	<u>990</u>	
Form	<b>JJU</b>	

Department of the Treasury

Internal Revenue Service

# \*\* PUBLIC DISCLOSURE COPY \*\*

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)

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



ΑF	or the	2010 calendar year, or tax year beginning JUL 1, 2010 and	ending J	UN 30, 2011	
B a	Check if applicable	UNITED STATES NAVAL ACADEMY ALUMNI		D Employer identif	fication number
	Addres	ASSOC.			
	Name Change	Doing Business As		52-05	48411
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	er
	 ated	247 KING GEORGE STREET			95-4000
	Ameno	City or town, state or country, and ZIP + 4		<b>G</b> Gross receipts \$	9,934,239.
	Applic dist	ANNAPOLIS, MD 21402-5068		H(a) Is this a group	return
	pendin	<sup>9</sup> <b>F</b> Name and address of principal officer: BYRON MARCHANT		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates ir	ncluded? Yes No
11	Fax-exe	$mpt \text{ status: } x 501(c)(3)  b 501(c)()  o \in (insert no.)  4947(a)(1)$	or 527	If "No," attach	a list. (see instructions)
		e: WWW.USNA.COM		H(c) Group exempti	
κF	orm of	organization: 🗴 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1947	M State of legal domicile: MD
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: TO SER	VE AND SU	JPPORT THE UNITED	)
Governance		STATES, THE NAVAL SERVICE, THE NAVAL ACADEMY, AND ITS ALUMNI	•		
šrná	2	Check this box 🕨 📖 if the organization discontinued its operations or dispo	sed of more	e than 25% of its net a	assets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			28
ي م		Number of independent voting members of the governing body (Part VI, line 1b)			27
es	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	97
Activities &	6	Total number of volunteers (estimate if necessary)		6	50
Acti		Total unrelated business revenue from Part VIII, column (C), line 12			334,664.
_	b	Net unrelated business taxable income from Form 990-T, line 34			34,646.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		5,678,317	. 2,913,428.
enu	9	Program service revenue (Part VIII, line 2g)		1,453,190	1,581,992.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,487,949	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		790,704	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,410,160	. 7,142,604.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,455,179	. 2,447,286.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,609,992	2,944,265.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.
ğX			,518.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		2,585,328	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,650,499	
	19	Revenue less expenses. Subtract line 18 from line 12		2,759,661	
s or			Be	ginning of Current Year	
Fund Balances	20	Total assets (Part X, line 16)		63,567,455	
at As	21	Total liabilities (Part X, line 26)		21,308,127	
N <sup>E</sup>	22	Net assets or fund balances. Subtract line 21 from line 20		42,259,328	. 48,377,678.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedule			ny knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	has any knowledge.	

Sign Here	Signature of officer HENRY J. SANFORD, CFO & TREASURER Type or print name and title		Date
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	JULIA FLANNERY, CPA		self-employed
Preparer	Firm's name 🕞 MCGLADREY & PULLEN, LLP		Firm's EIN 🕨
Use Only	Firm's address 👞 100 INTERNATIONAL DRIVE,	SUITE 1400	
	BALTIMORE, MD 21202		Phone no. 410-246-9300
May the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No

	UNITED STATES NAVAL ACADEMY ALUMNI	
	990 (2010) ASSOC. 52-0548411	Page <b>2</b>
Pai	III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission: 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
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?[	Yes X No
U	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 1,999,748. including grants of \$ ) (Revenue \$ ) (Revenue \$	766,780.)
	MEMBERSHIP SUPPORT - COSTS TO PROVIDE SERVICES TO MEMBERS OF THE ALUMNI ASSOCIATION, CLASS AND CHAPTER SUPPORT, AND SPECIAL ALUMNI EVENTS.	
	ASSOCIATION, CLASS AND CHAFTER SUFFORT, AND SPECIAL ADDMIT EVENTS.	
4b	(Code:) (Expenses \$1,065,500. including grants of \$) (Revenue \$)	210,981.)
	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.	
4c	(Code:) (Expenses \$2, 447, 286. including grants of \$2, 447, 286. ) (Revenue \$	)
	SUPPORT - THE ASSOCIATION MAKES CONTRIBUTIONS TO THE U.S. NAVAL ACADEMY	·
	AND THE THE U.S. NAVAL ACADEMY FOUNDATION INC., A RELATED PARTY.	
4d	Other program services. (Describe in Schedule O.)	
Ψu	(Expenses \$ 1,541,874. including grants of \$ ) (Revenue \$ 639,855.)	
4e	Total program service expenses 7,054,408.	

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Pai	t 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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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; 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 term, permanent, 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	Х	
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	
с	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		x
b	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, XII, and XIII 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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? 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,			
	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,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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	UNITED STATES NAVAL ACADEMY ALUMNI			
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Pai	t IV Checklist of Required Schedules (continued)		_	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
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	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
Lou	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
07	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
27	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	School us L. Dout III	07		x
00	Schedule L, Part III	27		~
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00-		x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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			
36	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	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

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	UNITED STATES NAVAL ACADEMY ALUMNI					_
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Pa						
	Check if Schedule O contains a response to any question in this Part V					
			1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	43			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble 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	97			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction	is)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	х	
				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	nt)?	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	Accou	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible?	-		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?		•	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
-	to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	1				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		rt?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		x
	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 organiz			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D					
-	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		
9	Sponsoring organizations maintaining donor advised funds.		io aaniig ino joari	Ŭ		
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:			5.5		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	100				
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against	114				
D	amounts due or received from them.)	11b				
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		۱ ۲	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	1			
				13a		
а	Is the organization licensed to issue qualified health plans in more than one state?			138		
L	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
a	Enter the amount of reserves the organization is required to maintain by the states in which the	405	I			
-	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand			44-		x
				14a		^
d	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	еU		14b		

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Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thr	ough	7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	structions.			
	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	1a	28	3		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	27	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?		•	2		х
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors or trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		x
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		x
6	Does the organization have members or stockholders?			6	х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more me					
	governing body?			7a	х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pers			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken of					
	by the following:	Ũ				
а	The governing body?			8a	х	
	Each committee with authority to act on behalf of the governing body?			8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a	Х	
	If "Yes," does the organization have written policies and procedures governing the activities of such of					
	and branches to ensure their operations are consistent with those of the organization?			10b	х	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before fil	ing the	form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ld give	rise			
	to conflicts?			12b	х	
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," c	lescribe			
	in Schedule O how this is done			12c	х	
13	Does the organization have a written whistleblower policy?			13	х	
14	Does the organization have a written document retention and destruction policy?			14	х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	th a			
	taxable entity during the year?			16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval	uate it	s participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the orga	nizatio	on's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed MD					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(c	)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.					
	X Own website Another's website					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	onflict	of interest policy, a	nd fina	ncial	
	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books an	id reco	ords of the organiza	ition: 🕨	·	
	HENRY J. SANFORD, CFO & TREASURER - 410-295-4051					

247 KING GEORGE STREET, ANNAPOLIS, MD 21401

Page
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(2010)	AS

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

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

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

hours for related organizations related	(F) Estimated amount of other mpensation from the ganization nd related ganizations 0. 0. 0.
(describe hours for related organizations in Scheduleand up 	mpensation from the ganization nd related ganizations 0. 0. 0.
CHAIRMAN OF THE BOARD2.00XXX0.0.JACK W. KLIMP2.00XXX0.0.VICE CHAIRMAN2.00XXX0.0.WILLIAM O. RENTZREGIONAL TRUSTEE2.00X0.0.STEPHEN M. ANDRESREGIONAL TRUSTEE2.00X0.0.MICHAEL J. COLLINSREGIONAL TRUSTEE2.00X0.0.MICHAEL J. COLLINS2.00X0.0.0.REGIONAL TRUSTEE2.00X0.0.0.LEO V. WILLIAMS IIISELECTED TRUSTEE2.00X0.0.SELECTED TRUSTEE2.00X0.0.0.HERBERT D. JONESSELECTED TRUSTEE2.00X0.0.REGIONAL TRUSTEE2.00X0.0.0.VICTOR DELANOCLASS TRUSTEE2.00X0.0.JEROME F. SMITH, JR2.00X0.0.0.JEROME F. SMITH, JR2.00X0.0.0.CLASS TRUSTEE2.00X0.0.0.	0. 0. 0.
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CLASS TRUSTEE         2.00 X         0.         0.	0.
PERRY J MARTINI, JR	0.
CLASS TRUSTEE         2.00 X         0.         0.	0.
INGAR A. GREV	
CLASS TRUSTEE         2.00 X         0.         0.	0.
JOSPEH L. MORENO	
CLASS TRUSTEE         2.00 X         0.         0.	0.
JOSHUA W. WELLE	
CLASS TRUSTEE         2.00 X         0.         0.	0.
ALEX PLECHASH	
CHAPTER TRUSTEE         2.00 X         0.         0.	
STEPHEN E. FREDRICK	0.
CHAPTER TRUSTEE         2.00 X         0.         0.	0.

Form 990 (2010) ASSOC.	ATES NAVAL ACA	DEM	IA						52-0548411		Р	age <b>8</b>
Part VII Section A. Officers, Directors	s, Trustees, Key Er	nplo	oyee	es, a	nd H	ligh	est	Compensated Employ	ees (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average			Pos	ition	I		Reportable	Reportable	E	stimate	ed
	hours per	(cl	check all that apply)			app	ly)	compensation	compensation	a	mount	of
	week	7						from	from related		other	
	(describe	lirecto						the	organizations		npensa	
	hours for related	e or c	stee			sated		organization	(W-2/1099-MISC)		rom th	
	organizations	truste	al tru:		yee	mpe		(W-2/1099-MISC)			ganizat Id relat	
	in Schedule	Individual trustee or director	Institutional trustee	5	Key employee	est co oyee	er				anizati	
	O)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			org	amzan	0110
R.S. KERR SMITH												
CHAPTER TRUSTEE	2.00	х						0.	0.			0
PIERCE J. JOHNSON												
CHAPTER TRUSTEE	2.00	х						0.	0.			0
DAVID G. PADDOCK												
CHAPTER TRUSTEE	2.00	х						0.	0.			0
RICHARD R. PACE												
CHAPTER TRUSTEE	2.00	Х						0.	0.			0
R. TIM MYERS												
CHAPTER TRUSTEE	2.00	Х						0.	0.	. 0.		
RICHARD M. FOLGA												
CHAPTER TRUSTEE	2.00	х						0.	0.	. 0.		
WALTER S. DRAPER IV												
CHAPTER TRUSTEE	2.00	х						0.	0.			0
WILLIAM L. RUCH III												
CHAPTER TRUSTEE	2.00	X						0.	0.			0
CHRISTOPHER S. COOKE CHAPTER TRUSTEE	2.00							0.	0.			0
								0.	0.			0
1b Sub-total								673,275.	373,430.		24	451
c Total from continuation sheets to Pa								673,275.	373,430.			451
<ul><li>d Total (add lines 1b and 1c)</li><li>2 Total number of individuals (including</li></ul>								,			21	, 101
compensation from the organization		1056	IISLE	eu ai	0076	e) wi	10 10	eceived more than \$100	,000 in reportable			
compensation nom the organization											Yes	No
<b>3</b> Did the organization list any <b>former</b> of	ficer director or tru	stee	ke	verr	nolor	vee	or h	highest compensated en	nplovee on			
line 1a? If "Yes," complete Schedule J			,	,	.p.o.	,,	0	ingridet dempendated en		3		х
4 For any individual listed on line 1a, is t			amo	ensa	atior	n and	d otl	her compensation from	the organization	-		
and related organizations greater than									J. J	4	x	
5 Did any person listed on line 1a receiv										-		
rendered to the organization? If "Yes,"								•		5		Х
Section B. Independent Contractors												
1 Complete this table for your five highe	st compensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of compens	ation	from	
the organization.												
	_											

(A) Name and business address	(B) Description of services	(C) Compensation			
	Description of services	Compensation			
BO BROOKS					
2780 LIGHTHOUSE POINT, BALTIMORE, MD 21224	CATERING	238,450.			
MOVEABLE MIXTURES					
1388 STONECREEK ROAD, ANNAPOLIS, MD 21403	CATERING	140,506.			
BAYSIDE BULL BBQ INC					
3014 WHITE BEECH DR, HARWOOD, MD 20776	CATERING	110,627.			
HAUTE CATERING					
PO BOX 77896, WASHINGTON, DC 20013	CATERING	109,109.			
BLACKBAUD					
PO BOX 930256, ATLANTA, GA 31193	SOFTWARE/CONSULTING	109,003.			
2 Total number of independent contractors (including but not limited to those listed above) who received more than					
\$100,000 in compensation from the organization	5				

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2010) ASSOC. Part VII Section A. Officers, Directors, 1	Frustees. Kev E	npla	ovee	s. a	nd H	liah	est	Compensated Employ	ees (continued)			
(A)	(B)		.,		C)			(D) (E) (F)				
Name and title	Average hours	Position (check all that apply)					ly)	Reportable compensation	Reportable compensation	Estimated amount of		
	per week	Individual trustee or director	Institutional trustee	Offlicer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatior from the organization and related organizations		
RIK C. WOODS												
HAPTER TRUSTEE	2.00	х						0.	0.			
YRON F. MARCHANT RESIDENT/CEO	24.00	x		x				130,278.	195,417.	12,06		
ENRY J. SANFORD												
FO/TREASURER	27.00			х				91,609.	111,967.	4,07		
ERRANCE P. MURRAY												
P OPERATIONS	50.00				х			185,363.	Ο.	39		
ERALDINE S. FARMER												
OMPTROLLER	27.00					х		54,038.	66,046.	46		
AWRENCE HEYWORTH III												
ECRETARY/ VP COMMUNICATIO	50.00					х		107,079.	Ο.	1,80		
ISA STROBEL								,				
IR. OF TREASURY OPERATION	50.00					x		104,908.	0.	5,65		
otal to Part VII, Section A, line 1c		I	I		I	I		673,275.	373,430.	24,45		

UNITED STATES NAVAL ACADEMY ALUMN
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	n 990 (ź						52-0548411	Page <b>9</b>
Pa	rt VII	I Statement of Rever			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts Its	1 a	Federated campaigns	1a					
oun	b	Membership dues	1b					
an, c		Fundraising events						
gift lar	d	Related organizations	1d	1,944,688.				
ns,	е	Government grants (contribut	ions) <b>1e</b>					
er s	f	All other contributions, gifts, grant	ts, and					
<u>i ĝ</u>		similar amounts not included abov	ve 1f	968,740.				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines	1a-1f: \$	45,175.				
<u>a</u> O	h	Total. Add lines 1a-1f		►	2,913,428.			
				Business Code				
e l	2 a	CAREER TRANSITION SERV		541900	625,272.	625,272.		
le vi	b	LIFE MEMBER AMORTIZATI		900099	294,703.	294,703.		
Program Service Revenue	С	MEMBERSHIP DUES		900099	269,904.	269,904.		
lran Sev	d	PUBLICATIONS & ADVERTI		541800	210,981.		210,981.	
5 E	е	HOMECOMING & CONFERENC		900099	181,132.	181,132.		
₽	f	All other program service reve	nue					
$\rightarrow$	g	Total. Add lines 2a-2f		🕨	1,581,992.			
	3	Investment income (including						
		other similar amounts)			1,834,601.		41,321.	1,793,280.
	4	Income from investment of tax	-	·				
	5	Royalties			573,058.			573,058.
		_	(i) Real	(ii) Personal				
		Gross Rents	124,34					
		Less: rental expenses	104.24					
		Rental income or (loss)	124,34		104 244			104 244
					124,344.			124,344.
	7 a	Gross amount from sales of	(i) Securitie 2,759,87					
	<b>b</b>	assets other than inventory	2,755,01					
	D	Less: cost or other basis	2,762,68	84				
	•	and sales expenses	-2,80					
		Gain or (loss)	/		-2,805.			-2,805.
		Net gain or (loss) Gross income from fundraising			1,000.			2,000
ne	0 a							
š		including \$ contributions reported on line						
Other Revenue		Part IV, line 18		a				
the	b	Less: direct expenses		b				
Ó		Net income or (loss) from func						
		Gross income from gaming ac	-					
		Part IV, line 19		a				
	b	Less: direct expenses		b				
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
		and allowances	<b>a</b> 43,534.					
	b	Less: cost of goods sold		<b>b</b> 28,951.				
		Net income or (loss) from sale			14,583.	14,583.		
Г		Miscellaneous Revenu		Business Code				
Γ	11 a	TRAVEL COMMISSIONS		485000	82,362.		82,362.	
	b	MISCELLANEOUS		900099	21,041.	21,041.		
	с							
	d	All other revenue						
	е	Total. Add lines 11a-11d			103,403.			
03200	12	Total revenue. See instructions.		🕨	7,142,604.	1,406,635.	334,664.	2,487,877.

Form 990 (2010)	ASSOC.	
Part IX Stateme	ent of Functional Expenses	

Part IX Statement of Functional Expenses										
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). Do not include amounts reported on lines 6b (A) (B) (C) (D)										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the U.S. See Part IV, line 21	2,400,789.	2,400,789.							
2	Grants and other assistance to individuals in									
	the U.S. See Part IV, line 22									
3	Grants and other assistance to governments,									
	organizations, and individuals outside the U.S.	46 407	46 407							
	See Part IV, lines 15 and 16	46,497.	46,497.							
4	Benefits paid to or for members									
5	Compensation of current officers, directors,	504,529.	425 116	70 /13						
~	trustees, and key employees Compensation not included above, to disqualified	504,525.	425,116.	79,413.						
6	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	1,978,437.	1,665,107.	313,330.						
8	Pension plan contributions (include section 401(k)	_,_,0,_0,.	_,,,							
0	and section 403(b) employer contributions)	125,890.	105,977.	19,913.						
9	Other employee benefits	153,977.	129,617.	24,360.						
10	Payroll taxes	181,432.	152,734.	28,698.						
11	Fees for services (non-employees):	, -	, -	, -						
	Management									
	Legal	73,697.	62,040.	11,657.						
	Accounting	53,761.		53,761.						
	Lobbying									
	Professional fundraising services. See Part IV, line 17									
f	Investment management fees	138,051.		138,051.						
g	Other	592,808.	499,039.	93,769.						
12	Advertising and promotion									
13	Office expenses	912,245.	767,949.	144,296.						
14	Information technology									
15	Royalties									
16	Occupancy	183,784.	154,714.	29,070.						
17	Travel	118,290.	99,579.	18,711.						
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	445.050	100.001							
19	Conferences, conventions, and meetings	145,352.	122,361.	22,991.						
20	Interest									
21	Payments to affiliates Depreciation, depletion, and amortization	185,013.	155,748.	29,265.						
22 22		98,789.	83,163.	15,626.						
23 24	Insurance Other expenses. Itemize expenses not covered	50,705.		10,020,						
24	above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)									
	amount, list line 24f expenses on Schedule 0.)	100.000	14.5 04-	01.050						
a	LICENSES & DUES	138,883.	116,915.	21,968.						
b	TRAINING	47,676.	40,135.	7,541.						
C.	MISCELLANEOUS BAD DEBT EXPENSE	16,908. 15,518.	14,234.	2,674.	15,518.					
d	AWARDS & GIFTS	15,518.	12,694.	2,387.	15,518.					
e f		10,001.	12,054.	2,307.						
f 25	All other expenses	8,127,407.	7,054,408.	1,057,481.	15,518.					
<u>25</u> 26	Joint costs. Check here  if following SOP	0,127,107.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,007,101.						
20	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									
					<b>D 000</b> (0010)					

52-0548411

UNITED S	STATES	NAVAL	ACADEMY	ALUMNI
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Form 990 (2010) Part X Balance Sheet

ASSOC.

Page **11** 52-0548411

					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			4,602,726.	2	4,046,595.
	3	Pledges and grants receivable, net		1,949,797.	3	1,239,109.	
	4	Accounts receivable, net		139,435.	4	80,048.	
	5	Receivables from current and former officers, d					
		employees, and highest compensated employe	es. Complet	e Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as					
		4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sec		-			
		employees' beneficiary organizations (see instru				6	
Assets	7	Notes and loans receivable, net				7	
Ass	8	Inventories for sale or use			5,503.	8	5,946.
4	9	Prepaid expenses and deferred charges			270,166.	9	182,743.
		Land, buildings, and equipment: cost or other			,	-	•
		basis. Complete Part VI of Schedule D	10a	5,392,562.			
	Ь	Less: accumulated depreciation		2,041,466.	3,450,877.	10c	3,351,096.
	11	Investments - publicly traded securities			39,692,563.	11	43,856,105.
	12	Investments - other securities. See Part IV, line			11,718,909.	12	15,249,493.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,737,479.	15	1,991,260.
	16	Total assets. Add lines 1 through 15 (must equ			63,567,455.	16	70,002,395.
	17	Accounts payable and accrued expenses			1,100,610.	17	1,315,555.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
ú	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Payables to current and former officers, directo				21	
liqu		highest compensated employees, and disqualif					
Li						22	
	23	of Schedule L Secured mortgages and notes payable to unrel			500,000.	23	
	24	Unsecured notes and loans payable to unrelate			, , ,	24	
	25	Other liabilities. Complete Part X of Schedule D			19,707,517.	25	20,309,162.
	26	Total liabilities. Add lines 17 through 25			21,308,127.	26	21,624,717.
		Organizations that follow SFAS 117, check h			, ,		, ,
Ś		lines 27 through 29, and lines 33 and 34.					
ЪСе	27	Unrestricted net assets			4,711,117.	27	7,566,329.
alaı	28	Temporarily restricted net assets			15,627,790.	28	18,883,055.
Net Assets or Fund Balances	29			······	21,920,421.	29	21,928,294.
ň	<u> </u>	Organizations that do not follow SFAS 117, c			, ,		, ,
г Г		complete lines 30 through 34.					
ts c	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or eq				31	
ťÅ	32	Retained earnings, endowment, accumulated in				32	
Ne	33	Total net assets or fund balances			42,259,328.	33	48,377,678.
	34	Total liabilities and net assets/fund balances			63,567,455.	33	70,002,395.
	104	TOTAL MADIMUES AND HEL ASSELS/10110 DAId/ICES				07	Eorm <b>990</b> (2010)

Form **990** (2010)

Form 990 (2010)       Assoc.       52-0548411       Page 12         Part XI       Reconciliation of Net Assets       X         Check if Schedule O contains a response to any question in this Part XI       X         1       Total revenue (must equal Part VII, column (A), line 12)       1       7, 142, 604.         2       8, 127, 407.       3       Revenue less expenses. Subtract line 2 from line 1       3       -924, 803.         4       42, 259, 328.       5       7, 103, 153.       6       48, 377, 678.         Part XII       Financial Statements and Reporting       X       X       X         1       Accounting method used to prepare the Form 990:       Cash       X accounting from a prior year or checked "Other," explain in Schedule 0.         2       Wee the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0.       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other," explain in Schedule 0.         2a       Wee the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0.       X       X         2b       Wee the organization of its financial statements and Belection of an independent accountant?       2a       X         b       Were the organization of its financial stateme		UNITED STATES NAVAL ACADEMY ALUMNI								
Check if Schedule O contains a response to any question in this Part XI       X         1       Total revenue (must equal Part VIII, column (A), line 12)       1       7, 142, 604.         2       Total expenses (must equal Part X, column (A), line 25)       2       8, 127, 407.         3       -984, 803.       4       42, 259, 328.         4       Vert essets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       42, 259, 328.         5       Other changes in net assets or fund balances (explain in Schedule O)       5       7, 103, 153.         6       Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))       6       48, 377, 678.         Part XII       Financial Statements and Reporting       X       X       X         Check if Schedule O contains a response to any question in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       the organization's financial statements audited by an independent accountant?       2b       X       2b       X         2       th "Yes" to li	Form	990 (2010) ASSOC.	52-0548411		Pag	ge <b>12</b>				
1 Total revenue (must equal Part VIII, column (A), line 12) 1 7,142,604.   2 Total expenses (must equal Part IX, column (A), line 25) 2 8,127,407.   3 Revenue less expenses. Subtract line 2 from line 1 3 -984,803.   4 42,259,328. 442,259,328.   5 Other changes in net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 42,259,328.   5 Other changes in net assets or fund balances (explain in Schedule 0) 5 7,103,153.   6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 48,377,678.   Part XII Financial Statements and Reporting x   Check if Schedule O contains a response to any question in this Part XII x   1 Accounting method used to prepare the Form 990: Cash X   1 Accounting method used to prepare the Form 990: Cash X   2 Were the organization's financial statements audited by an independent accountant? 2a   b Were the organization's financial statements and selection of an independent accountant? 2a   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? 2b   c If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis. consolidated basis. consolidated basis. coboth: 3a   Sepa	Pa	t XI Reconciliation of Net Assets								
2       Total expenses (must equal Part IX, column (A), line 25)       2       8,127,407.         3       -984,803.         4       42,259,328.         5       Other changes in net assets or fund balances (explain in Schedule O)       5       7,103,153.         6       Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))       6       48,377,678.         Part XII       Financial Statements and Reporting       x       x         Check if Schedule O contains a response to any question in this Part XII       x       x         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         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       X         c       If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis. Consolidated basis. or both:       Separate basis. Consolidated basis. or both:       3a		Check if Schedule O contains a response to any question in this Part XI				X				
2       Total expenses (must equal Part IX, column (A), line 25)       2       8,127,407.         3       -984,803.         4       42,259,328.         5       Other changes in net assets or fund balances (explain in Schedule O)       5       7,103,153.         6       Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))       6       48,377,678.         Part XII       Financial Statements and Reporting       x       x         Check if Schedule O contains a response to any question in this Part XII       x       x         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         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       X         c       If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis. Consolidated basis. or both:       Separate basis. Consolidated basis. or both:       3a										
3       -984,803.         4       42,259,328.         5       7,103,153.         6       48,377,678.         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response to any question in this Part XII       x         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         2a       Were the organization s financial statements compiled or reviewed by an independent accountant?       2a       X         b       Were the organization of its financial statements and selection of an independent accountant?       2b       X         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       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       X         c       If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis.       Consolidated basis. Or both:	1	Total revenue (must equal Part VIII, column (A), line 12)								
4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       42,259,328.         5       Other changes in net assets or fund balances (explain in Schedule O)       5       7,103,153.         6       Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))       6       48,377,678.         Part XII       Financial Statements and Reporting       x       x       x         Check if Schedule O contains a response to any question in this Part XII       x       x       x         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       x         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       x         2       Were the organization's financial statements audited by an independent accountant?       2a       x       2b       x         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       x       2c       x         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       a separate basis, consolidated basis <t< td=""><td>2</td><td colspan="4">Total expenses (must equal Part IX, column (A), line 25)</td><td>,407.</td></t<>	2	Total expenses (must equal Part IX, column (A), line 25)				,407.				
5       Other changes in net assets or fund balances (explain in Schedule 0)       5       7,103,153.         6       Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))       6       48,377,678.         Part XII       Financial Statements and Reporting       x       x       x         Check if Schedule O contains a response to any question in this Part XII       x       x         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       x         2were the organization's financial statements audited by an independent accountant?       2b       x         b       Were the organization of its financial statements and selection of an independent accountant?       2b       x         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 process during the tax year, explain in Schedule O.       2c       x         d       If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:       Separate basis       Sonsolidated basis       Both consolidated and separate basis       a       X	3					,803.				
6       Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))       6       48, 377, 678.         Part XIII       Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2       Were the organization's financial statements compiled or reviewed by an independent accountant?       2b       X         b       Were the organization of its financial statements and selection of an independent accountant?       2b       X         c       If "Yes" to line 2a or 2b, does the organization process or selection process during the tax year, explain in Schedule O.       2c       X         d       If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       0       1         d       If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:       2c       X         is separate basis       Is consolidated basis       Both consolidated and separate basis       3a       X         3a       As a result of a federal award, was th	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				,328.				
Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response to any question in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         b       Were the organization's financial statements compiled or reviewed by an independent accountant?       2b       X         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 process during the tax year, explain in Schedule O.       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:       2c       X         Separate basis       Consolidated basis       Both consolidated and separate basis       3a       X         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       3a       X </td <td>5</td> <td colspan="2">Other changes in net assets or fund balances (explain in Schedule O)5</td> <td></td> <td><u> </u></td> <td></td>	5	Other changes in net assets or fund balances (explain in Schedule O)5			<u> </u>					
Check if Schedule O contains a response to any question in this Part XII X   1 Accounting method used to prepare the Form 990: Cash X   If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a   2a X   b Were the organization's financial statements compiled or reviewed by an independent accountant? 2a   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. 2c   d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: 2   Separate basis X Consolidated basis   3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a   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		Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6								
I       Accounting method used to prepare the Form 990:       Cash       X       Accounting Method used to prepare the Form 990:       Yes       No         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       X       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         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       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:       Separate basis       Separate basis       Separate basis       Separate basis         3a       X       Consolidated basis       Both consolidated and separate basis       Sa       X         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.       Sb	Pa									
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Cash image:	Check if Schedule O contains a response to any question in this Part XII									
b       Were the organization's financial statements audited by an independent accountant?       2b       X         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       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       2c       X         d       If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:       2c       X         Separate basis       X       Consolidated basis       Both consolidated and separate basis       2a         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         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	1		0.		Yes	No				
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       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:       2c       X         G       If "Yes" to fa federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       Both consolidate? If the organization did not 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	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x				
review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:       Separate basis       X       If "Separate basis       If consolidated basis       If the organization required to undergo an audit or audits as set forth in the Single Audit       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	b	Were the organization's financial statements audited by an independent accountant?		2b	Х					
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,							
d       If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:       Image: Consolidated basis, or bot		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х					
separate basis, consolidated basis, or both:       Separate basis       Separ		If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.							
<ul> <li>Separate basis X Consolidated basis Both consolidated and separate basis</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>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.</li> </ul>	d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	l on a							
Act and OMB Circular A-133?       3a       X         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										
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	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit							
or audits, explain why in Schedule O and describe any steps taken to undergo such audits				3a		X				
,	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit							
		or audits, explain why in Schedule O and describe any steps taken to undergo such audits.								

Form **990** (2010)

	EDULE A 990 or 990-EZ)	Puk	olic Charity St	tatus	and P	ublic	Supp	ort	F	OMB No.	1545-00	47
Departme	ent of the Treasury Revenue Service	Comple	te if the organization is 4947(a)(1) no	a sectior	n 501(c)(3) charitabl	organiza e trust.	tion or a s	ection		ZU Open to Inspe		ic
	of the organizat		ttach to Form 990 or Fo		Z. 🕨 See	separate	instructio		mployer id	•		mbor
Name	or the organizat	ASSOC.	TES NAVAL ACADEMY	ALUMNI						0548411	on nu	mber
Part	I Reason		rity Status (All organiz	ations mu	st complet	te this par	t.) See ins	tructions.	52	0040411		
			because it is: (For lines									
1	<u> </u>	•	s, or association of chur	0	,		,					
2			70(b)(1)(A)(ii). (Attach Sc									
з 🗌	A hospital or	a cooperative hosp	ital service organization of	described	in <b>section</b>	170(b)(1)	(A)(iii).					
4	A medical re	search organization	operated in conjunction	with a hos	pital desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i	ii). Enter th	e hospital	's nam	ıe,
	city, and sta											
5 🗆	-	-	benefit of a college or un	niversity o	wned or op	perated by	a govern	mental un	it described	d in		
<b>c</b> [	_	<b>)(b)(1)(A)(iv).</b> (Compl				- 470(1-)(4						
6 ∟ 7 □			ent or governmental uni					r from the		ublic dooo	ribadi	in
1		(b)(1)(A)(vi). (Comple	eives a substantial part	or its supp	on non a	governme			e general pr		nbeui	
8			section 170(b)(1)(A)(vi).	(Complete	Part II )							
9 2			eives: (1) more than 33			rom contri	butions, n	nembershi	ip fees, and	l gross re	ceipts	from
			nctions - subject to certa									
	income and	unrelated business t	axable income (less sect	tion 511 ta	ix) from bu	isinesses a	acquired b	y the orga	anization af	ter June 3	80, 197	75.
_	See section	509(a)(2). (Complete	e Part III.)									
10			perated exclusively to te									
11 🗆			perated exclusively for th									or
			ations described in section				2). See <b>se</b> o	ction 509(	a)(3). Chec	k the box	that	
	a D Type	· ·	organization and compl Type II		e III - Func		boaratod		а 🗌 .	Type III - (	Othor	
е			at the organization is not	• •		•	-	r more dis				an
-			han one or more publicly									
f			tten determination from t								,	
	supporting of	organization, check tl	his box									
g	Since Augus	st 17, 2006, has the o	organization accepted ar	ny gift or c	ontributior	n from any	of the foll	owing per	sons?			
			lirectly controls, either al							·	Yes	No
			upported organization?							11g(i)		<u> </u>
			n described in (i) above?							11g(ii)		
h	(iii) A 35% controlled entity of a person described in (i) or (ii) above?											
	Flovide the	ionowing information	about the supported of	ganization	(5).							
(i) Name of supported organization		(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	organization in col. (i) listed in your organization in col. described on lines 1-9 agverning document2 (i) of your support2 (i) organization in col.				(vi) Is organizati (i) organiz U.S	on in col.	(vii) Amount of support		
			(see instructions))	Yes	No	Yes	No	Yes	No			

Total

#### Schedule A (Form 990 or 990-EZ) 2010

Concaulo	
Part II	Supp

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
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)						
-	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		i	i	i		
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	(	,			12	
13	First five years. If the Form 990 is for						
Sol	organization, check this box and stop ction C. Computation of Publ	here	rcontago				▶∟
				a a lu usa (f))		14	
	Public support percentage for 2010 (I		•	<i>(n</i> ) ······		14	%
	Public support percentage from 2009 33 1/3% support test - 2010. If the o						%
108		-					
h	<ul><li>stop here. The organization qualifies</li><li>33 1/3% support test - 2009. If the o</li></ul>						·····
D							
17-	and stop here. The organization qual <b>10%</b> -facts-and-circumstances test						
178							
	and if the organization meets the "fac			-	•	•	
L.	meets the "facts-and-circumstances"		-		•		
D	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						′ ▶□
12	organization meets the "facts-and-circ Private foundation. If the organizatio						
.0	i mate roundation. Il the organizatio	IT GIG HOL CHECK &		a, 100, 17a, 01 17	S, OHOOK LINS DUX		🚩 💷 🗆

Schedule A (Form 990 or 990-EZ) 2010

### Schedule A (Form 990 or 990-EZ) 2010 ASSOC.

## 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

Se	ction A. Public Support	_					
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,933,073.	4,534,472.	4,536,025.	5,678,317.	2,913,428.	21,595,315.
2	Gross receipts from admissions,						<u> </u>
-	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,309,069.	1,401,903.	1,322,188.	1,272,659.	1,414,545.	6,720,364.
2	Gross receipts from activities that	_,,	_,,	_,0,2001	_,_,_,,	_,,	•,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3	are not an unrelated trade or bus-						
	iness under section 513						
		ł					
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	5,242,142.	5,936,375.	5,858,213.	6,950,976.	4,327,973.	28,315,679.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year						0.
	Add lines 7a and 7b						-
	Public support (Subtract line 7c from line 6.)						28,315,679.
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	5,242,142.	5,936,375.	5,858,213.	6,950,976.	4,327,973.	28,315,679.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,894,820.	2,520,262.	1,673,869.	2,062,463.	2,490,682.	10,642,096.
ł	Unrelated business taxable income	, ,	, ,	, ,	, ,	, ,	
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		17,188.	18,362.		29 119	61 999
		1 904 920			2 062 462	29,449.	64,999. 10,707,095.
11	Add lines 10a and 10b Net income from unrelated business	1,894,820.	2,537,450.	1,692,231.	2,062,463.	2,520,131.	10,707,095.
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital	121,317.	73,775.	13,902.	36,618.	21,041.	266,653.
13	assets (Explain in Part IV.)	, 7,258,279.	8,547,600.	7,564,346.	9,050,057.	6,869,145.	39,289,427.
	First five years. If the Form 990 is for						, ,
14					5		
Se	ction C. Computation of Publ						
15	Public support percentage for 2010 (I			olump (f))		15	72.07 %
16	Public support percentage from 2009					16	70.90 %
	ction D. Computation of Inves		,			10	70.50 90
	· · · · · · · · · · · · · · · · · · ·			- <b>10</b> (f))		47	27.25 %
17	Investment income percentage for 20					17	/0
18	Investment income percentage from 2					18	/0
19a	a 33 1/3% support tests - 2010. If the						
	more than 33 1/3%, check this box a						
k	<b>33 1/3% support tests - 2009.</b> If the	organization did ne	ot check a box on	line 14 or line 19a,	and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies a	s a publicly supp	orted organization	▶∟
20	Private foundation. If the organizatio	<u>n did not check a l</u>	<u>box on line 14, 1</u> 9a	i, or 19b, check thi	is box and see ins	structions	<u></u> ▶□]

\*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

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

OMB No. 1545-0047

2010

Employer identification number

Schedule B

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

Department of the Treasury Internal Revenue Service

UNTTED	STATES	NAVAL.	ACADEMY	ALTIMNT
ONTIED	STATES	INAVAL	ACADEMI	ADOMNI

52-0548411

Organization	type (check	one):
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ASSOC

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

#### **Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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, aggregate 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.

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 aggregate 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.

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does 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) (2010)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)
---

ASSOC Part I Contributors (see instructions) (a) (b) (c) No. Name, address, and ZIP + 4 Aggregate contributions 1 591,356. \$ (a) (b) (c) No. Name, address, and ZIP + 4 Aggregate contributions 2 64,500. \$ (a) (b) (c) Name, address, and ZIP + 4 Aggregate contributions No. 3 98,907. \$ (a) (b) (c) No. Name, address, and ZIP + 4 Aggregate contributions 4 100,000. \$ (a) (b) (c) Name, address, and ZIP + 4 No. Aggregate contributions 5 1,944,688. \$ (b) (c) (a) Aggregate contributions No. Name, address, and ZIP + 4 \$

Employer identification number 52-0548411

> Person Payroll Noncash

Page

(d)

Type of contribution

(Complete Part II if there is a noncash contribution.)

(d)

Type of contribution

(Complete Part II if there is a noncash contribution.)

(d)

Type of contribution

(Complete Part II if there is a noncash contribution.)

(d)

Type of contribution

(Complete Part II if there is a noncash contribution.)

(d)

Type of contribution

(Complete Part II if there is a noncash contribution.)

(d)

Type of contribution

(Complete Part II if there is a noncash contribution.)

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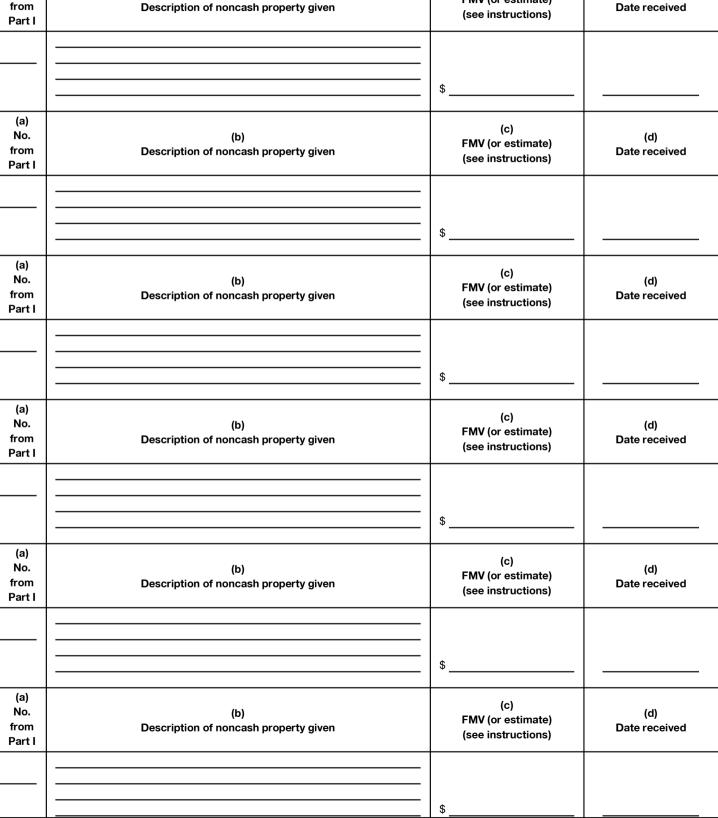
X

X

Name of organization							
		NT N 17 N T	202				

Part II Noncash Property (see instructions) (a) No. (b) FMV (or estimate) from Description of noncash property given Part I \$ (a) No. (b) from Description of noncash property given Part I \$ (a) No. (b) from Description of noncash property given Part I \$ (a) No. (b) from Description of noncash property given Part I

## Name of organization



(d)

Employer identification number

Page

52-0548411

(c)

Name of orga	anization		Employer identification number				
UNITED ST	ATES NAVAL ACADEMY ALUMNI						
ASSOC.			52-0548411				
Part III	Exclusively religious, charitable, etc., i more than \$1,000 for the year. Complet Part III, enter the total of exclusively relig \$1,000 or less for the year. (Enter this in	e columns <b>(a)</b> through <b>(e) and</b> the follous, charitable, etc., contributions of	01(c)(7), (8), or (10) organizations aggregating owing line entry. For organizations completing \$				
(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, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
(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 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, a	nd ZIP + 4	Relationship of transferor to transferee				

SCHEDULE I	)
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Department of the Treasury

(Form	990)
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## **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions. Inspection Internal Revenue Service UNITED STATES NAVAL ACADEMY ALUMNI Name of the organization Employer identification number ASSOC 52-0548411 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990. Part IV. line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 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 advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a а Total acreage restricted by conservation easements 2b b С Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure d listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 vear 🕨 4 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? \_ Yes No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and 9 include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 ► \$ (ii) Assets included in Form 990, Part X 📃 🕨 💲 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 \_\_\_\_\_ 🕨 \$ \_ b Assets included in Form 990, Part X

OMB No. 1545-0047

Open to Public

	UNITED STAT	ES NAVAL ACADEM	IY ALUMNI					
Sche	dule D (Form 990) 2010 ASSOC.					52-0548	3411	Page <b>2</b>
Par	t III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or C	Other :	Similar Ass	ets (contin	nued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are	e a sign	ificant use of its	s collection	items
	(check all that apply):							
а	Public exhibition	d	Loan or excl	hange programs				
b	Scholarly research	e	Other					
с	Preservation for future generations							
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.							
5								
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes	No No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes	s" to Fo	rm 990, Part IV	, line 9, or	
	reported an amount on Form 990, Pa							
<b>1</b> a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	is or other assets	s not inc	luded		
	on Form 990, Part X?		-				Yes	🗌 No
b	If "Yes," explain the arrangement in Part XIV							
			-				Amount	
с	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on F					L	Yes	No
	If "Yes," explain the arrangement in Part XIV.							
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" to Fo	rm 990, Part IV, I	ine 10.			
		(a) Current year	<b>(b)</b> Prior year	(c) Two years ba	ick (d)	Three years back	(e) Four y	years back
1a	Beginning of year balance	58,295,306.	56,224,991.	68,411,14				
b	Contributions	109,914.	1,622,529.	-12,649,8	18.			
	Net investment earnings, gains, and losses	608,871.	447,786.	463,6	68.			
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	59,014,091.	58,295,306.	56,224,9	91.			
2	Provide the estimated percentage of the year	r end balance held a	IS:					
а	Board designated or quasi-endowment		_%					
b	Permanent endowment  100.00	%						
с	Term endowment	%						
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held a	nd administered	for the	organization	_	
	by:						`	Yes No
	(i) unrelated organizations						. 3a(i)	X
	(ii) related organizations						. 3a(ii)	x
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?				. 3b	X
4	Describe in Part XIV the intended uses of the							
Par	t VI Land, Buildings, and Equipm	nent. See Form 990	), Part X, line 10.					
	Description of investment	(a) Cost or o				imulated	<b>(d)</b> Book	value
		basis (investr	nent) basis	(other)	depre	ciation		
1a	Land			108,880.				108,880.
b	Buildings		3	,857,087.	1	,143,550.	2,	713,537.
с	Leasehold improvements							
d	Equipment		1	,426,595.		897,916.		528,679.
	Other							
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, column (B), line 1	0(c).)			3,	351,096.

Schedule D (Form 990) 2010

International International Control Control (Control)         (a) Description of Security of Calagory (no. Cal	Schedule D (Form 990) 2010         ASSOC.           Part VII         Investments - Other Securities. Set	o Form 000, Dart V, lino	10	52-054	8411 Page <b>3</b>
Implication         Implication         Cost or end-obyear market value           (c)         (c)         (c)         (c)           (c)         (c)			12.	(a) Mathad of valuation	
(1)       Financial derivatives         (2)       Code/held equity Interests         (3)       Code         (4)       Display interests         (3)       Code         (3)       Code         (3)       Code         (3)       Code         (3)       Code         (3)       Code         (4)       Code         (5)       Code         (6)       Code         (7)       Code         (8)       Code         (9)       Code         (9)       Code         (10)       Code         (11)       Code         (12)       Code         (13)       Code or end of year market value         (14)       Code or end of year market value         (15)       Code or end of year market value         (16)       Code or end of year market value         (17)       Code or end of year market value         (18)       Code or end of year market value         (19)       Code or end of year market value         (10)       Code or end of year market value         (10)       Code or end of year market value         (10)       <		(b) Book value	6	· · /	
(2)         Clockly-heid equity interests				st of end-or-year market	value
(8) Other					
(a) OFTER - PARTNERSHIP INTERSETS 4 ETC.       15, 249, 493.       END-OF-YEAR MARKET VALUE         (b)       (c)       (c)       (c)         (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)         (d)       (c) (b) must equal form 900, Part X, col (b) line 12.)       15, 249, 493.         Fart VIII Investments - Program Related. See Form 900, Part X, line 13.       (c) Method of valuation: Cost or end of year market value         (i)       (b) Book value       (c) Method of valuation: Cost or end of year market value         (i)       (j) Book value       (j) Book value         (ii)       (j) Book value       (j) Book value         (iii)       (j) Book value       (j)         (iii)       (j) Book	(2) Closely-held equity interests				
(6)         (7)           (7)         (8)           (8)         (7)           (9)         (8)           (9)         (9)           (9)         (9)           (9)         (9)           (9)         (9)           (9)         (9)           (9)         (9)           (9)         (9)           (9)         (9)           (9)         (9)           (9)         (9)           (9)         (9)           (9)         (9)           (9)         (9)           (10)         (9)           (10)         (9)           (10)         (9)           (10)         (9)           (11)         (9)           (12)         (9)           (13)         (9)           (14)         (10)           (15)         (10)           (10)         (10)           (11)         (9)           (12)         (9)           (13)         (9)           (14)         (15)           (15)         (16)           (17)         (16)					
[0]         [1]           [0]         [2]           [1]         [2]           [2]         [3]           [3]         [4]           [3]         [4]           [3]         [5]           [6]         [5]           [6]         [6]           [7]         [6]           [6]         [6]           [7]         [6]           [8]         [6]           [9]         [1]           [9]         [1]           [9]         [1]           [9]         [1]           [9]         [1]           [9]         [1]           [9]         [1]           [9]         [1]           [1]         [2]           [1]         [2]           [1]         [3]           [1]         [4]           [6]         [6]           [1]         [4]           [6]         [6]           [6]         [6]           [6]         [6]           [6]         [6]           [6]         [6]           [6]         [6]           [6]	(A) OTHER - PARTNERSHIP INTERESTS & ETC.	15,249,493	3. END-OF-YEAR	MARKET VALUE	
[0]         [1]           [0]         [2]           [1]         [2]           [2]         [3]           [3]         [4]           [3]         [4]           [3]         [5]           [6]         [5]           [6]         [6]           [7]         [6]           [6]         [6]           [7]         [6]           [8]         [6]           [9]         [1]           [9]         [1]           [9]         [1]           [9]         [1]           [9]         [1]           [9]         [1]           [9]         [1]           [9]         [1]           [1]         [2]           [1]         [2]           [1]         [3]           [1]         [4]           [6]         [6]           [1]         [4]           [6]         [6]           [6]         [6]           [6]         [6]           [6]         [6]           [6]         [6]           [6]         [6]           [6]	(B)				
0)					
[C]         [G]           (G)					
(F)					
[9]					
(P)       (D)         (D)					
0.         15,249,493.           Total. (Coll (b) must equal Form 990, Part X, (or (B) line 12.) ▶         15,249,493.           (a) Description of investment type         (b) Book value         (c) Method of valuation: Cost or end of year market value           (1)         (a)         (b) Book value         (c) Method of valuation: Cost or end of year market value           (1)         (c)         (c) Method of valuation: Cost or end of year market value         (c)           (a)         (c)         (c)         (c)           (a)         (c)         (c)         (c)           (a)         (c)         (c)         (c)           (c)         (c)         (c)         (c)         (c)           (c)         (c)         (c)         (c)         (c)           (c)         (c)         (c)         (c)         (c)           (c)	(G)				
Total: Col (b) must equal Form 990, Part X, col (b) line 12)       15, 249, 493.         (a) Description of investment type       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (a) Description of investment type       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (a)       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (a)       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (a)       (b)       (c)       (c)       (c)         (a)       (c)       (c)       (c)       (c)         (b)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)         (1)       (c)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)       (c)       (c)         (1)       (c)       (c)       (c)       (c)       (c)       (c)       (c)         (1)       (c)       (c)       (c)	(H)				
Part XIII Investments - Program Related. See Form 990, Part X, line 13.         (a) Description of investment type       (b) Book value       Cost or end-of year market value         (1)       (a)       (b) Book value       Cost or end-of year market value         (1)       (b) Book value       Cost or end-of year market value         (1)       (c)       (c)         (a)       (c)       (c)         (a)       (c)       (c)         (b)       (c)       (c)         (c)       (c)       (c) <td>(1)</td> <td></td> <td></td> <td></td> <td></td>	(1)				
(a) Description of investment type         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (a)         (b)         (c)	Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) 🕨	15,249,493	3.		
(a) Description of investment type         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (a)         (b)         (c)	Part VIII Investments - Program Related. Se	ee Form 990. Part X. line	13.		
(a) Description of investment type         (b) Book value         Cost or end-of-year market value           (1)				(c) Method of valuation	:
(1)       (2)         (3)       (4)         (5)       (5)         (6)       (7)         (7)       (7)         (8)       (9)         (10)       (10) must equal Form 990, Part X, col (8) line 13.) ►         Part IX       Other Assets. See Form 990, Part X, line 15.         (10)       (a) Description         (11)       (a) Description         (2)       (3)         (3)       (4)         (4)       (5)         (6)       (7)         (8)       (9)         (10)       (10)         (11)       (11)         (12)       (2)         (3)       (4)         (4)       (5)         (6)       (7)         (7)       (9)         (10)       (11)         Federal income taxes       (12)         (2) DEPOSITS ON LIFE MEMBERSHIPS       596, 418.         (3)       (13) Description of liability         (4)       (14) DESERED INCOME AND DEPOSITS         (5) SPLIT INTEREST AGREEMENTS       1, 232, 798.         (6) ACCR, KEY EMPLOYESE RETIREMENT       728, 153.         (7)       UNMORTIZED LIFE MEMBERSHIPS	(a) Description of investment type	(b) Book value	Co		
[2]       [3]         [3]       [4]         [4]       [5]         [6]       [6]         [7]       [7]         [8]       [8]         [9]       [9]         (10)       [10]         Total. (Cold (b) must equal Form 990, Part X, tool (B) line 13.)       [10]         [10]       [10]         [11]       [2]         [2]       [3]         [3]       [4]         [4]       [5]         [6]       [6]         [7]       [8]         [9]       [10]         (10)       [10]         [9]       [10]         (10)       [11]         [9]       [11]         [9]       [11]         [11]       [22]         [12]       [23]         [13]       [3]         [14]       [4]         [15]       [16]         [16]       [17]         [17]       [18]         [18]       [19]         [19]       [20]         [20]       [21]         [21]       [22]         [22]       [23] <td>(4)</td> <td></td> <td></td> <td>,</td> <td></td>	(4)			,	
[3]					
(4)       (5)         (6)       (7)         (7)       (7)         (8)       (9)         (10)       (10)         (11)       (11)         (2)       (11)         (3)       (11)         (2)       (11)         (3)       (11)         (3)       (11)         (4)       (12)         (5)       (12)         (6)       (12)         (7)       (12)         (12)       (13)         (14)       (14)         (15)       (16)         (16)       (17)         (17)       (18)         (18)       (19)         (19)       (10)         Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)         Part X       Other Liabilitities. See Form 990, Part X, ine 25.         1.       (a) Description of liability         (b) Amount       (10)         Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)         Part X       Other Liabilities. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) DEFOSITS ON LIFE MEMBERSHIPS       596, 418.         (	(2)				
(5)       (6)         (7)       (7)         (8)       (9)         (10)       (10)         Total. (Col (b) must equal Form 990, Part X, ton (B) line 13.) ▶       (a) Description         (b) Book value       (b) Book value         (1)       (a) Description       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (3)       (4)         (4)       (5)       (6)         (7)       (8)       (9)         (9)       (10)       (10)         Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)       (b) Amount         (10)       (11)       (a) Description of liability       (b) Amount         (11)       (a) Description of So, Part X, ine 25.       (b) Amount         (11)       (a) Description of So, Part X, ine 25.       (b) Amount         (11)       (a) Description of Mole Poistrs       596, 418.         (b) DEPOSITS ON LIFE MEMBERSHIPS       596, 418.         (c) DEPOSITS ON LIFE MEMBERSHIPS       1, 232, 798.         (a) DEPOSITS ON LIFE MEMBERSHIPS       1, 232, 798.         (b) ACCR, REY EMELORES RETIRBLEMENT       728, 153.         (7)       (11)       (12)         (12)	(3)				
(6)       (7)         (8)       (9)         (10)       (10)         Total. (Col ((b) must equal Form 990, Part X, line 15.       (a) Description         (a) Description       (b) Book value         (1)       (a) Description         (2)       (a)         (3)       (b) Book value         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (b)         (9)       (c)         (10)       (c)         Total. (Column (b) must equal Form 930, Part X, col (B) line 15.)       (b)         (7)       (c)         (8)       (g)         (9)       (c)         (10)       (b) Description of liability         (1)       (c) Description of liability         (1)       (b) Description of liability         (1)       (b) Description of liability         (2) DEPOSITE ON LIFE MEMBERSHIPS       2594, 093.         (4) DEFERRED INCOME AND DEPOSITS       2, 591, 093.         (4) DEFERRED INCOME AND DEPOSITS       1, 232, 798.         (6) ACCC, REFY EMPLOYEES RETIREMENT       1, 232, 798.         (6) ACC, REFY EMPLOYEES RETIREMENT       <	(4)				
(6)       (7)         (8)       (9)         (10)       (10)         Total. (Col ((b) must equal Form 990, Part X, line 15.       (a) Description         (a) Description       (b) Book value         (1)       (a) Description         (2)       (a)         (3)       (b) Book value         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (b)         (9)       (c)         (10)       (c)         Total. (Column (b) must equal Form 930, Part X, col (B) line 15.)       (b)         (7)       (c)         (8)       (g)         (9)       (c)         (10)       (b) Description of liability         (1)       (c) Description of liability         (1)       (b) Description of liability         (1)       (b) Description of liability         (2) DEPOSITE ON LIFE MEMBERSHIPS       2594, 093.         (4) DEFERRED INCOME AND DEPOSITS       2, 591, 093.         (4) DEFERRED INCOME AND DEPOSITS       1, 232, 798.         (6) ACCC, REFY EMPLOYEES RETIREMENT       1, 232, 798.         (6) ACC, REFY EMPLOYEES RETIREMENT       <	(5)				
(7)       (8)         (9)       (10)         Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►       (a) Description         (b) Book value       (b) Book value         (1)       (a) Description       (b) Book value         (1)       (a) Description       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (b) Book value       (c)         (3)       (c)       (c)       (c)         (4)       (c)       (c)       (c)         (6)       (c)       (c)       (c)         (7)       (c)       (c)       (c)         (8)       (c)       (c)       (c)         (9)       (c)       (c)       (c)         (10)       (c) Description of liability       (b) Amount       (c) Description of liability         (1)       Feart X       Other Liabilities. See Form 990, Part X, line 25.       (c) DESCRIPTS ON LIFE MEMBERSHIPS       596, 418.         (3)       (c) LAST S AVINGS ACCOUNTS       2, 591, 093.       (d) DEFERRED INCOME AND DEPOSITS       1, 232, 798.         (6)       ACCM SERS MEMBERSHIPS       1, 232, 798.       (d) BACCOUNTS       1, 238, 193.         (6)       (c)       (					
(8)       (9)         (10)       (10)         Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►       (a) Description         (a) Description       (b) Book value         (1)       (a) Description         (2)       (b) Book value         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (10)       (c)         (10)       (c)         (11)       (c)         (12)       (c)         (13)       (c)         (14)       (c)         (15)       (c)         (16)       (c)         (17)       (c)         (18)       (c)         (19)       (c)         (10)       (c)         (10)       (c)         (2)       DEPOSITS ON LIFE MEMBERSHIPS         (2)       DEPOSITS ON LIFE MEMBERSHIPS         (2)       DEPOSITS ON LIFE MEMBERSHIPS         (3)       CLASS SAVINGS ACCOUNTS         (3)       CLASS SAVINGS ACCOUNTS					
(9)       (10)         (10)       (1)         (11)       (2)         (3)       (3)         (4)       (5)         (6)       (7)         (8)       (9)         (9)       (1)         (1)       (1)         (2)       (2)         (3)       (3)         (4)       (5)         (6)       (7)         (8)       (9)         (10)       (1)         (7)       (8)         (9)       (1)         (10)       (1)         (11)       (1)         (12)       (2)         (13)       (3)         (14)       (15)         (15)       (16)         (16)       (17)         (17)       (16)         (18)       (19)         (19)       (11)         (10)       (11)         (11)       (11)         (12)       DEPOSITS ON LIFE MEMBERSHIPS         (2)       DEPOSITS ON LIFE MEMBERSHIPS         (2)       DEPOSITS ON LIFE MEMBERSHIPS         (3)       CLASS SAVINGS ACCOUNTS         (3)					
(10)       Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►         Part IX       Other Assets. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (1)       (a) Description         (2)       (b) Book value         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (10)       (c)         Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)         Part X       Other Liabilities. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Amount       (b) Amount         (1) Federal income taxes       (c) DerOsITS ON LIPE MEMBERSHIPS         (2) DEPOSITS ON LIPE MEMBERSHIPS       596, 418.         (3) CLASS SAVINOS ACCOUNTS       2, 591, 093.         (4) DEFERRED INCOME AND DEPOSITS       971, 869.         (5) SHLIT INTERERST AGREEMENTS       1, 232, 798.         (6) ACCR. KEY EMPLOYEES RETIREMENT       728, 153.         (7) UNAMORTIZED LIFE MEMBERSHIPS       14, 188, 831.         (9)       (10)         (10)       (10)					
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)       Image: Color of the color					
Part IX Other Assets. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (1)       (c)         (2)       (d)         (3)       (d)         (4)       (d)         (5)       (e)         (7)       (f)         (8)       (f)         (9)       (f)         (10)       (f)         Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)       (f)         FPart X       Other Liabilities. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Amount       (f)         Federal income taxes       (f)         (2) DEPOSITS ON LIFE MEMBERSHIPS       596, 418.         (2) DEPOSITS ON LIFE MEMBERSHIPS       596, 418.         (3) CLASS SATUNGS ACCOUNTS       2, 591, 093.         (4) DEFERRED INCOME AND DEPOSITS       971, 669.         (5) SPLIT INTEREST AGREEMENTS       1, 232, 796.         (6) ACCR. KEY EMPLOYEES RETIREMENT       728, 153.         (7) UNANORTIZED LIFE MEMBERSHIPS       14, 186, 831.         (8)       (g)         (10)       (10)         (11)       (20, 309, 162)					
(a) Description       (b) Book value         (1)       (a) Cascipation         (2)       (b) Book value         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (10)       (c)         Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)         Part X       Other Liabilities. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1) Federal income taxes       (b) Amount         (1) Federal income taxes       (c) DEFORITS ON LIFE MEMBERSHIPS         (3) CLASS SAVINGS ACCOUNTS       2, 591, 093.         (4) DEFERRED INCOME AND DEPOSITS       971, 869.         (5) SPLIT INTEREST AGREEMENTS       1, 232, 798.         (6) ACCR. KEY EMPLOYEES RETIREMENT       728, 153.         (7) UNAMORTIZED LIFE MEMBERSHIPS       14, 188, 831.         (8)       (c)         (9)       (c)         (10)       (c)         (11)       (c)         (12)       (c)         (13)       (c)         (14)       (c)					
(1)       (2)         (3)       (4)         (4)       (5)         (6)       (7)         (8)       (9)         (10)       (10)         Total (Column (b) must equal Form 990, Part X, col (B) line 15.)       (b) Amount         (1)       Fortal (Column (b) must equal Form 990, Part X, col (B) line 15.)         Part X       Other Liabilities. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Deposities on Lifes Memberships       596, 418.         (2) DEPOSITIS ON LIFE MEMBERSHIPS       596, 418.         (3) CLASS SAVINGS ACCOUNTS       2, 591, 093.         (4) DEPERRED INCOME AND DEPOSITIS       971, 869.         (5) SPLIT INTEREST AGREEMENTS       1, 232, 798.         (6) ACCR. KEY EMPLOYEES RETIREMENT       728, 153.         (7) UNAMORTIZED LIFE MEMBERSHIPS       14, 188, 831.         (9)       (10)         (10)       (10)         (11)       (20, 309, 152.					
(2)       (3)         (4)       (5)         (5)       (6)         (7)       (7)         (8)       (9)         (10)       (10)         Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)       ►         Part X       Other Liabilities. See Form 990, Part X, line 25.       ►         1.       (a) Description of liability       (b) Amount         (1) Federal income taxes       (2) DEPOSITS ON LIFE MEMBERSHIPS       596, 418.         (3) CLASS SAVINOS ACCOUNTS       2, 591, 093.         (4) DEFERRED INCOME AND DEPOSITS       971, 869.         (5) SPLIT INTEREST AGREEMENTS       1, 232, 798.         (6) ACCR. KEY EMPLOYEES RETIREMENT       728, 153.         (7) UNAMORTIZED LIFE MEMBERSHIPS       14, 188, 831.         (9)       (10)       (10)         (10)       (10)       (10)         (11)       (20, 309, 162.	(a)	Description			(b) Book value
(3)       (4)         (5)       (5)         (6)       (7)         (7)       (8)         (9)       (10)         Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)       (9)         (10)       (11)         Part X       Other Liabilities. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1)       Federal income taxes         (2)       DEPOSITS ON LIFE MEMBERSHIPS         (3)       CLASS SAVINGS ACCOUNTS         (3)       CLASS SAVINGS ACCOUNTS         (4)       DEFERRED INCOME AND DEPOSITS         (5)       SPLIT INTEREST AGREEMENTS         (6)       ACCR. KEY EMPLOYEES RETIREMENT         (7)       UNAMORTIZED LIFE MEMBERSHIPS         (7)       UNAMORTIZED LIFE MEMBERSHIPS         (7)       UNAMORTIZED LIFE MEMBERSHIPS         (9)       (10)         (10)       (11)         (11)       (20, 309, 162)	(1)				
(3)       (4)         (5)       (5)         (6)       (7)         (7)       (8)         (9)       (10)         Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)       (9)         (10)       (11)         Part X       Other Liabilities. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1)       Federal income taxes         (2)       DEPOSITS ON LIFE MEMBERSHIPS         (3)       CLASS SAVINGS ACCOUNTS         (3)       CLASS SAVINGS ACCOUNTS         (4)       DEFERRED INCOME AND DEPOSITS         (5)       SPLIT INTEREST AGREEMENTS         (6)       ACCR. KEY EMPLOYEES RETIREMENT         (7)       UNAMORTIZED LIFE MEMBERSHIPS         (7)       UNAMORTIZED LIFE MEMBERSHIPS         (7)       UNAMORTIZED LIFE MEMBERSHIPS         (9)       (10)         (10)       (11)         (11)       (20, 309, 162)	(2)				
(4)       (5)         (6)       (7)         (8)       (9)         (10)       (10)         Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)       ►         Part X       Other Liabilities. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1)       Federal income taxes         (2)       DEPOSITS ON LIFE MEMBERSHIPS         (3)       CLASS SAVINGS ACCOUNTS         (4)       DEFERRED INCOME AND DEPOSITS         (5)       SPLIT INTEREST AGREEMENTS         (6)       ACCR. KEY EMPLOYEES RETIREMENT         (7)       UNANORTIZED LIFE MEMBERSHIPS         (7)       UNANORTIZED LIFE MEMBERSHIPS         (9)       (10)         (10)       (10)         (11)       (20, 309, 162)					
(5)       (6)         (7)       (8)         (9)       (10)         Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)       ►         Part X       Other Liabilities. See Form 990, Part X, line 25.       ►         1.       (a) Description of liability       (b) Amount         (1) Federal income taxes       596, 418.         (2) DEPOSITS ON LIFE MEMBERSHIPS       596, 418.         (3) CLASS SAVINGS ACCOUNTS       2, 591, 093.         (4) DEFERRED INCOME AND DEPOSITS       971, 869.         (5) SFLIT INTEREST AGREEMENTS       1, 232, 798.         (6) ACCR. KEY EMPLOYEES RETIREMENT       728, 153.         (7) UNAMORTIZED LIFE MEMBERSHIPS       14, 188, 831.         (8)       (9)         (10)       (10)         (11)       (2) 309, 162.					
(6)       (7)         (8)       (9)         (10)       (10)         Fart X       Other Liabilities. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Amount         (1) Federal income taxes         (2) DEPOSITS ON LIFE MEMBERSHIPS         (3) CLASS SAVINGS ACCOUNTS         (4) DEFERRED INCOME AND DEPOSITS         (5) SPLIT INTEREST AGREEMENTS         (6) ACCR. KEY EMPLOYEES RETIREMENT         (7) UNAMORTIZED LIFE MEMBERSHIPS         (8)         (9)         (10)         (11)         Uther (Column (b) must equal Form 990, Part X, col (B) line 25)         20, 309, 162					
(7)       (8)         (9)       (10)         Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)       (b) Amount         Part X       Other Liabilities. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Amount         (1) Federal income taxes       (b) Amount         (2) DEPOSITS ON LIFE MEMBERSHIPS       596, 418.         (3) CLASS SAVINGS ACCOUNTS       2, 591, 093.         (4) DEFERRED INCOME AND DEPOSITS       971, 869.         (5) SPLIT INTEREST AGREEMENTS       1, 232, 798.         (6) ACCR. KEY EMPLOYEES RETIREMENT       728, 153.         (7) UNAMORTIZED LIFE MEMBERSHIPS       14, 188, 831.         (8)       (9)         (10)       (10)         (11)       (2) 309, 162					
(8)       (9)         (10)       Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)         Part X       Other Liabilities. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1)       Federal income taxes         (2)       DEPOSITS ON LIFE MEMBERSHIPS         (3)       CLASS SAVINGS ACCOUNTS         (4)       DEFERRED INCOME AND DEPOSITS         (5)       SPLIT INTEREST AGREEMENTS         (6)       ACCR. KEY EMPLOYEES RETIREMENT         (7)       UNAMORTIZED LIFE MEMBERSHIPS         (8)       (9)         (10)       (10)         (11)       Ltot (Column (b) must equal Form 990, Part X, col (B) line 25)         20       309, 162					
(9)       (10)         Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)       >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	(7)				
(10)         Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)         ▶         Part X       Other Liabilities. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1) Federal income taxes       (b) Amount         (2) DEPOSITS ON LIFE MEMBERSHIPS       596, 418.         (3) CLASS SAVINGS ACCOUNTS       2, 591, 093.         (4) DEFERRED INCOME AND DEPOSITS       971, 869.         (5) SPLIT INTEREST AGREEMENTS       1, 232, 798.         (6) ACCR. KEY EMPLOYEES RETIREMENT       728, 153.         (7) UNAMORTIZED LIFE MEMBERSHIPS       14, 188, 831.         (8)       (9)         (10)       (10)         (11)       14         Total (Column (b) must equal Form 990, Part X col (B) line 25.)       20, 309, 162	(8)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)         Part X       Other Liabilities. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Amount         (1) Federal income taxes         (2) DEPOSITS ON LIFE MEMBERSHIPS         (3) CLASS SAVINGS ACCOUNTS         (4) DEFERRED INCOME AND DEPOSITS         (5) SPLIT INTEREST AGREEMENTS         (6) ACCR. KEY EMPLOYEES RETIREMENT         (7) UNAMORTIZED LIFE MEMBERSHIPS         (8)         (9)         (10)         (11)         Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	(9)				
Part X       Other Liabilities. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Amount         (1)       Federal income taxes	(10)				
Part X       Other Liabilities. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Amount         (1)       Federal income taxes	Total. (Column (b) must equal Form 990, Part X, col (B) line	9 15.)		•	
1.       (a) Description of liability       (b) Amount         (1) Federal income taxes					
(1) Federal income taxes         (2) DEPOSITS ON LIFE MEMBERSHIPS         (3) CLASS SAVINGS ACCOUNTS         (4) DEFERRED INCOME AND DEPOSITS         (5) SPLIT INTEREST AGREEMENTS         (6) ACCR. KEY EMPLOYEES RETIREMENT         (7) UNAMORTIZED LIFE MEMBERSHIPS         (8)         (9)         (10)         (11)         Total (Column (b) must equal Form 990, Part X col (B) line 25)         20, 309, 162			(b) Amount		
(2) DEPOSITS ON LIFE MEMBERSHIPS       596,418.         (3) CLASS SAVINGS ACCOUNTS       2,591,093.         (4) DEFERRED INCOME AND DEPOSITS       971,869.         (5) SPLIT INTEREST AGREEMENTS       1,232,798.         (6) ACCR. KEY EMPLOYEES RETIREMENT       728,153.         (7) UNAMORTIZED LIFE MEMBERSHIPS       14,188,831.         (8)       (10)         (11)       20,309,162.					
(3)       CLASS SAVINGS ACCOUNTS       2,591,093.         (4)       DEFERRED INCOME AND DEPOSITS       971,869.         (5)       SPLIT INTEREST AGREEMENTS       1,232,798.         (6)       ACCR. KEY EMPLOYEES RETIREMENT       728,153.         (7)       UNAMORTIZED LIFE MEMBERSHIPS       14,188,831.         (8)       (9)       (10)         (11)       11       20,309,162.			EQC 119		
(4) DEFERRED INCOME AND DEPOSITS       971,869.         (5) SPLIT INTEREST AGREEMENTS       1,232,798.         (6) ACCR. KEY EMPLOYEES RETIREMENT       728,153.         (7) UNAMORTIZED LIFE MEMBERSHIPS       14,188,831.         (8)       9         (10)       9         (11)       11         Total (Column (b) must equal form 990, Part X, col (B) line 25.)       20, 309, 162.					
(5)       SPLIT INTEREST AGREEMENTS       1,232,798.         (6)       ACCR. KEY EMPLOYEES RETIREMENT       728,153.         (7)       UNAMORTIZED LIFE MEMBERSHIPS       14,188,831.         (8)       (10)       (10)         (10)       (11)       (11)         Total (Column (b) must equal form 990, Part X, col (B) line 25.)       20, 309, 162.				-	
(6)       ACCR. KEY EMPLOYEES RETIREMENT       728,153.         (7)       UNAMORTIZED LIFE MEMBERSHIPS       14,188,831.         (8)       (14,188,831.)         (9)       (10)         (10)       (11)         Total (Column (b) must equal Form 990, Part X, col (B) line 25.)       20, 309, 162.					
(7)       UNAMORTIZED LIFE MEMBERSHIPS       14,188,831.         (8)       (10)       (10)         (11)       (11)       (11)	(5) SPLIT INTEREST AGREEMENTS		1,232,798.		
(8) (9) (10) (11) Total (Column (b) must equal Form 990, Part X, col (B) line 25.) Total (Column (b) must equal Form 990, Part X, col (B) line 25.)	(6) ACCR. KEY EMPLOYEES RETIREMENT		728,153.		
(8) (9) (10) (11) Total (Column (b) must equal Form 990, Part X, col (B) line 25.) Total (Column (b) must equal Form 990, Part X, col (B) line 25.)	(7) UNAMORTIZED LIFE MEMBERSHIPS		14,188,831.		
(9) (10) (11) Total (Column (b) must equal Form 990, Part X, col (B) line 25.) No. 20, 309, 162					
(10) (11) Total (Column (b) must equal Form 990, Part X, col (B) line 25.) 20, 309, 162					
(11) Total (Column (b) must equal Form 990, Part X, col (B) line 25.) 20, 309, 162					
Total (Column (b) must equal Form 990, Part X, col (B) line 25.)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 20, 309, 162.			~~ ~~ ~~ ~~ ~~		
	I otal. (Column (b) must equal Form 990, Part X, col (B) line Fin 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to	25.)		Ization's liability for uncertain tax	positions under

		UNITED STATES NAVAL ACADEMY ALUMNI					
Sche		(Form 990) 2010 ASSOC.				52-0548411	Page <b>4</b>
Pa	rt XI	Reconciliation of Change in Net Assets from Form 990 to	Audited	Financial S	State	ments	
1	Total r	evenue (Form 990, Part VIII, column (A), line 12)		1			7,142,604.
2	Total e	xpenses (Form 990, Part IX, column (A), line 25)		2			8,127,407.
3	Exces	s or (deficit) for the year. Subtract line 2 from line 1					-984,803.
4	Net un	realized gains (losses) on investments		4			6,852,162.
5	Donate	ed services and use of facilities					
6	Invest	ment expenses		6			
7	Prior p	eriod adjustments		7			
8		(Describe in Part XIV.)					250,991.
9	Total a	djustments (net). Add lines 4 through 8					7,103,153.
10		s or (deficit) for the year per audited financial statements. Combine lines 3 ar		10			6,118,350.
Pa	t XII	Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue p	ber R	eturn	
1	Total r	evenue, gains, and other support per audited financial statements				1	42,455,778.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:					
а		realized gains on investments		6,852			
b	Donate	ed services and use of facilities	2b	28	,480.		
С	Recov	eries of prior year grants	2c				
d		(Describe in Part XIV.)	2d	28,768	,372.		
е	Add lir	nes <b>2a</b> through <b>2d</b>				2e	35,649,014.
3	Subtra	ict line <b>2e</b> from line <b>1</b>				3	6,806,764.
4	Amour	nts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :					
а		ment expenses not included on Form 990, Part VIII, line 7b			,051.		
b	Other	(Describe in Part XIV.)	4b	197	,789.		
С		nes <b>4a</b> and <b>4b</b>				4c	335,840.
5						5	7,142,604.
Ра		Reconciliation of Expenses per Audited Financial Statem				Return	
1		expenses and losses per audited financial statements				1	23,084,630.
2		nts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donate	ed services and use of facilities		28	,480.		
b	-	ear adjustments					
С		losses					
d	Other	(Describe in Part XIV.)	2d	15,264	,583.		
е		nes 2a through 2d				2e	15,293,063.
3	Subtra	ict line <b>2e</b> from line <b>1</b>				3	7,791,567.
4		nts included on Form 990, Part IX, line 25, but not on line <b>1</b> :					
а		ment expenses not included on Form 990, Part VIII, line 7b			,051.		
b		(Describe in Part XIV.)	4b	197	,789.		
		nes 4a and 4b				4c	335,840.
5		expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )				5	8,127,407.
Ра	τι ΧΙν	Supplemental Information					

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE ENDOWMENT CONSISTS OF APPROXIMATELY 72 INDIVIDUAL

FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES.

THESE ENDOWMENT FUNDS ARE DONOR-RESTRICTED. THE ASSOCIATION DOES NOT HAVE

ANY BOARD-DESIGNATED ENDOWMENT FUNDS. AS REQUIRED BY GENERALLY ACCEPTED

ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE

CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED

RESTRICTIONS.

Schedule D (Form 990) 2010 ASSOC.	52-0548411	Page 5
Part XIV Supplemental Information (continued)		
PART X, LINE 2: THE ASSOCIATIONS HAVE ADOPTED THE ACCOUNTING FOR		
UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER		
TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE		
RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS POLICY, THE ASSOCIATIONS		
MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS		
MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WOULD BE SUSTAINED ON		
EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE		
POSITION. MANAGEMENT HAS EVALUATED THE ASSOCIATIONS' TAX POSITIONS AND HAS		
CONCLUDED THAT THE ASSOCIATIONS HAVE TAKEN NO UNCERTAIN TAX POSITIONS THAT		
REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH		
PROVISIONS OF THIS GUIDANCE.		
AS OF JUNE 30, 2011 AND 2010, THERE ARE NO MATERIAL		
UNRECOGNIZED/DERECOGNIZED TAX BENEFITS OR TAX PENALTIES OR INTEREST. WITH		
FEW EXCEPTIONS, THE ASSOCIATIONS ARE NO LONGER SUBJECT TO U.S. FEDERAL,		
STATE OR LOCAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS ENDING BEFORE		
JUNE 30, 2008.		
PART XI, LINE 8 - OTHER ADJUSTMENTS:		
CHANGE IN SPLIT INTEREST AGREEMENTS 250,991.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
COST OF GOODS SOLD NETTED WITH REVENUE 28,951.		
CHANGE IN SPLIT INTEREST TRUST AGREEMENTS 250,991.		
REVENUE OF AFFILIATE INCLUDED ON CONSOLIDATED FINANCIAL		
STATEMENTS 28,488,430.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D 28,768,372.		

UNITED STATES NAVAL ACADE	MY ALUMNI		
Schedule D (Form 990) 2010         ASSOC.           Part XIV         Supplemental Information (continued)		52-0548411	Page <b>5</b>
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
GRANT FROM THE NAVAL ACADEMY FOUNDATION, INC.	197,789.		
PART XIII, LINE 2D - OTHER ADJUSTMENTS:			
COST OF GOODS SOLD NETTED WITH REVENUE	28,951.		
EXPENSES OF AFFILIATE INCLUDED ON CONSOLIDATED FINANCIA			
STATEMENTS	15,235,632.		
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	15,264,583.		
PART XIII, LINE 4B - OTHER ADJUSTMENTS:			
	105 500		
GRANT FROM THE NAVAL ACADEMY FOUNDATION, INC.	197,789.		

Internal Revenue Service		Attach to P		113.		Inspection
Name of the organization					Employer ider	ntification number
UNITED STATES NAVAL AC	ADEMY ALUMNI					
ASSOC.					52-0548411	
Part I General Info	rmation on A	ctivities Out	tside the United States. Compl	ete if the orga	nization answere	d "Yes"
to Form 990, Par	•					
			ds to substantiate the amount of the g			
grantees' eligibility for th	ne grants or assis	stance, and the	selection criteria used to award the gra	ants or assista	nce?	Yes No
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of g	rant funds out	side the United S	States.
<b>3</b> Activities per Region. (T	he following Part	: I, line 3 table ca	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region		vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (e.g., fundraising, program		gram service,	expenditures for and
	in the region	independent	services, investments, grants to		e specific type	investments
		in region	recipients located in the region)	of servi	ce(s) in region	in region
EUROPE	0	0	PROGRAM SERVICES	SCHOLARSHII	?S	46,497.
CENTRAL AMERICA AND						6 564 949
THE CARIBBEAN			INVESTMENTS			6,564,949.
3 a Sub-total	0	0				6,611,446.
<b>b</b> Total from continuation						0,011,440.
sheets to Part I	0	0				0.
c Totals (add lines 3a		~				
and 3b)	0	0				6,611,446.

**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.

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

Schedule F (Form 990) 2010

OMB No. 1545-0047

**Open to Public** 

Inspection

SCHEDULE F (Form 990)

Department of the Treasury

UNITED STATES	NAVAL	ACADEMY	ALUMNI
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Schodulo E	(Form 990) 2010	
Schedule F	(Form 990) 2010	

## 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

recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Part II can be duplicated if additional space is needed.

ASSOC.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the					
	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter							

Schedule F (Form 990) 2010

Page 2

032072	
12-20-10	

032073 12-20-10		<u>.</u>	

### Schedule F (Form 990) 2010 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.

Part III can be duplicated if additional space is needed.

ASSOC.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
CHOLARSHIP	EUROPE	2	46,497.	CHECK	0.		
						Cabad	 ule F (Form 990) 20

	UNITED STATES NAVAL ACADEMI ALUMNI		
Schedu	ule F (Form 990) 2010 ASSOC.	52 - 0548411	Page 4
Part	IV Foreign Forms		
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)	Yes	X 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? <i>If</i> "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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "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? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5713, <i>International Boycott Report (see Instructions for Form</i> 5713)	Yes	X No

Schedule F (Form 990) 2010

UNITED STATES NAVAL ACADEMY ALUMNI		
Schedule F (Form 990) 2010 ASSOC.	52-0548411	Page 5
Part V Supplemental Information		
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line	ie 3, column (f) (account	ing method);
Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated nu	umber of recipients), as a	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		
ACCOLLATION MEDITELES MUM MUE CONCLAD AND MUETD SUCTOR OF MICHIED LEADNING		
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								OMB No. 1545-0047
(Form 990)				Other Assistance s, and Individuals	-	•		2010
Department of the Treasury Internal Revenue Service		Compl	ete if the organizatio	n answered "Yes" Attach to For	-	rt IV, line 21 or 22.		Open to Public Inspection
Name of the organizat	ion UNITED STATES	NAVAL ACADEMY	ALUMNI	-				Employer identification number 52-0548411
Part I General Ir	nformation on Grants a	nd Assistance						52-0548411
	zation maintain records		amount of the grants	or assistance the	arantoos' oligibili	ty for the grants or ass	istance, and the solor	tion
-	award the grants or assis		-					
2 Describe in Part	IV the organization's pro	ocedures for monit	oring the use of grant	funds in the Unite	d States.			
	d Other Assistance to					anization answered "Y	/es" to Form 990. Part	IV. line 21. for any
	hat received more than		-					
1 (a) Name and ac	ddress of organization vernment	(b) EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant
U.S. NAVAL ACADEM 121 BLAKE ROAD ANNAPOLIS, MD 214		31-1575142		2,400,789.	0.			GENERAL SUPPORT
3 Enter total numb	per of section 501(c)(3) a per of other organization <b>Reduction Act Notice</b>	s						1. 0. Schedule I (Form 990) (2010)

ASSOC.

Schedule I (Form 990) (2010)

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> 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, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE U.S. NAVAL ACADEMY ALUMNI ASSOCIATION KEEPS

DETAILED RECORDS OF GRANTS TO THE U.S. NAVAL ACADEMY. ALL GRANTS ARE

REVIEWED BY MANAGEMENT PRIOR TO PAYMENT. THE UNRESTRICTED PORTION OF THE

GRANT TO THE U.S. NAVAL ACADEMY IS BUDGETED FOR AND APPROVED BY THE BOARD

OF TRUSTEES. ALL OTHER GRANTS TO THE U.S. NAVAL ACADEMY ARE BASED ON DONOR

DIRECTION OF THEIR RESTRICTED GIFTS.

Page 2

SC	HEDULE J   Compensation Information	OMB No	. 1545-00	047	
	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		2010		
	Compensated Employees Complete if the organization answered "Yes" to Form 990,	20	2010		
	rtment of the Treasury Part IV, line 23.	Open			
_	hal Revenue Service Attach to Form 990. See separate instructions.		ection		
Nan	-	Employer identifica	ion nu	mber	
De	ASSOC.	52-0548411			
Fa			N <sub>2</sub>		
10	Check the environment her (as) if the exercitation provided any of the following to as fer a narrow listed in Ferm (		Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 9 Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	<i>3</i> 90,			
	Travel for companions Payments for business use of personal res Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account				
h	If any of the haves on line to are checked, did the organization follow a written policy regarding payment or				
D	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	16			
2					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, dire				
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	·····			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's				
5	CEO/Executive Director. Check all that apply.				
	X       Compensation committee    X Written employment contract				
	Independent compensation consultant       Independent compensation survey or study				
	Image and the pendern compensation consultant       Image and the pendern compensation survey of study         Image and the pendern compensation consultant       Image and the pendern compensation survey of study         Image and the pendern compensation consultant       Image and the pendern compensation survey of study         Image and the pendern compensation consultant       Image and the pendern compensation survey of study         Image and the pendern compensation consultant       Image and the pendern compensation survey of study         Image and the pendern compensation co	ommittoo			
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:				
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	x		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		x		
	Participate in, or receive payment from, an equity-based compensation arrangement?			x	
-	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	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	n l			
	contingent on the revenues of:				
а	The organization?	5a		x	
	Any related organization?			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	n 📗			
	contingent on the net earnings of:				
а	The organization?	6а		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			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			х	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?				
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (For	m 990)	2010	

Schedule J (Form 990) 2010

ASSOC.

### 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.

52-0548411

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

<b>(A)</b> Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	<b>(C)</b> Retirement and	<b>(D)</b> Nontaxable	<b>(E)</b> Total of columns	<b>(F)</b> Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	(i)	128,000.	٥.	2,278.	0.	5,017.	135,295.	6,600.
1 BYRON F. MARCHANT	(ii)	192,000.	0.	3,417.	0.	7,525.	202,942.	9,900.
	(i)	69,750.	0.	21,859.	Ο.	2,051.	93,660.	7,425.
2 HENRY J. SANFORD	(ii)	85,250.	0.	26,717.	Ο.	2,507.	114,474.	9,075.
	(i)	86,635.	0.	98,728.	Ο.	717.	186,080.	0.
3 TERRANCE P. MURRAY	(ii)	٥.	Ο.	0.	0.	٥.	0.	٥.
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
_16	(ii)							

Page 2

Schedule J (Form 990) 2010

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINES 4A-B: TERRANCE P. MURRAY RECEIVED SEVERANCE DURING THE YEAR.

\$61,448 WAS RECEIVED DURING 2010 AND INCLUDED AS OTHER REPORTABLE

ASSOC.

COMPENSATION ON PART II. THE REMAINING AMOUNT WAS PAID IN 2011. THE TERMS

AND CONDITIONS OF THIS AGREEMENT ARE CONFIDENTIAL AND ARE AVAILABLE TO THE

IRS UPON REQUEST.

BYRON MARCHANT AND HENRY SANFORD PARTICIPATE IN A SUPPLEMENTAL NONQUALIFIED

RETIREMENT PLAN (457F AND 457B). \$16,500 VESTED IN 2010 FOR BYRON MARCHANT

AND HENRY SANFORD AND THOSE AMOUNTS ARE INCLUDED IN THEIR W-2 COMPENSATION.

BYRON MARCHANT AND HENRY SANFORD'S W-2 INCOME INCLUDES

DEFERRED COMPENSATION THAT VESTED IN 2010 AND MUST BE REPORTED AS INCOME IN

THE YEAR IT VESTS.

PART I, LINE 3: THE WRITTEN EMPLOYMENT CONTRACT IS AN INTERNAL CONTRACT

ONLY.

52-0548411

## SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

## **Noncash Contributions**

Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

2010 Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service					Attach to Form 99	<del>)</del> 0.
Name of the organization	UNITED	STATES	NAVAL	ACADEMY	ALUMNI	

Employer identification number 52-0548411

Pa	rt I Types of Property				•			
	·	<b>(a)</b> Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini	•	s
1	Art - Works of art			Form 990, Fart VIII, line Tg				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	13	45,175.	FAIR MARKET VALU	Е		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( )							
26	Other ( )							
27	Other ( )							
28	Other ()							
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29			Vee	Na
30-2	During the year, did the organization receive b	w contributio	any proporty ro	ported in Part L lines 1.28 th	at it must hold for		Yes	No
JUa	at least three years from the date of the initial	-	• • • •					
	the entire holding period?			•		30a		х
h	If "Yes," describe the arrangement in Part II.					504		
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standard contrib	outions?	31	х	
	Does the organization hire or use third parties							
	contributions?		-			32a		х
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is c	hecked.			
	describe in Part II.	(3)	,,,	,	,			
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule M	(Form	990) (	2010)

SCHEDULE O	Supplemental Information to Form 99	∂0 or 990-EZ	OMB No. 1545-0047
(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional info Attach to Form 990 or 990-EZ.		<b>ZUIU</b> Open to Public Inspection
Name of the organizatio			over identification number
	ASSOC.	52-0	0548411
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
TO SERVE AND SUPPO	RT THE UNITED STATES, THE NAVAL SERVICE, THE NAVAL		
ACADEMY AND ITS AL	UMNI:		
BY FURTHERING THE	HIGHEST STANDARDS AT THE NAVAL ACADEMY;		
BY SEEKING OUT, IN	FORMING, ENCOURAGING, AND ASSISTING OUTSTANDING,		
QUALIFIED YOUNG ME	N AND WOMEN TO PURSUE CAREERS AS OFFICERS IN THE NAVY		
AND MARINE CORPS T	HROUGH THE NAVAL ACADEMY; AND		
BY INITIATING AND	SPONSORING ACTIVITIES WHICH WILL PERPETUATE THE		
HISTORY, TRADITION	S, MEMORIES AND GROWTH OF THE NAVAL ACADEMY AND BIND		
ALUMNI TOGETHER IN	SUPPORT OF THE HIGHEST IDEALS OF COMMAND,		
CITIZENSHIP AND GC	VERNMENT.		
THE MISSION STATEM	ENT OF THE RELATED ENTITY, THE U.S. NAVAL ACADEMY		
FOUNDATION:			
TO SUPPORT, PROMOT	E AND ADVANCE THE MISSION OF THE NAVAL ACADEMY BY		
WORKING IN CONJUNC	TION WITH ACADEMY LEADERSHIP TO IDENTIFY STRATEGIC		
INSTITUTIONAL PRIC	RITIES AND BY RAISING, MANAGING AND DISBURSING		
PRIVATE GIFT FUNDS	THAT PROVIDE A MARGIN OF EXCELLENCE IN SUPPORT OF		
THE NATION'S PREMI	ER LEADERSHIP INSTITUTION.		
FORM 990, PART III	, LINE 4D, OTHER PROGRAM SERVICES:		
PARTNERSHIP MARKET	ING - EXPENSES RELATED TO AFFINITY PROGRAMS AND		
MERCHANDISE SALES			
EXPENSES \$ 505,735	. INCLUDING GRANTS OF \$ 0. REVENUE \$ 14,583.		

Schedule O (Form 990 or 990-EZ) (2010)           Name of the organization         UNITED STATES NAVAL ACADEMY ALUMNI           ASSOC.	Page 2 Employer identification number 52-0548411
	52-0540411
ALUMNI COMMUNICATIONS - SUPPORT FOR ALL ELECTRONIC AND WEBSITE-BASED	
COMMUNICATIONS.	
EXPENSES \$ 437,982. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
CAREER TRANSITIONS - EXPENSES RELATED TO THE SERVICE ACADEMICS CAREER	
CONFERENCE.	
EXPENSES \$ 598,157. INCLUDING GRANTS OF \$ 0. REVENUE \$ 625,272.	
FORM 990, PART VI, SECTION A, LINE 6: REGULAR MEMBERS ARE GRADUATES OF	
THE UNITED STATES NAVAL ACADEMY (THE "ACADEMY") AND FORMER MIDSHIPMEN WHO	
DID NOT GRADUATE FROM THE ACADEMY, AFTER THE LAST ACADEMY CLASS OF WHICH	
THEY WERE A MEMBER HAS GRADUATED AND WHO, IN EACH CASE, HAVE APPLIED FOR	
MEMBERSHIP AND HAVE BEEN ADMITTED. REGULAR MEMBERS HAVE THE RIGHT TO VOTE,	
TO HOLD OFFICE, TO SERVE AS TRUSTEES AND SHALL PAY DUES. EACH REGULAR	
MEMBER IS ENTITLED TO ONE (1) VOTE IN ALL ELECTIONS CONDUCTED PER SECTION	
4.6(A) OF THE BYLAWS, AND ALL QUESTIONS PRESENTED TO THE MEMBERSHIP FOR	
ACTION. IN ORDER TO MAINTAIN A STRONG AND VIBRANT ORGANIZATION, THE	
ASSOCIATION MAY FROM TIME TO TIME ESTABLISH ADDITIONAL CLASSES OF	
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.	
VI, SECTION A, LINE 6.	
דרום איז פרריידראים דאום 11. העם דראש 200 נואר הבעדבעים בע	
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. 032212 01-24-11

Name of the organization UNITED STATES NAVAL ACADEMY ALUMNI	Employer identification number
ASSOC.	52-0548411
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	
DRGANIZATION. ALL CONFLICTS OF INTEREST STATEMENTS ARE RETURNED TO THE	
BOARD SECRETARY'S OFFICE AND KEPT ON FILE. 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	
DRGANIZATION "INCLUDES A REVIEW AND APPROVAL BY INDEPENDENT PERSONS,	
COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION	
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 DETERMINING THE COMPENSATION PACKAGES OF THESE INDIVIDUALS	

IS AS FOLLOWS:

1. A BOARD COMPENSATION COMMITTEE IS CONSTITUTED THAT IS COMPOSED ENTIRELY

032212 01-24-11

Name of the organization UNITED STATES NAVAL ACADEMY ALUMNI ASSOC.	Employer identification number 52-0548411
ABBOC.	32-0340411
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	
INDIVIDUALS AND SEEKS A WRITTEN OPINION FROM THE PROFESSIONAL COMPENSATION	
CONSULTANT THAT THE PROPOSED COMPENSATION PACKAGE IS REASONABLE. (THE	
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.	

Schedule O (Form 990 or 990-EZ) (2010)           Name of the organization         UNITED STATES NAVAL ACADEMY ALUMNI ASSOC.		Employer identification number 52-0548411
ASSOC.		52-0548411
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 MA	AKES ALL	
NECESSARY AND REQUIRED GOVERNING DOCUMENTS, CONFLICTS OF I	INTEREST POLICIES,	
FINANCIAL STATEMENTS, FORM 990S AND ANNUAL REPORT AVAILABL	E 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. NA	AVAL ACADEMY	
FOUNDATION. HOURS DEVOTED TO THE FOUNDATION ARE LISTED BEL	OW FOR THE	
OFFICERS INVOLVED IN BOTH ORGANIZATIONS:		
OFFICER HOURS DEVOTED TO FOUNDATION		
BYRON F. MARCHANT 36		
HENRY J. SANFORD 33		
GERALDINE S. FARMER 33		
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:		
NET UNREALIZED GAINS ON INVESTMENTS:	6,852,162.	
CHANGE IN SPLIT INTEREST AGREEMENTS	250,991.	
TOTAL TO FORM 990, PART XI, LINE 5	7,103,153.	
990, PART XI, QUESTION 2B - AUDITED FINANCIAL STATEMENTS		
FOR GAAP PURPOSES, THE ORGANIZATION PRESENTS ITS ACTIVITY		

Schedule O (Form 990 or 990-EZ) (2010)	Page
Name of the organization UNITED STATES NAVAL ACADEMY ALUMNI ASSOC.	Employer identification number 52-0548411
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	
ALL INFORMATION REPORTED ON THIS 2010 FORM 990 IS REPORTED ON A FISCAL	
YEAR BEGINNING JULY 1, 2010 AND ENDING JUNE 30, 2011, 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 JAN 1, 2010 AND ENDING DECEMBER 31,

2010.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Complete if the organization answere ► Attach to Form 990.	d "Yes" to Form 990, Part IV, I	line 33, 34, 35, 36,	or 37.			MB No. 154 2010 Ppen to P Inspect	) ublic
Name of the organization UNITED STATES I ASSOC.	NAVAL ACADEMY ALUMNI					<b>ployer identif</b> 52-0548411	ication n	umber
Part I Identification of Disregarded Entities (	Complete if the organization answered "Y	es" to Form 990, Part IV, line 3	3.)					
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) or Total inco	me End-of-yea		Direct	<b>(f)</b> controlling ntity	9
Part II Identification of Related Tax-Exempt (	Drganizations (Complete if the organization	on answered "Yes" to Form 990	), Part IV, line 34 b	ecause it had one	or more r	elated tax-exe	mpt	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direc	<b>(f)</b> t controlling entity	Section cont	<b>g)</b> 512(b)(13) rolled tity?
U.S NAVAL ACADEMY FOUNDATION, INC 23-7003516, 247 KING GEORGE STREET, ANNAPOLIS, MD 21402	SUPPORT OF U.S. NAVAL	MARYLAND	501(C)(3)	7	N/A		Yes	No x

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

Schedule R (Form 990) 2010

Schedule R (Form 990) 2010 ASSOC.

Page 2

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
Fartin	organizations treated as a partnership during the tax year.)

(a)	(b)	<b>(c)</b> Legal	(d)	(e)	tincome	<b>(f)</b> Share of total	(g) Shara of	()		(i)		(j) Ieral or	(k)
Name, address, and EIN of related organization	Primary activity	domicile (state or foreign	Direct controlling entity	(related unrelated income and of your		ate allocations? amount in box 20 of Schedule		of year ate allocations? amount in box		ount in box managi		Percentage ownership	
		country)		sections 51	2-514)			Yes	No	K-1 (Form 1065	) Ye	s No	
											_		
t IV Identification of Related Org organizations treated as a co	ganizations Taxable a rporation or trust durin	as a Corpo ng the tax	<b>pration or Trust</b> (Co year.)	mplete if the o	organizati	on answered "Yes"	' to Form 990, Pa	art IV, I	ine 34	because it had	one c	or moi	re related
(a)			(b)		(c)	(d)	(e)		(f)	)	(g)		(h)
Name, address, and E of related organization			Primary activ	· (	gal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp	s	hare o incor		are of of-yea		Percentaç ownershi

		foreign country)		or trust)		assets	
	1						
	-						

Schedule R (Form 990) 2010 ASSOC.

Par	t V Transactions With Related Organizations (Complete if the organization answer	red "Yes" to Form	990, Part IV, line 34, 35,	35a, or 36.)							
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.											
1	During the tax year, did the organization engage in any of the following transactions w	ith one or more re	elated organizations listed	in Parts II-IV?		Yes	No				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		C C		1a		х				
b	<b>b</b> Gift, grant, or capital contribution to other organization(s)										
с	Gift, grant, or capital contribution from other organization(s)				1c	Х					
d	d Loans or loan guarantees to or for other organization(s)										
е	e Loans or loan guarantees by other organization(s)										
f	f Sale of assets to other organization(s)										
g	Purchase of assets from other organization(s)				1g		Х				
h	h Exchange of assets										
i	Lease of facilities, equipment, or other assets to other organization(s)				1i		Х				
j	Lease of facilities, equipment, or other assets from other organization(s)				1j		Х				
k	k Performance of services or membership or fundraising solicitations for other organization(s)										
- 1	I Performance of services or membership or fundraising solicitations by other organization(s)										
m Sharing of facilities, equipment, mailing lists, or other assets											
n	Sharing of paid employees				1n	Х					
o	o Reimbursement paid to other organization for expenses										
p Reimbursement paid by other organization for expenses											
q	Other transfer of cash or property to other organization(s)				1q	X					
r	Other transfer of cash or property from other organization(s)				1r	X					
2	If the answer to any of the above is "Yes," see the instructions for information on who	must complete the	nis line, including covered	relationships and transaction thresholds.							
	(a)	(b)	(c)	(d)							
	Name of other organization	Transaction type (a-r)	Amount involved	Method of determining amount involved							
		type (a-i)		amount involved							
<u>(1)</u>											
(0)											
(2)											
(2)											
(3)											
(4)											
<u>(4)</u>											
(5)											
(0)											
(6)											
-											

Schedule R (Form 990) 2010 ASSOC.

## 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.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign	(c Are all p section organiz	<b>(e)</b> Share of end-of- year assets	(1 Dispr tion alloca		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	() Gene mana	<b>h)</b> eral or aging :ner?
0. 0,		country)	Yes	year accere	Yes	No	of Schedule K-1 (Form 1065)	Yes	
			103		163	110	(())		

	UNITED STATES NAVAL ACADEMY ALUMNI	
Schedule R	Form 990) 2010 ASSOC.	52-0548411 Page <b>5</b>
Part VII	Supplemental Information	
	Complete this part to provide additional information for responses to questions on Schedule	e R (see instructions).

## 2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquir	e red	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS												
	BUILDING * 990 PAGE 10 TOTAL	VARI	ES	VAR	.000	16	3,857,087.			3,857,087.	1,036,503.		107,047.
	~ 990 PAGE 10 TOTAL BUILDINGS MACHINERY & EQUIPMENT						3,857,087.		0.	3,857,087.	1,036,503.	0.	107,047.
	FURNITURE &	VARI	ES	VAR	.000	16	1,029,738.			1,029,738.	543,162.		41,732.
	COMPUTER EQUIPMENT * 990 PAGE 10 TOTAL		ES	VAR	.000	16	396,857.			396,857.	276,788.		36,234.
	MACHINERY & EQUIPM						1,426,595.		0.	1,426,595.	819,950.	0.	77,966.
	OTHER												
		VARI	ES	L			108,880.			108,880.			0.
	* 990 PAGE 10 TOTAL OTHER						108,880.		0.	108,880.	0.	0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						5,392,562.		0.	5,392,562.	1,856,453.	0.	185,013.