND THE WORLD, 84 PARENT CLUBS THROUGHOUT THE US . STAFF	
	SUPPORTS AN INTERNATIONAL CHAPTER OFFICER'S FORUM EACH YEAR, TWO CLASS	
	MEETINGS AND VARIOUS PARENT FUNCTIONS. ASSOCIATION MEMBERS ARE INVITED	
	TO PARTICIPATE IN A NUMBER OF SPECIAL EVENTS INCLUDING TAILGATES AND	
41	FOUNDER'S DAY, LUNCHEONS WITH SPEAKERS, ACADEMY EVENTS AND ACTIVITIES	
4b	(Code:) (Expenses \$ 1,799,575. including grants of \$ 1,799,575.) (Revenue \$)
	SUPPORT - THE ASSOCIATION MAKES CONTRIBUTIONS TO THE U.S. NAVAL ACADEMY	
	AND THE THE U.S. NAVAL ACADEMY FOUNDATION INC., A RELATED PARTY. CONTIBUTIONS TO U.S. NAVAL ACADEMY SUPPORTED STEM AND ENDOWED CHAIRS,	
	MIDSHIPMEN CLUBS SPORTS AND INTERNATIONAL TRAVEL/STUDIES, CREATIVE ARTS	
	AND MUSEUM MAINTENANCE. CONTRIBUTIONS TO THE U.S. NAVAL ACADEMY	
	FOUNDATION SUPPORTED INFORMATION MANAGEMENT AND TREASURY FUNCTIONS.	
	TOURSHIELD DELICATED INCOMMENT MANAGEMENT MAD INDICATE TOUCHORD,	
4c	(Code:) (Expenses \$ 1,314,710. including grants of \$) (Revenue \$	225,615.)
	PUBLICATIONS: SHIPMATE, ALUMNI REGISTER AND BUSINESS RESOURCE DIRECTORY	
	- THROUGH THESE PUBLICATIONS, THE ASSOCIATION REACHES OUT TO MEMBERS TO	······································
	PERPETUATE THE HISTORY, TRADITIONS, MEMORIES AND GROWTH OF THE U.S.	
	NAVAL ACADEMY. OVER 49,000 MEMBERS RECEIVE THE ASSOCIATION'S MAGAZINE	
	SHIPMATE EIGHT TIMES PER YEAR. THE ALUMNI REGISTER IS PUBLISHED EVERY	
	FIVE YEARS AND IS A HISTORICAL DOCUMENT OF ALL USNA ALUMNI BOTH LIVING	
	AND DECEASED, AND INCLUDES USNA HISTORY, FACTS AND ASSISTANCE PAGES.	
4d	Other program services (Describe in Schedule O.)	***************************************
	(Expenses \$ 1,476,987. including grants of \$) (Revenue \$ 755,2	53.)
4e		

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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)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			<u> </u>
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			İ
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
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? If "Yes," complete Schedule D, Part VIII	11c		Х
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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ь	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	ايما	v	
1 <i>E</i>	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b	Х	
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	13		
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-10		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes, " complete Schedule H	20a		Х
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	1

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Part IV | Checklist of Required Schedules (continued) Yes No 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? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 X 24a 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? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 26 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? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L., Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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? If "Yes," complete Schedule L, Part IV 28c x Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 х Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

c Enter the amount of reserves on hand

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

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	990 (2012) ASSOC.		52-0548411		Р	age 5
Pai	rt 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	1a	37			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	(
	Did the organization comply with backup withholding rules for reportable payments to vendors and it		able gaming			
	(gambling) winnings to prize winners?		***************************************	1c	Х	
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	2a	88			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ıms? .		2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	x	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a	х	
b	If "Yes," enter the name of the foreign country: CAYMAN ISLANDS					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accol	ınts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		************************	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer	action'	?	5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?		***************************************	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		•			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	· · · · · · · · · · · · · · · · · · ·		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		•			
	to file Form 8282?		1	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		Х
_	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, and the cars of the			7h	3832000000	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.					
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	t any tir	ne during the year?	8	200000000000000000000000000000000000000	
9	Sponsoring organizations maintaining donor advised funds.					
	Did the organization make any taxable distributions under section 4966?			9a		ļ
_	Did the organization make a distribution to a donor, donor advisor, or related person?		••••••	9b		
10	Section 501(c)(7) organizations. Enter:	۱	Į.			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
l1 -	Section 501(c)(12) organizations. Enter:	1	1			
	Gross income from members or shareholders	11a		1		
a	Gross income from other sources (Do not net amounts due or paid to other sources against	4.41				
12~	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form	11b	2	40-		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1 104 1 12b		12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> 120</u>	1	1		
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	• • • • • • • • • • • • • • • • • • • •	***************************************	104		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				

14a

14b

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			x
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3		
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2	*********	Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6	х	
	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?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
-	The governing body?	8a	Х	
h	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.5		-
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 3		<u> </u>
	ton Di i Gildes (ma decitar a requesta momation about policies not required by the internal revenue doctor)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	NO
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
ita	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	<u> </u>
b		114		
	The state of the s	12a	х	
12a b		12b	X	<u> </u>
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
C	in Schedule O how this was done	100	х	
13	Did the organization have a written whistleblower policy?	12c	х	
	Did the organization have a written document retention and destruction policy?		х	
14 15	Did the process for determining compensation of the following persons include a review and approval by independent	14	44	
IJ	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	45-	х	
		15a	X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	44	
16-				
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		х
_	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		Λ
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	401		
300	tion C. Disclosure	16b	L	L
17 10	List the states with which a copy of this Form 990 is required to be filed ►MD Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	01/=!!-!	la.	
18	for public inspection. Indicate how you made these available. Check all that apply.	avallat	иe	
40	· · · · · · · · · · · · · · · · · · ·			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	na tinar	ncial	
30	statements available to the public during the tax year.			
90.	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz HENRY J. SANFORD, CFO & TREASURER - 410-295-4051	ation: 📙	-	
	ALIVENIC CEODER STREET ANNA POLICE MD 21401			

Form 990 (2012)

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52-0548411

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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

 \mathbf{x}

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	orga	aniza	ation	COI	mpe	nsa	ted any current officer,	director, or trustee.	
(A)	(B)			_ (0	2)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	oox, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	<u> </u>	T		<u> </u>	TT		from	from related	other
	(list any hours for	trustee or director	1					the organization	organizations (W-2/1099-MISC)	compensation from the
	related	96 07.	stee			sate		(W-2/1099-MISC)	(VV-22 1055-WIISO)	organization
	organizations	trust	institutional trustee)ee	шре		(** = *********************************		and related
	below	Individual	tetto	e.	Key employee	esto	ية			organizations
	line)	Ē	Insti	Officer	Xe.	Highest compensated employee	Former			
(1) ROBERT J. NATTER	2.00									
CHAIRMAN OF THE BOARD		х	<u> </u>	х				0,	0.	0.
(2) JACK W. KLIMP	2,00									
VICE CHAIRMAN		х	<u> </u>	х				0.	0.	0,
(3) JEFFREY WEBB	2.00									
REGIONAL TRUSTEE		х						0.	0.	0.
4) JENNIFER STILLINGS	2.00									
REGIONAL TRUSTEE		х						0.	0.	0.
(5) ALEX PLECHASH	2.00					ł				
REGIONAL TRUSTEE		Х						0.	0.	0.
(6) CHRISTOPHER S. COOKE	2.00]								
REGIONAL TRUSTEE		х					<u> </u>	0.	0.	0.
(7) HERBERT D. FRERICHS, JR.	2.00									
SELECTED TRUSTEE		Х						0,	0.	0.
(8) HEIDI BERG	2.00									
SELECTED TRUSTEE		Х						0.	0.	0.
(9) VICTOR DELANO	2,00				İ					
CLASS TRUSTEE		Х						0.	0.	0.
(10) HENRY MUSTIN	2.00	1								
CLASS TRUSTEE		Х						0.	0.	0.
(11) JEROME F. SMITH, JR.	2,00									
CLASS TRUSTEE		X						0.	0.	0.
(12) GLEN WOODS	2.00									
CLASS TRUSTEE		Х				L		0.	0.	0.
(13) INGAR A. GREV	2,00									
CLASS TRUSTEE		Х						0.	0.	0.
(14) JOSEPH L. MORENO	2.00									
CLASS TRUSTEE		Х				<u> </u>		0.	0.	0.
(15) JOSHUA W. WELLE	2.00									
CLASS TRUSTEE		х						0.	0.	0.
(16) WARREN G. HAHN	2.00]								
CHAPTER TRUSTEE		х						0.	0.	0.
17) PLES J. BRUCE, JR.	2.00									
CHAPTER TRUSTEE	<u> </u>	Х						0.	0.	0.

ASSOC.

101111000 (2012)										1 age o
Part VII Section A. Officers, Directors, T	rustees, Key Em	ploy	rees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than is bol	han	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) BRIAN J. HORAIS	2,00									
CHAPTER TRUSTEE		х						0.	0.	0.
(19) GERARD M. FARRELL	2.00					T				
CHAPTER TRUSTEE		х						0.	0.	0.
(20) VERONICA ROGERS	2.00					T				
CHAPTER TRUSTEE		х						0.	0.	0.
(21) RICHARD R. PACE	2.00									
CHAPTER TRUSTEE		х						0.	0.	0.
(22) MATTHEW P. ELIAS	2,00					T	Г			
CHAPTER TRUSTEE		х						0.	0.	0.
(23) BRIAN CAMPBELL	2.00					Ī		·		
CHAPTER TRUSTEE		х						0.	0.	0.
(24) JAMES ADKINS	2.00									
CHAPTER TRUSTEE		х						0.	0.	0.
(25) GREGG R. NIVALA	2.00									
CHAPTER TRUSTEE		х						0.	0.	0.
(26) DAN ARCHER	2.00									***************************************
CHAPTER TRUSTEE		х						0.	0.	0.
1b Sub-total						\triangleright	*	0.	0.	0.
c Total from continuation sheets to Par	t VII, Section A				••••			1,056,459.	524,941.	104,501.
d Total (add lines 1b and 1c)								1,056,459.	524,941.	104,501.

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

10

			163	140
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	3		х
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	4	Х	
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	5		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
CHESAPEAKE NETCRAFTSMEN		
2108 HALYCON ST., VIRGINIA BEACH, VA 23454	NETWORK REDESIGN	543,206.
R.R. DONNELLEY		
PO BOX 13654, NEWARK, NJ 07188	PRINTERS	505,647.
BO BROOKS		
2780 LIGHTHOUSE POINT, BALTIMORE, MD 21224	CATERING	329,559.
BAYSIDE BULL BBQ INC.		
3014 WHITE BEECH DR., HARWOOD, MD 20776	CATERING	193,124.
SIGNCRAFT ANNAPOLIS, 2012 RENADR CT.,		
SUITE O, ANNAPOLIS, MD 21401	GRAPHIC DESIGN	175,854.
 Total number of independent contractors (including but not limited \$100,000 of compensation from the organization 	to those listed above) who received more than 10	

ASSOC.

Form 990 ASSOC. Part VII Section A. Officers, Directors, True	ustees, Key Er	nplo	ovee	s, a	nd l	High	est	Compensated Employ	52-054841 rees (continued)	<u> </u>	
(A)	(B)	ľ	_5		C)	X		(D)	(E)	(F)	
Name and title	Average			Pos	itior	ì		Reportable	Reportable	Estimated	
	hours	(c	heck	call	that	арр	iy)	compensation	compensation	amount of	
	per week (list any hours for related organizations below line)	vidual trustee or director	Institutional trustee	181	Key employee	Highest compensated employee	ner	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
	line)	亨	ıst	Officer	Key	皇	Ротте				
27) ROYCE A. ENGLER	2,00										
HAPTER TRUSTEE		х					Ì	0.	0.	ı	
(28) BYRON F. MARCHANT	24,00					Π					
PRESIDENT/CEO (SEE SCH. J)	36.00	х		х	-			203,939.	305,908.	24,52	
29) HENRY J. SANFORD	27.00										
CFO/TREASURER (SEE SCH. J)	33.00	1		x	-			112,264.	137,211.	13,61	
(30) LAWRENCE HEYWORTH III	50.00					1	<u> </u>			· · · · · · · · · · · · · · · · · · ·	
SEC./ VP COMM. (SEE SCH. J)					x			157,571.	0.	8,62	
(31) GERALDINE S. FARMER	27.00				T						
COMPTROLLER (SEE SCH. J)	33,00					x		66,945.	81,822.	6,71	
(32) LISA STROBEL	50.00	İ									
DIR. OF TREASURY OPERATION	***************************************				l	x		129,232.	0.	10,36	
33) MICHAEL MUNDT	50.00				Г						
DIR. INVESTMENTS						x		135,293.	0.	5,92	
(34) KEN KURZ	50,00				Г						
DIR. INFO. SERV. (SEE SCH. J)					ŀ	х		146,923.	0.	24,10	
(35) KRISTEN PIRONIS	50.00										
DIR. COMMUNICATION						x		104,292.	0.	10,64	
							_				
		-			_	_	_				
					<u> </u>	_	_				
		<u> </u>			-						
		_			_	-					
		<u> </u>			_	ļ					
		<u> </u>			-		_				
		<u> </u>			_	-	_			***************************************	
		<u> </u>									
otal to Part VII, Section A, line 1c								1,056,459.	524,941.	104,50	

Form 990 (2012) ASSOC.

Part VIII Statement of Revenue

30/80/2002		Check if Schedule O conta	ains a re	sponse	to any question		·····		<u></u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
\$ 5	1 2	Federated carnpaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	i .	Membership dues		1b					
, E		Fundraising events		10					
iifts ar A		Related organizations		1d	1,246,233.				
S,E		Government grants (contributi		1e					
Sign		All other contributions, gifts, grant		-					
her	,	similar amounts not included abov		1f	1,440,588.				
ĒĢ	,	Noncash contributions included in lines			64,950.				
Sor		Total. Add lines 1a-1f				2,686,821.			
		Total Add lines 14-11			Business Code	2,000,022.			
e e	2 a	CAREER TRANSITION SERV			541900	743,939.	743,939.		
Program Service Revenue	_ h	HOMECOMING & CONFERENC			900099	331,973.	331,973.		
Ser		LIFE MEMBER AMORTIZATI			900099	318,706.	318,706.		
eve eve	d	PUBLICATIONS & ADVERTI			541800	225,615.		225,615.	
P.G	-	MEMBERSHIP DUES			900099	213,618.	213,618.		
Pro	f	All other program service rever	nua						
		Total. Add lines 2a-2f				1,833,851.			
	3	Investment income (including				_,,			
						875,802.		-23,536.	899,338.
	other similar amounts)							, , , , , , , , , , , , , , , , , , ,	
	5	·				568,052.			568,052.
		•	(i) R		(ii) Personal	,			
	6 a	Gross rents		1,916,					
	b	Less: rental expenses		0,					
		Rental income or (loss)	21	1,916.					
				···		211,916.			211,916.
		Gross amount from sales of	(i) Seci		(ii) Other	-			
		assets other than inventory		0,623.					
	b	Less: cost or other basis							
		and sales expenses	3,52	3,328.					
	С	Gain or (loss)	1,61	2,295.					
		Net gain or (loss)				1,612,295.			1,612,295.
o l		Gross income from fundraising							
enne		including \$	of	F					
		contributions reported on line	1c). See						
Other Rev		Part IV, line 18		а					
Ĕ	b	Less: direct expenses		b					
۱		Net income or (loss) from fund							
	9 a	Gross income from gaming ac	tivities. S	ee					
		Part IV, line 19		а					
	b	Less: direct expenses		b					
		Net income or (loss) from game					***************************************		***************************************
	10 a	Gross sales of inventory, less i	returns						
		and allowances		а	36,517.				
	b	Less: cost of goods sold							
	С	Net income or (loss) from sales	s of inver	itory	🕨	11,324.	11,324.		
		Miscellaneous Revenue	е		Business Code				
	11 a	MISCELLANEOUS			900099	79,473.	79,473.		
	b	TRAVEL COMMISSIONS			485000	68,273.		68,273.	
	С						***************************************		
	d	***************************************							
. A.		Total. Add lines 11a-11d				147,746.			
	12	Total revenue. See instructions.			🕨	7,947,807.	1,699,033.	270,352.	3,291,601.

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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).

	Chack if Cabadula O captains a response				
	Check if Schedule O contains a respons	se to any question in tr	IIS Paπ IX(Β)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	1,772,343.	1,772,343.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	27,232.	27,232.		
4	Benefits paid to or for members	27,202	27,202.		
5	Compensation of current officers, directors,	106 061	430 015	66 046	
_	trustees, and key employees	496,961.	430,915.	66,046.	
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	1,737,294.	1,508,245.	229,049.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	189,275.	164,278.	24,997.	
9	Other employee benefits	154,696.	134,284.	20,412.	
10	Payroll taxes	161,145.	139,863.	21,282.	
11	Fees for services (non-employees):	· · · · · · · · · · · · · · · · · · ·			
а	Management				
	Legal	47,166.	40,937.	6,229.	
		57,460.	,	57,460.	
	Accounting			31,100.	
u	Lobbying Professional fundamining convices Cos Part IV line 17				
	Professional fundraising services. See Part IV, line 17	120 106		130 106	
f		139,186.		139,186.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	1,286,189.	1,182,002.	104,187.	
12	Advertising and promotion				
13	Office expenses	575,080.	433,450.	141,630.	
14	Information technology				
15	Royalties				
16	Occupancy	177,652.	154,190.	23,462.	
17	Travel	129,597.	112,481.	17,116.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	,			
19	Conferences, conventions, and meetings	180,962.	157,062.	23,900.	
20	Interest				
21	Payments to affiliates		***************************************		
22	Depreciation, depletion, and amortization	251,368.	218,170.	33,198.	
23	1	103,455.	89,792.	13,663.	
23 24	Other expenses. Itemize expenses not covered		,,52.	,	
£4	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.)	110 704	06 003	14 601	
a .		110,704.	96,083.	14,621.	80.200
b	BAD DEBT EXPENSE	72,388.	F0. 4.00	2 251	72,388.
C	MISCELLANEOUS	67,011.	58,160.	8,851.	
d	TRAINING	45,764.	39,720.	6,044.	
	All other expenses	14,237.	12,357.	1,880.	
25	Total functional expenses. Add lines 1 through 24e	7,797,165.	6,771,564.	953,213.	72,388.
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)				
22204	12-10-12				Form 990 (2012)

ASSOC. Part X | Balance Sheet

Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 4,301,573 3,240,817. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 1,225,234. 3 1,009,296. 118.557 4 142,277. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 5,264 4,792. Inventories for sale or use 8 211,172. 247,810. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 5,563,539. 10a 2,381,856. b Less: accumulated depreciation 10b 3,364,239 3,181,683. 10c 40,410,346 Investments - publicly traded securities 16,102,597. 11 11 Investments - other securities. See Part IV, line 11 17,200,230. 46,296,091. 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 1,836,553, 2,134,924. 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 68,673,168. 72,360,287. 16 16 1,349,274. 1,376,687. Accounts payable and accrued expenses 17 17 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 iabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 20,499,651. 20,655,147. 25 21,848,925. 22,031,834. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 7,300,217 Unrestricted net assets 8,010,866. 17,504,470 Temporarily restricted net assets 20,017,420. 28 28 Permanently restricted net assets 22,019,556. 22,300,167. 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 46,824,243. 50.328.453. 72,360,287. 68,673,168. Total liabilities and net assets/fund balances

Other changes in net assets or fund balances (explain in Schedule O)

Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,

		Х
	1	7,947,807.
,	2	7,797,165.
	3	150,642.
	4	46,824,243.
	5	3,256,549.
	6	
	7	
	8	
	9	97,019.
	10	50,328,453.

Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII \mathbf{x} No Yes Accounting method used to prepare the Form 990: Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. х Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Consolidated basis Separate basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? х 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Consolidated basis J Separate basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Х Act and OMB Circular A-133? За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b

9

column (B))

10

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

lame of the organization

UNITED STATES NAVAL ACADEMY ALUMNI

ASSOC.

Employer identification number 52-0548411

Part I	Reason	for Public Char	rity Status (All organiz	zations mu	st comple	te this par	t.) See ins	tructions.					
The o <u>rga</u> n	he organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)												
1 🔲	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170) (b)(1)(A)(i).					
2 🗀	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)												
з 🔲	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
	city, and stat		- F		F			(-)(·)(·)(·	.,,	.,,,	поорна	, o man	,
5 🔲	-		benefit of a college or u	niversity o	wned or o	nerated by	v a govern	mental uni	t describ		in		
• —		(b)(1)(A)(iv). (Compl		inversity o	William Of O	perated by	y a govern	incina un	t desciil	JÇU I	\$1 T		
e 🗀					al:	470(L)(AVAV. A						
6 L			ent or governmental uni										
/ 12	—— 71 organization distribution a described a described in												
•		(b)(1)(A)(vi). (Comple	•	.									
8			section 170(b)(1)(A)(vi).		-								
9			eives: (1) more than 33										
			nctions - subject to certa										
			axable income (less sec	tion 511 ta	ix) from bu	isinesses	acquired b	by the orga	nization	afte	er June (30, 197	75.
🗀		509(a)(2). (Complete	•										
10			perated exclusively to te										
11 📖			perated exclusively for the										or
			ations described in secti				2). See se e	ction 509(a)(3). Ch	eck	the box	(that	
			organization and compl										
	a Type	•		ype III - Fu	-	_			e III - Noi				
e 📖			at the organization is not										ın
_			han one or more publicly						9(a)(1) or	sec	tion 509	Э(a)(2).	
f			ten determination from		-								
	-	rganization, check th											. Ш
g			organization accepted ar										
			irectly controls, either al	-		-			•	•		Yes	No
			upported organization?								11g(i)		
	(ii) A family	member of a persor	n described in (i) above?	• • • • • • • • • • • • • • • • • • • •							11g(ii)		
			person described in (i) of								11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s).								
		7	T	·		T		·		,			
	of supported	(ii) EIN	(iii) Type of organization	r, ,	•		u notify the	(vi) Is organizatio	the	(vii	i) Amoun	t of mor	netary
orga	nization			in col. (i) lis governing		il organization in con 1/		(i) ornanized in the l			sup	port	
			(see instructions))				- 		l				
				Yes	No	Yes	No	Yes	No				
·····				ļ									

										l			
otal				1	I	I	1	1	1 1	í			

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.)

Se	ction A. Public Support						
)ale	ndar year (or fiscal year beginning in) ⊳	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			I			
	include any "unusual grants.")	4,536,025.	5,678,317.	2,913,428.	3,472,289.	2,686,821.	19,286,880.
2	Tax revenues levied for the organ-						· · · · · · · · · · · · · · · · · · ·
	ization'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	4,536,025.	5,678,317.	2,913,428.	3,472,289.	2,686,821.	19,286,880.
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)						952,242.
	Public support. Subtract line 5 from line 4.						18,334,638.
	ction B. Total Support		· · · · · · · · · · · · · · · · · · ·				
	ndar year (or fiscal year beginning in) ⊳	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	4,536,025.	5,678,317.	2,913,428.	3,472,289.	2,686,821.	19,286,880.
8	Gross income from interest,			Į.			
	dividends, payments received on		l	I			
	securities loans, rents, royalties						
	and income from similar sources	1,673,869.	2,062,463.	2,490,682.	1,269,910.	1,679,306.	9,176,230.
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		1				
	assets (Explain in Part IV.)	13,902.	36,618.	21,041.	19,137.	79,473.	170,171.
	Total support. Add lines 7 through 10						28,633,281.
	Gross receipts from related activities,	*		•••••		12	6,980,136.
13	First five years. If the Form 990 is for		first, second, third	l, fourth, or fifth tax	k year as a sectio	n 501(c) (3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
200	organization, check this box and stop tion C. Computation of Publi		oontogo			***************************************	<u></u> ▶
	Public support percentage for 2012 (I					14	64.03 %
	Public support percentage from 2011					15	64.15 %
168	sa 33 1/3% support test - 2012. 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						
۱.	32 1/3% support test 2014 If the	as a publicly suppo	bried organization		ine 15 != 00 1 for:		
D	33 1/3% support test - 2011. If the condition have						
17-	and stop here. The organization quali	mes as a publicity s	upported organiza	uon	40.40 40'		₽ ┗
1/a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
ι	meets the "facts-and-circumstances"						
D	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the						
10	organization meets the "facts-and-circ						
10	Private foundation. If the organization	n dia not check a t	JUA UIT HITE 13, 168	, 100, 17a, 0r 17b,		nd see instructions	***************************************

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						
alendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 per-						
formed, or facilities fumished in any activity that is related to the					1	
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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						
alendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
Oa 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						
2 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)						
3 Total support. (Add lines 9, 10c, 11, and 12.)						
4 First five years. If the Form 990 is for t	ne organization'	s first, second, thir	d. fourth, or fifth t	ax vear as a section	on 501(c)(3) organiz	ation
			•			
ection C. Computation of Public	Support Pe	rcentage				
5 Public support percentage for 2012 (lin			olumn (fi)	•	15	%
6 Public support percentage from 2011 S					16	%
ection D. Computation of Invest						
7 Investment income percentage for 201			ne 13. column (fl)		17	9/
8 Investment income percentage from 20						9/
9a 33 1/3% support tests - 2012. If the o						
	rganization did r	not check the hove	on me la annion		33 1/30/a and 80 a a	
more than 33 1/3%, check this box and						
more than 33 1/3%, check this box and b 33 1/3% support tests - 2011, if the o	i stop here. The	organization qual	ifies as a publicly	supported organiz	zation	▶□
more than 33 1/3%, check this box and b 33 1/3% support tests - 2011. If the o line 18 is not more than 33 1/3%, check	i stop here. The rganization did r	e organization qual not check a box on	ifies as a publicly line 14 or line 19	supported organia a, and line 16 is m	zation ore than 33 1/3%, a	▶□

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the	organization UNITED STATES NAVAL ACADEMY ALUMNI	Employer identification number					
	ASSOC.	52-0548411					
Organization	type (check one):						
Filers of:	Section:						
Form 990 or 9	90-EZ X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Ob 1 - 3							
-	organization is covered by the General Rule or a Special Rule. ection 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	ule. See instructions.					
General Rule							
	n organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in ributor. Complete Parts I and II.	noney or property) from any one					
Special Rules							
509(a	section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the re (1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
total	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
contr If this purpo	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year						
but it must an	rganization that is not covered by the General Rule and/or the Special Rules does not file Schedule swer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Paroes not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization
UNITED STATES NAVAL ACADEMY ALUMNI

Employer identification number

52-0548411

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l spa	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1		\$_	45,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$_	225,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3		\$ ₋	100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
4		\$.	1,246,233.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5		\$_	66,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
6		\$ _	100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization
UNITED STATES NAVAL ACADEMY ALUMNI
ASSOC.

Employer identification number

52-0548411

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)

Name of organization
UNITED STATES NAVAL ACADEMY ALUMNI
ASSOC.

Employer identification number

52-0548411

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			

Name of organization Employer identification number UNITED STATES NAVAL ACADEMY ALUMNI ASSOC. 52-0548411 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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.

2012
Open to Public Inspection

Name of the organization

UNITED STATES NAVAL ACADEMY ALUMNI ASSOC.

Employer identification number 52-0548411

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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 v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	, , , , , , , , , , , , , , , , , , , ,	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic 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 of	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during	g the year 🕨 \$
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	conservation easements.		
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or C	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 (AS	C 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
			L A
2	If the organization received or held works of art, historical treat		
	the following amounts required to be reported under SFAS 1		•
а	Revenues included in Form 990, Part VIII, line 1	• •	> \$
	Assets included in Form 900. Part Y		b C

а	Board designated or quasi-end		9		
b	Permanent endowment >	72.06	%		
С	Temporarily restricted endown	nent ⊳	27.94	%	
	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:		Yes	No
(i) unrelated organizations	3a(i)		Х
(ii) related organizations	3a(ii)	X	
o If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	х	

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a Land		108,880.		108,880.	
b Buildings		3,860,487.	1,357,952.	2,502,535.	
c Leasehold improvements					
d Equipment		1,594,172.	1,023,904.	570,268.	
e Other					
otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					

Schedule D (Form 990) 2012

52-0548411

Part VII Investments - Other Securities. See			
(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) TIFF MULTI-ASSET FUND	38,896,142		
(B) TIFF ABSOLUTE RETURN POOL II	7,399,949	. END-OF-YEAR MARKET VALUE	
(C)			
(D)			
(E)	WWW. 2007		
(F)			
(G)			
(H)			
(I) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	46,296,091		
Part VIII Investments - Program Related. Se			
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
	(b) Dook value	(c) Metrod of Valuation. Cost of	end-or-year market value
(1) (2)			
(3)			
(4)			
(5)			
(6)	No. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10		
(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 1	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	151		
Part X Other Liabilities. See Form 990, Part X, lin			
1. (a) Description of liability	10.20,	(b) Book value	
(1) Federal income taxes			
(2) DEPOSITS ON LIFE MEMBERSHIPS		563,658.	
(3) CLASS SAVINGS ACCOUNTS		2,488,587.	
(4) DEFERRED INCOME AND DEPOSITS		866,465.	
(5) SPLIT INTEREST AGREEMENTS		932,867.	
(6) ACCR. KEY EMPLOYEES RETIREMENT		839,766.	
(7) UNAMORTIZED LIFE MEMBERSHIPS		14,963,804.	
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	20,655,147.	

	nedule D (Form 990) 2012 ASSOC.	····		52-0548411	Page 4
Pi	art XI Reconciliation of Revenue per Audited Financial Stateme	nts Wit	th Revenue per R	eturn	
1	Total revenue, gains, and other support per audited financial statements			1	51,074,960.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains on investments	2a	3,256,549.		
	Donated services and use of facilities		26,038.		
	Recoveries of prior year grants				
	d Other (Describe in Part XIII.)		40,245,152.		
	e Add lines 2a through 2d			2e	43,527,739.
3	Subtract line 2e from line 1			3	7,547,221.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	••••••		_	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	139,186.		
1	Other (Describe in Part XIII.)		261,400.		
	Add lines 4a and 4b			4c	400,586.
5	Table and Add San Cond to This provide and Form 200, Dart I fire 40.)		******************************	5	7,947,807.
Pa	art XII Reconciliation of Expenses per Audited Financial Statement				
1	Total expenses and losses per audited financial statements			1	29,537,620.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	••••••	***************************************		
á		2a	26,038.		
ı					
		1. 1			
			22,115,003.		
•				2e	22,141,041.
3	Subtract line 2e from line 1			3	7,396,579.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		***************************************	3	
a		4a	139,186.		
t			261,400.		
	Add lines 4a and 4b			4c	400,586.
5				5	7,797,165.
Pa	rt XIII Supplemental Information				.,,,
	pplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	l lines 1a	and 4: Part IV lines 1	h and 2h: Dart	V line 4: Part
	ne 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to				v, iii e 4, r ait
	T V, LINE 4: THE ENDOWMENT CONSISTS OF APPROXIMATELY 72 INDIVIDU		arry additional anomiat	iori.	
FUN	DS ESTABLISHED FOR A VARIETY OF PURPOSES. THESE ENDOWMENT FUNDS	ARE			
DON	OR-RESTRICTED. THE ASSOCIATION DOES NOT HAVE ANY BOARD-DESIGNATE	ED			
END	OWMENT FUNDS. AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINC	CIPLES			
		,			
NET	ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPOR	RTED			
					
BAS	ED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.				
					······

Schedule D (Form 990) 2012

PART X, LINE 2: THE ASSOCIATIONS HAVE ADOPTED THE ACCOUNTING FOR

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GRANT FROM THE NAVAL ACADEMY FOUNDATION, INC.

261,400.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

OST OF GOODS SOLD NETTED WITH REVENUE

25,193.

UNITED STATES NAVAL ACADEMY ALUMNI

Schedule D (Form 990) 2012 ASSOC.		52-0548411	Page 5
Schedule D (Form 990) 2012 ASSOC. Part XIII Supplemental Information (continued)			
EXPENSES OF AFFILIATE INCLUDED ON CONSOLIDATED FINANCIAL			
STATEMENTS	22,089,810.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	22,115,003.		

PART XII, LINE 4B - OTHER ADJUSTMENTS:			
GRANT FROM THE NAVAL ACADEMY FOUNDATION, INC.	261,400.		
		Market Market Annual Control of the	
			······································
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

 Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions. 2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

NITED STATES NAVAL ACADEMY ALUMNI

ASSOC.

INSpection

Employer identification number

52-0548411

Pa	rt I General Info	rmation on A	ctivities Ou	tside the United States. Comple	ete if the organization answered "Y	es"
	to Form 990, Par					
1				ds to substantiate the amount of its gr		
	the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance? X	Yes No
2	For grantmakers Desc	ribe in Part V the	organization's	procedures for monitoring the use of it	a greate and other assistance cut-	: - + t= -
_	United States.	mbo iiri dit v dic	organization s	procedures for monitoring the use of it	s grants and other assistance outs	iue me
3	Activities per Region. (T	he following Part	t I, line 3 table c	an be duplicated if additional space is	needed.)	
	(a) Region	(b) Number of	(c) Number of		(e) If activity listed in (d)	(f) Total
		offices	émployees, agents, and	(by type) (e.g., fundraising, program	is a program service,	expenditures
		in the region	agents, and independent contractors	services, investments, grants to	describe specific type	for and investments
			in region	recipients located in the region)	of service(s) in region	in region
		-				
				DROGDAY GROWEGE		
EURC)PF	0	0	PROGRAM SERVICES & GRANTMAKING	GOWAL A DOWLING	07 030
	71 11		· ·	GRANIMATING	SCHOLARSHIPS	27,232.
•						
CENT	TRAL AMERICA AND					
THE	CARIBBEAN	О	0	INVESTMENTS		7,399,949.
			•			
			·····			
3 a	Sub-total	0	0			7,427,181.
b	Total from continuation					
	sheets to Part I	0	0			0.
С	Totals (add lines 3a					
	and 3h)	ı ni	n		l .	7 437 101

UNITED STATES NAVAL ACADEMY ALUMNI

ASSOC.

Schedule F (Form 990) 2012

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any 52-0548411

Page 2

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
						-		
2 Enter total number of r	recipient organizations	s listed above that are r has provided a section	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS or for which the grantee or counsel has provided a section 501(old) equivalency letter	foreign country,	recognized as tax-ex	empt by		
3 Enter total number of other organizations or entities	other organizations or	entities	وم (و)(م) دخمته متادي احتدد			\		
ı								

UNITED STATES NAVAL ACADEMY ALUMNI

ASSOC.

Schedule F (Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Page 3

52-0548411

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance ö (e) Manner of cash disbursement 27,232,FOREIGN DRAFT (c) Number of (d) Amount of recipients cash grant Part III can be duplicated if additional space is needed. (b) Region EUROPE (a) Type of grant or assistance SCHOLARSHIP Schedule F (Form 990) 2012

Schedule F (Form 990) 2012 A
Part IV Foreign Forms 1

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	X Yes	□ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2012

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.
SCHEDULE F, PART I, LINE 2: THE U.S. NAVAL ACADEMY DETERMINES WHO
RECEIVES THE SCHOLARSHIP FUNDS. THE U.S. NAVAL ACADEMY ALUMNI
ASSOCIATION VERIFIES THAT THE SCHOLAR AND THEIR CHOICE OF HIGHER LEARNING
ARE APPROPRIATE BASED ON THE U.S. NAVAL ACADEMY'S SCHOLAR SELECTION
PROCESS. THE FUNDS ARE THEN TRANSFERRED DIRECTLY TO THE INSTITUTION OF
HIGHER LEARNING.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization UNITED STATES NAVAL ACADEMY ALUMNI ASSOC.
General Information on Grants and Assistance

Parti

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

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public

Employer identification number Inspection

52-0548411

Does the organization maintain records to substantiate the amount of the criteria used to award the grants or assistance?	to substantiate the istance?		or assistance, the	grantees' eligibility	/ for the grants or ass	ne grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for monit	oring the use of grant	funds in the Unite	d 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	Governments and	d Organizations in the	• United States. C	complete if the orga	inization answered "\	es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000. Part II can	be duplicated if additi	ional space is need	Jed.			
(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
U.S. NAVAL ACADEMY							
121 BLAKE ROAD					-		
ANNAPOLIS, MD 21402	31-1575142		1,772,343.	0			GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in the	e line 1 table				1.
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	I table			***************************************		• 0
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instructi	ons for Form 990.					Schedule I (Form 990) (2012)

UNITED STATES NAVAL ACADEMY ALUMNI

ASSOC.

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. Schedule I (Form 990) (2012)

Part III Grants and Othe

52-0548411

(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
		·			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ide the informatio	n required in Part I,	line 2, Part III, colum	n (b), and any other additional inf	ormation.
SCHEDULE I, PART I, LINE 2: THE U.S. NAVAL ACADEMY ALUMNI	1	ASSOCIATION KEEPS			
DETAILED RECORDS OF GRANTS TO THE U.S. NAVAL ACADEMY.	ALL	GRANTS ARE			
REVIEWED BY MANAGEMENT PRIOR TO PAYMENT. THE UNRESTRICTED	STRICTED PORTION	ION OF THE			
GRANT TO THE U.S. NAVAL ACADEMY IS BUDGETED FOR AND APPROVED	D APPROVED BY	THE BOARD			
OF TRUSTEES. ALL OTHER GRANTS TO THE U.S. NAVAL AC	NAVAL ACADEMY ARE BA	BASED ON DONOR			
DIRECTION OF THEIR RESTRICTED GIFTS.					

232102 12-18-12

SCHEDULE J (Form 990)

Department of the Treasury

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.

2012

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Jame of the organization

► Attach to Form 990. ► See separate instructions.

UNITED STATES NAVAL ACADEMY ALUMNI

ASSOC.

Employer identification number 52-0548411

P	art I Questions Regarding Compensation			
R. C. C. C. C. C. C. C. C. C. C. C. C. C.			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	(3,,			
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	1b		
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?	2		
	/	-		
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, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Tompersation compensation committee Approval by the board or compensation committee			
	Approval by the board of compensation committee			
4	During the year did any person listed in Form 990. Best VII. Section A line 1s with respect to the filing			
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:			
_	Basis and the second se	_		
a	Receive a severance payment or change-of-control payment?	4a	ļ.,.	X
0	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	<u> </u>
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	20022	Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0 1 1 504(3/0) 1504(3/0) 1 1 1 1 1 1 1 1 1 1			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
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:			
a	The organization?	5a		Х
b	Any related organization?	5b	125/2546840 PUC	Х
	If "Yes" to line 5a or 5b, describe in Part III.			
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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
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	7		х
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	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Pagulations section 53 4958-6(c)?	1		l

52-0548411

Schedule J (Form 990) 2012

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.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denerits	(a)-(i)(a)	reported as deferred in prior Form 990
(1) BYRON F. MARCHANT	(3)	128,000.	19,200.	56,739.	5,000.	4,810.	213,749,	13,400,
PRESIDENT/CEO (SEE SCH, J)	(E)	192,000.	28,800.	85,108.	7,500.	7,215.	320,623.	20,100.
(2) HENRY J. SANFORD	Θ	76,455.	13,739.	22,070.	3,823.	2,302.	118,389.	.0
CFO/TREASURER (SEE SCH, J)	€	93,445.	16,793.	26,973.	4,672.	2,813.	144,696.	0
(3) LAWRENCE HEYWORTH III	Ξ	135,000.	18,893.	3,678.	6,750.	1,870.	166,191.	• 0
SEC. / VP COMM. (SEE SCH. J)	(E)	0	0	0	0.	0	0	0
(4) GERALDINE S. FARMER	ε	51,773.	4,520.	10,652.	2,597.	423.	.596,69	0
COMPTROLLER (SEE SCH, J)	€	63,278.	5,524.	13,020.	3,174.	517.	85,513.	• 0
(5) KEN KURZ	ε	129,000.	7,740.	10,183.	6,450.	17,650.	171,023.	• 0
DIR, INFO, SERV. (SEE SCH. J)	(E)	0.	0	0.	•0	0	.0	0
	Ξ							
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232112							Schedu	Schedule J (Form 990) 2012

UNITED STATES NAVAL ACADEMY ALUMNI

Schedule J (Form 990) 2012 Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. 52-0548411 SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN (457F AND 457B). \$108,602 VESTED COMPENSATION THAT VESTED IN 2012 AND MUST BE REPORTED AS INCOME IN THE YEAR \$33,500 OF THE DEFERRED COMPENSATION WAS REPORTED AS NONTAXABLE DEFERRED COMPENSATION ON THE 2011 FORM 990 AND IS REPORTED IN SCHEDULE J, PART I, LINE 3: THE WRITTEN EMPLOYMENT CONTRACT IS AN INTERNAL CONTRACT PART I, LINE 4B: BYRON MARCHANT AND HENRY SANFORD PARTICIPATE IN A IN 2012 FOR BYRON MARCHANT AND THAT AMOUNT IS INCLUDED IN HIS W-2 BYRON MARCHANT'S W-2 INCOME INCLUDES DEFERRED Part III Supplemental Information Schedule J (Form 990) 2012 COLUMN F. COMPENSATION. IT VESTS. PART II, ONLY.

SCHEDULE M (Form 990)

Department of the Treasury

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047
2012

Open to Public Inspection

Internal Revenue Service

UNITED STATES NAVAL ACADEMY ALUMNI

ASSOC.

Types of Property

Employer identification number 52-0548411

		7 , ,	7 7 7		r			
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of d		vina	
		applicable	contributions or	amounts reported on	noncash contrib		•	s
		· ·	items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures					***************************************		
3	Art - Fractional interests							
4	Books and publications			····				
5	Clothing and household goods	X		26,526.	FAIR MARKET VALU	E		
6	Cars and other vehicles							
7	Boats and planes					·····		
8	Intellectual property							
9	Securities - Publicly traded	Х	13	29,449.	FAIR MARKET VALU	E		
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			*****				
9،	Food inventory		***************************************		***************************************			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (JEWELRY)	X	9	8,975.	FAIR MARKET VALU	E		
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization							
	for which the organization completed Form 828	83, Part IV, I	Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive by							
	at least three years from the date of the initial of	contribution,	and which is not i	required to be used for exem	npt purposes for			
	the entire holding period?		***************************************	***************************************	***************************************	30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p					31	х	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?		***************************************	***************************************	***************************************	32a		x
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which column (a) is ch	ecked,			
·	describe in Part II.	·						

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNITED STATES NAVAL ACADEMY ALUMNI

Employer identification number 52-0548411

ASSOC. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO SERVE AND SUPPORT THE UNITED STATES, THE NAVAL SERVICE, THE NAVAL ACADEMY AND ITS ALUMNI: BY FURTHERING THE HIGHEST STANDARDS AT THE NAVAL ACADEMY; BY SEEKING OUT, INFORMING, ENCOURAGING, AND ASSISTING OUTSTANDING QUALIFIED YOUNG MEN AND WOMEN TO PURSUE CAREERS AS OFFICERS IN THE NAVY AND MARINE CORPS THROUGH THE NAVAL ACADEMY; AND BY INITIATING AND SPONSORING ACTIVITIES WHICH WILL PERPETUATE THE HISTORY, TRADITIONS, MEMORIES AND GROWTH OF THE NAVAL ACADEMY AND BIND ALUMNI TOGETHER IN SUPPORT OF THE HIGHEST IDEALS OF COMMAND CITIZENSHIP AND GOVERNMENT, HE MISSION STATEMENT OF THE RELATED ENTITY, THE U.S. NAVAL ACADEMY FOUNDATION: TO SUPPORT, PROMOTE AND ADVANCE THE MISSION OF THE NAVAL ACADEMY BY WORKING IN CONJUNCTION WITH ACADEMY LEADERSHIP TO IDENTIFY STRATEGIC INSTITUTIONAL PRIORITIES AND BY RAISING, MANAGING AND DISBURSING PRIVATE GIFT FUNDS THAT PROVIDE A MARGIN OF EXCELLENCE IN SUPPORT OF THE NATION'S PREMIER LEADERSHIP INSTITUTION. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: WITH THE BRIGADE OF MIDSHIPMEN FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ARTNERSHIP MARKETING - EXPENSES RELATED TO AFFINITY PROGRAMS AND

Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization UNITED STATES NAVAL ACADEMY ALUMNI ASSOC.	Employer identification number 52-0548411
MEMBERSHIP WITH CRITERIA FOR SUCH CLASSES OF MEMBERSHIP AND APPROVAL OF	
INDIVIDUAL MEMBERS TO BE DETERMINED BY THE BOARD.	
FORM 990, PART VI, SECTION A, LINE 7A: SEE EXPLANATION FOR FORM 990, PART	
VI, SECTION A, LINE 6.	
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS REVIEWED BY	
MANAGEMENT AND MEMBERS OF THE JOINT FINANCE AND AUDIT COMMITTEE OF U.S.	
NAVAL ACADEMY ALUMNI ASSOCIATION AND U.S. NAVAL ACADEMY FOUNDATION WITH OUR	
TAX PREPARERS AND SENT TO MEMBERS OF THE BOARD OF TRUSTEES AND TO THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS	
SENT TO EACH BOARD/TRUSTEE MEMBER AT THE BEGINNING OF THE CALENDAR YEAR	
WITH A SELF ADDRESSED ENVELOPE FOR RESPONDING. THE POLICY DETAILS POTENTIAL	
CONFLICTS OF INTEREST AND THE NEED TO DISCLOSE SUCH CONFLICTS. THE POLICY	
ALSO DEFINES THE BOARD/TRUSTEE'S MEMBER FIDUCIARY OBLIGATION TO THE	
ORGANIZATION, ALL CONFLICTS OF INTEREST STATEMENTS ARE RETURNED TO THE	
BOARD SECRETARY'S OFFICE AND KEPT ON FILE. ANY STATEMENTS WITH AN	
AFFIRMATIVE CONFLICT ARE CIRCULATED TO THE BOARD AND THE BOARD MEMBER	
AGREES TO ANSWER ANY QUESTIONS REGARDING THE CONFLICT. THE COMPLETED	
SIGNED CONFLICTS OF INTEREST STATEMENTS ARE REVIEWED BY THE ORGANIZATION'S	
AUDIT FIRM DURING THE ANNUAL AUDIT FOR COMPLETENESS AND TO ENSURE THAT ALL	
BOARD/TRUSTEE MEMBERS ARE INCLUDED.	
FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING	
COMPENSATION OF THE CEO, OTHER OFFICERS AND KEY EMPLOYEES OF THE	
RGANIZATION "INCLUDES A REVIEW AND APPROVAL BY INDEPENDENT PERSONS,	
COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION 232212 01-04-13	Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization UNITED STATES NAVAL ACADEMY ALUMNI ASSOC.	Employer identification number 52-0548411
AND DECISION."	
SPECIFICALLY, THE ORGANIZATION TAKES ALL OF THE STEPS NECESSARY TO ENSURE	
THAT THE COMPENSATION PACKAGES OF THESE INDIVIDUALS ARE NOT ONLY REASONABLE	
AND COMPETITIVE, BUT ARE DESIGNED AND DETERMINED IN THE PRECISE MANNER	
SPECIFIED IN THE INTERNAL REVENUE SERVICE'S "INTERMEDIATE SANCTIONS"	
REGULATIONS.	
THE PROCESS FOR DEMERMENTING THE COMPENSATION PLANNING OF THESE INDIVIDUALS.	
THE PROCESS FOR DETERMINING THE COMPENSATION PACKAGES OF THESE INDIVIDUALS	
IS AS FOLLOWS:	
1. A BOARD COMPENSATION COMMITTEE IS CONSTITUTED THAT IS COMPOSED ENTIRELY	
OF TRUSTEES MEETING A STRICT "NO CONFLICTS" INDEPENDENCE TEST SET FORTH IN	
THE IRS REGULATIONS.	
2. THE COMMITTEE ACQUIRES APPROPRIATE, INDEPENDENT MARKET COMPARABILITY	
DATA FROM ITS PROFESSIONAL COMPENSATION CONSULTANT.	
3. THE COMMITTEE REVIEWS THIS COMPARABILITY DATA IN DETAIL, POSING	
APPROPRIATE QUESTIONS TO ITS PROFESSIONAL COMPENSATION CONSULTANT.	
4. THE COMMITTEE REVIEWS THE QUALIFICATIONS, EXPERIENCE AND PERFORMANCE OF	
EACH OF THE INDIVIDUALS AGAINST THE COMPARABILITY DATA ACQUIRED FROM THE	
PROFESSIONAL COMPENSATION CONSULTANT.	
5. THE COMMITTEE DESIGNS A PROPOSED COMPENSATION PACKAGE FOR EACH OF THE	
'NDIVIDUALS AND SEEKS A WRITTEN OPINION FROM THE PROFESSIONAL COMPENSATION	
ONSULTANT THAT THE PROPOSED COMPENSATION PACKAGE IS REASONABLE. (THE	

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization UNITED STATES NAVAL ACADEMY ALUMNI ASSOC.	Employer identification number 52-0548411
COMMITTEE MAKES ANY ADJUSTMENTS TO THE PROPOSAL REQUIRED IN ORDER FOR THE	
PROFESSIONAL COMPENSATION CONSULTANT TO CONCLUDE THAT THE PACKAGE IS	
REASONABLE.)	
6. THE COMMITTEE MEMORIALIZES ALL OF ITS DELIBERATIONS IN DETAILED	
COMMITTEE MINUTES THAT ARE REVIEWED, CORRECTED IF NECESSARY, AND APPROVED	
AT ITS NEXT FOLLOWING MEETING.	
7. THE COMMITTEE ACQUIRES AN OPINION OF COUNSEL CONCLUDING THAT THE	
PROCESS FOLLOWED BY THE COMMITTEE MEETS THE REQUIREMENTS OF THE IRS	
REGULATIONS.	
8. THE COMMITTEE REGULARLY REVIEWS ITS PROCESS TO ENSURE THAT IT CONTINUES	
TO MEET ALL OF THE REQUIREMENTS OF APPLICABLE LAW.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ALL	
NECESSARY AND REQUIRED GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICIES,	31-71-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
FINANCIAL STATEMENTS, FORM 990S AND ANNUAL REPORT AVAILABLE ON ITS WEBSITE:	
WWW.USNA.COM.	
FORM 990, PART VII, LINE 1A, COLUMN B	
SEVERAL OFFICERS OF THE UNITED STATES NAVAL ACADEMY ALUMNI ASSOCIATION	
ARE DUALLY EMPLOYED BY A RELATED ORGANIZATION, THE U.S. NAVAL ACADEMY	
FOUNDATION. HOURS DEVOTED TO THE FOUNDATION ARE LISTED BELOW FOR THE	
OFFICERS INVOLVED IN BOTH ORGANIZATIONS:	
OFFICER HOURS DEVOTED TO FOUNDATION	

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization UNITED STATES NAVAL ACADEMY ALUMNI	Page 2 Employer identification number
ASSOC.	52-0548411
BYRON F. MARCHANT 36	
HENRY J, SANFORD 33	
GERALDINE S. FARMER 33	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN SPLIT INTEREST AGREEMENTS 97,019.	
990, PART XI, QUESTION 2B - AUDITED FINANCIAL STATEMENTS	
FOR GAAP PURPOSES, THE ORGANIZATION PRESENTS ITS ACTIVITY IN A	
CONSOLIDATED FORMAT WITH ITS RELATED ENTITY , THE U.S. NAVAL ACADEMY	
FOUNDATION. THESE CONSOLIDATED FINANCIAL STATEMENTS ARE AUDITED BY	
INDEPENDENT AUDITORS. THE GAAP FINANCIAL STATEMENTS INCLUDE	
SUPPLEMENTARY INFORMATION THAT PRESENTS THE FINANCIAL POSITION AND THE	
CHANGES IN NET ASSETS OF THE ASSOCIATION.	
FORM 990, PART I, LINE 5 AND FORM 990, PART V, LINE 2A	
THE U.S. NAVAL ACADEMY ALUMNI ASSOCIATION IS THE PAYMASTER FOR BOTH THE	
ASSOCIATION AND THE U.S. NAVAL ACADEMY FOUNDATION (A RELATED	
ORGANIZATION). DUE TO THE ASSOCIATION'S ROLE AS PAYMASTER FOR BOTH	
ORGANIZATIONS, THE ASSOCIATION REPORTS BOTH ASSOCIATION AND FOUNDATION	
EMPLOYEES FOR W-3 PURPOSES AND THE FOUNDATION DOES NOT REPORT EMPLOYEES	
FOR W-3 PURPOSES. THE ASSOCIATION FILES ALL RELATED EMPLOYMENT TAX	
FORMS. ALL PAYROLL EXPENSES RELATED TO THE FOUNDATION ARE RECORDED AS	
A RECEIVABLE TO THE ASSOCIATION AND A PAYABLE FROM THE FOUNDATION.	
FORM 990, PART VII, SECTION A AND PART VII, SECTION B	
01-04-13	Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization UNITED STATES NAVAL ACADEMY ALUMNI ASSOC.	Employer identification number 52-0548411
ALL INFORMATION REPORTED ON THIS 2012 FORM 990 IS REPORTED ON A FISCAL	
YEAR BEGINNING JULY 1, 2012 AND ENDING JUNE 30, 2013, WITH THE	
EXCEPTION OF INFORMATION THAT IS REPORTED FOR COMPENSATION ON SCHEDULE	
J AND PART VII OF THE RETURN. COMPENSATION LISTED ON THESE SCHEDULES	
IS BASED ON CALENDAR YEAR REPORTED COMPENSATION (PER THE 990	
INSTRUCTIONS) FOR THE CALENDAR YEAR JANUARY 1, 2012 AND ENDING DECEMBER	
31, 2012.	

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

Name of the organization

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

2012 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 52-0548411 Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) UNITED STATES NAVAL ACADEMY ALUMNI ASSOC.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
				····		
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ttions (Complete if the organization ar	nswered "Yes" to Form 990,	Part IV, line 34 beca	use it had one or	more related tax-exen	npt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code Faction Str	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	1 (90)
- 1				<i>"-Y-Y-</i>		Tes No
U.S NAVAL ACADEMY FOUNDATION, INC 23-7003516, 247 KING GEORGE STREET, ANNAPOLIS, MD 21402	SUPPORT OF U.S. NAVAL	MARYLAND 5	501(c)(3) 7	Z	N/A	×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	is for Form 990.				Schedule R (Schedule R (Form 990) 2012

232161 12-10-12 LHA

UNITED STATES NAVAL ACADEMY ALUMNI

ASSOC. Schedule R (Form 990) 2012

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

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Schedule R (Form 990) 2012 ASSOC.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	o.				Yes	Ŷ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	transactions with one or	more related organizatior	is listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a control	rolled entity			19		×
b Gift, grant, or capital contribution to related organization(s)				9		×
c Gift, grant, or capital contribution from related organization(s)				5	×	
d Loans or loan guarantees to or for related organization(s)				무	×	
e Loans or loan quarantees by related organization(s)				1 1	×	
f Dividends from related organization(s)				*		×
g Sale of assets to related organization(s)				1g		×
h Purchase of assets from related organization(s)				ŧ		×
i Exchange of assets with related organization(s)				7	×	<u> </u>
j Lease of facilities, equipment, or other assets to related organization(s)				-		×
(a) I come and familiation contribution of schools and school schools are schools as seen as a school of	3			÷		*
	······		***************************************	<u> </u>		
 Performance of services or membership or fundraising solicitations for related organization(s) 	elated organization(s)			=	×	
 m Performance of services or membership or fundraising solicitations by related organization(s) 	elated organization(s)		***************************************	ᄩ	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related	d organization(s)	ed organization(s)		t t	×	
o Sharing of paid employees with related organization(s)				10	×	
nses				t t	×	
				\$	×	
r Other transfer of cash or property to related organization(s)				+	×	
s Other transfer of cash or property from related organization(s)	***************************************			18	×	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	nation on who must com	plete this line, including o	covered relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type (a-s)	(c) on Amount involved	(d) Nethod of determining amount involved	ount involved		
(1)						
(5)						***************************************
(3)						
(4)						
(5)						
(9)						
282163 12-10-12			Sch	Schedule R (Form 990) 2012	066 u	2012

52-0548411

ASSOC. Schedule R (Form 990) 2012 Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(a)	(0)	(p) (c)	(e)		(b)	æ	9	E	(8)
Name, address, and EIN of entity	Primary activity	nicile oreign	Predominant income (related, excluded from tax excluded from tax	Are all partners sec. 501(c)(3) orgs.?	Share of total	of /ear .e	Dispropor- tionate a allocations?	Code V-UBI Imount in box 20 of Schedule K-1	General or managing partner?	Percentage ownership
			7 (ON S			Yes No	(1000)	Yes No	

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Schedule R (Form 990) 2012

UNITED STATES NAVAL ACADEMY ALUMNI

Schedule i	R (Form 990) 2012 Supplemental Info	ASSOC.			52-0548411	Page 5
Part VII	Supplemental Info	rmation				
	Complete this part to pr	ovide additiona	information for responses to	questions on Schedule R (see in	structions).	
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