Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

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

Open to Public Inspection

A F	or the	2011 calendar year, or tax year beginning JUL 1, 2011 and e	ending Ju	JN 30, 2012					
В	Check if applicable	C Name of organization		D Employer identif	ication number				
Г	Addres change	u.s. naval academy foundation, inc.							
	Name change			23-7003516					
Γ	Initial return		Room/suite	E Telephone numbe	er				
$\overline{\Gamma}$	Termin ated			•	95-4100				
	Amend	City or town, state or country, and ZIP + 4		G Gross receipts \$	37,201,876.				
	Application			H(a) Is this a group r	return				
	pendin	F Name and address of principal officer: BYRON MARCHANT		for affiliates?	Yes X No				
		SAME AS C ABOVE		H(b) Are all affiliates in	icluded? Yes No				
1	Гах-ехе	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	If "No," attach a	a list. (see instructions)				
	~~~~	e: WWW.USNA.COM		H(c) Group exemption	on number 🕨				
K	orm of	organization: x Corporation Trust Association Other ▶	L Year	of formation: 1969	M State of legal domicile: MD				
		Summary							
(1)	1	Briefly describe the organization's mission or most significant activities: TO SUPP	PORT, PRO	MOTE, AND ADVANC	E				
Activities & Governance		THE MISSION OF THE NAVAL ACADEMY.							
ra	2	Check this box  if the organization discontinued its operations or dispos	sed of more	than 25% of its net a	assets.				
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	31				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			30				
Se Se	1	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			30				
¥	1	Total number of volunteers (estimate if necessary)			40				
Cţį		Total unrelated business revenue from Part VIII, column (C), line 12			-33,211.				
•	1	Net unrelated business taxable income from Form 990-T, line 34			-33,211.				
				Prior Year	Current Year				
Ð	8	Contributions and grants (Part VIII, line 1h)		15,463,471	. 17,496,994.				
Revenue	9	Program service revenue (Part VIII, line 2g)		1,081,237	. 1,257,792.				
	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,235,272	. 1,913,280.				
α	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	. 0.				
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		19,779,980	. 20,668,066.				
	<del></del>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,245,827	. 11,741,037.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0	. 0.				
ç	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,367,937	3,712,970.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		449,206	. 380,266.				
g		Total fundraising expenses (Part IX, column (D), line 25) 5,237,							
ú	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,070,673	2,932,853.				
	ı	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		17,133,643	. 18,767,126.				
	19	Revenue less expenses. Subtract line 18 from line 12		2,646,337	1,900,940.				
200			Ве	ginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		132,389,185	. 131,098,484.				
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		9,084,735	. 7,716,002.				
		Net assets or fund balances. Subtract line 21 from line 20		123,304,450	. 123,382,482.				
-	art II	Signature Block	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	•	Ities of perjury, I declare that I have examined this return, including accompanying schedule			my knowledge and belief, it is				
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.					
		Meny barred		<u> </u>	5013				
Sig	n	Signature of other		Date /					
Her	·e	HENRY J. SANFORD, CFO & TREASURER	······································						
		Type or print name and title		Note: The second	T DTIN				
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Pai		JULIA FLANNERY, CPA		self-emplo					
	parer	Firm's name MCGLADREY LLP		Firm's EIN 42-0714325					
Use	Only	Firm's address 100 INTERNATIONAL DRIVE, SUITE 1400							
		BALTIMORE, MD 21202		Phone no. 4	110-246-9300				
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

1 Briefly describe the organization's mission:  SEE SCHEPOLE 0  2 Did the organization undertake any significant program services during the year which were not listed on the prior from 990 or 990-627  If "Yes." describe these new services on Schedule 0.  By "Yes." describe these new services on Schedule 0.  By "Yes." describe these new services on Schedule 0.  By "Yes." describe these new services on Schedule 0.  By "Yes." describe these changes on Schedule 0.  Bestrete the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses.  Section 501(p(3) and 501(p(3)) organizations and section 4917(p(3)) trusts are required to report the amount of grants and allocations to others, the other expenses of the program services are sequenced to report the amount of grants and allocations to others, the other exercises of the program services are sequenced to report the amount of grants and allocations to others, the other exercises of the program services of the program services are sequenced to report the amount of grants and allocations to others, the other exercises of the program services of the progra	rai	Check if Schedule O contains a response to any question in this Part III
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 930 r950-E27	4	Official a Contradict of Contr
2 Did the organization undertake any significant program services during the year which were not isted on the prior Form 990 or 990-E27  If Yes, "describe those new services on Schodule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Ves IX No If Yes, "describe these changes on Schodule O.  Did the organization organization shall be secure to the significant changes in how it conducts, any program services.  Ves IX No If Yes, "describe these changes on Schodule O.  Describe the organization syngroms services accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(s) and 501(c)(s) organizations and section 497(s)(t) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, forece hos program service reported.  40 (Cost:	•	·
the prior Form 990 or 990-E27		
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the prior Form 990 or 990-E27		
## Security of the security of the security of the security of the organization cease conducting, or make significant changes in how it conducts, any program services?	2	Did the organization undertake any significant program services during the year which were not listed on
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
46 (Code:) (Expenses S		
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expensess.  Section 501(c)(a) and 501(c)(d) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses 12,087,993, including grants of \$11,741,037.) (Revenue \$1,257,792.) SUPPORT - CHE DULINATION PROVIDED SUPPORT TO THE U.S., NAVAL ACADEMY AND  U.S. NAVAL ACADEMY ALUMNI ASSOCIATION.  40 (Code:) (Expenses \$	3	
Section 501(c)(3) and 501(c)(4) organizations and section 4947(c)(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.  40 (Code:) (Expenses \$ 12,087,953; including grants of \$ 11,741,037.) (Revenue \$ 11,257,792.)  U.S. NAVAL ACADEMY ALUMNI ASSOCIATION.		
### doctors the total expenses and revenue, if any, for each program service reported.  ### (Code:) (Expenses _ 12,087,953; rocketing grants of \$ 11,741,037.) (Revenue \$ 1,257,792.)  ### U.S. NAVAL ACADEMY ALUMNI ASSOCIATION.  ### Ocde:	4	
44   Code:		
SUPPORT - THE FOUNDATION PROVIDED SUPPORT TO THE U.S. NAVAL ACADEMY AND  U.S. NAVAL ACADEMY ALUMNI ASSOCIATION.	40	
### ##################################	44	
4b (Code:) (Expenses \$		
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	40	
	4e	

# Form 990 (2011) | Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? 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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<u> </u>
8	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			
3	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			<u> </u>
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	_^_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		
f	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	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del>                                     </del>		<b></b>
120	Schedule D, Parts XI, XII, and XIII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			<b>T</b>
	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		х
14a		14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes, " complete Schedule F, Parts I and IV	14b	х	<u> </u>
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	ļ	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		١	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	X	ļ
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	<b> </b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	$\vdash$	<del>  ^</del> -
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<del>                                     </del>	x
20a h	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<del> </del>	<del>                                     </del>
	, so to and body and the organization account a copy of the decision interior account to the recent to the rec			

Form 990 (2011)

U.S. NAVAL ACADEMY FOUNDATE

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? 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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	00		x
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		_^_
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		Х
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	<del></del>
35a	7 0 17 1	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	051		х
20	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		х
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	<u></u>	<del></del>
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<del>"</del>		<del></del>
	Note. All Form 990 filers are required to complete Schedule O	38	х	

#### Form 990 (2011) | Part V | Sta Statements Regarding Other IRS Filings and Tax Compliance

First the number reported in Box 3 of Form 1036. Enter 0- if not applicable   1a   22		Check in Conceasio C Contains a reception to any question in this i art v					
be Enter the number of Forms W2G included in line 1a. Enter o-1 incl applicable   10   0   0   0   0   0   0   0   0			١.	1 22		Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamining) with environments of present with the properties of the proper							
gambling winnings to prize winners?  Each Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year anding with or within the year covered by this return  It least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2a for greater than 250, you may be required to effect (eeo instructions)  By the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Lay time during the calendar year, did the organization have an interest in, or a signature or other suchority over, a financial account; a country (such as a bank account, securines account, or other financial account;  5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," either the name of the foreign country, E-CAYBAN SILANDS  See instructions for filing requirements for Form TDF 50°221, Report of Foreign Bank and Financial account;  5b Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5c Variety of the organization and the was one and any time during the tax year?  5c Variety of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductible?  6c Variety of the organization include with every solicitation an express statement that such contributions or girts were not tax deductible?  6c Variety of the organization include with every solicitation an express statement that such contributions or girts were not tax deductible?  6c Variety of the organization state and the every solicitation and express of the organization state and the every solicitation and express the every number of the variety of the organization state and the every solicitation and express the every number of the pr				hlo gamina			
2a Enter the number of employees reported on Form W/3, Transmittat of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  If let least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a	C				10	x	
filed for the calendar year ending with or within the year covered by this return	22				10		
b   fat least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2</b> 0		2a	30			
So Did the organization have unrelated business gross income of \$1,000 or more during the year?  3	h		L	I	2h	х	
3a   March the organization have unrelated business gross income of \$1,000 or more during the year?  4b   If "Yes," has it filled a Form 990-T for this year? If "No," provide an explanation in Schedule O  4c   At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?)  4c   A   X   The standard organization are foreign country; Such as a bank account, securities account, or other financial accounts?  5c   If "Yes," to limp equirements for Form TD F 90/22-1, Report of Foreign Bank and Financial Accounts.  5c   If "Yes," to limp equirements for Form TD F 90/22-1, Report of Foreign Bank and Financial Accounts.  5d   Was the organization aparty to a prohibited tax shelter transaction?  5d   Was the organization party to a prohibited tax shelter transaction?  5d   Was the organization with the organization that it was or is a party to a prohibited tax shelter transaction?  5d   Was the organization shelt manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  5d   If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d   Was the organization shelt many receive deductible contributions under section 170(c).  7d   Organizations that many receive deductible contributions under section 170(c).  8d   Was the organization shelt many receive deductible contributions under section 170(c).  9d   Was the organization shelt many receive deductible contributions or off the section 170(c).  10d   Was the organization receive any parametri in excess of \$75 made party as contribution of 170(c).  10d   Was the organization receive any payment in excess of \$75 made party as contribution of 170(c).  10d   Was the organization receive any payment in excess of \$75 made party as contribut	~						
b if "Yes," has it field a Form 900-T for this year? If "No.", provide an explanation in Schedule O 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) in a foreign country. P CAYXAN ISLANDS See instructions for filling requirements for Form TD F002-21, Report of Foreign Bank and Financial Accounts.  See line the name of the foreign country. P CAYXAN ISLANDS See instructions for filling requirements for Form TD F002-21, Report of Foreign Bank and Financial Accounts.  See Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Sa	За				За		х
48 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account; or the financial account)?  5 b if "Yes," enter the name of the foreign country: \$\infty\$ CATMAN ISLANDS  See instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts.  5 a Vas the organization party to a prohibited tax shelter transaction at any time during the tax year?  5 a Variety of any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 b Vas to If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6 Does the organization have annual giross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 o Organizations that may receive deductible contributions under section 170(c).  8 b If the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  8 b If "Yes," did the organization notify the donor of the value of the goods or services provided?  9 b Id the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract?  7 c X  8 If "Yes," indicate the number of Forms 8282 filed during the year  9 b Id the organization received a contribution of qualified intellectual property, did the organization file or any any and any							
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a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a  14a  X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  14a	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	а	Is the organization licensed to issue qualified health plans in more than one state?			13a		L
organization is licensed to issue qualified health plans 13b 13c		·					
c Enter the amount of reserves on hand	b		ı	1			
14a     Did the organization receive any payments for indoor tanning services during the tax year?     14a     X       b     If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O     14b     Image: No or							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			13c				L
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	еO	*************************		000	0011

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

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. х Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ______ 30 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision х of officers, directors, or trustees, or key employees to a management company or other person? 3 х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? x **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done x 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? x a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MD, OH Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

HENRY J. SANFORD, CFO & TREASURER - (410)295-4100

247 KING GEORGE STREET, ANNAPOLIS, MD

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

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and Title	Average	۔ ب	Position		Reportable	Reportable	Estimated			
	hours per	box	(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(describe hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC)	(44-2/1033-141130)	organization
	organizations	truste	al trus		,ke	mper		(** = *********************************		and related
	in Schedule	ridual	Institutional trustee	Fig.	Key employee	Highest compensated employee	ję.			organizations
	O)	ig	Insti	Officer	Key Cy	Emg emg	Former			
(1) CHARLES S. ABBOT										
DIRECTOR	2,00	Х			<u> </u>			0.	0.	0.
(2) DANIEL AKERSON										
DIRECTOR	2,00	х					<u> </u>	0.	0.	0.
(3) RICHARD C. ATKINSON										
DIRECTOR	2.00	Х						0.	0.	0.
(4) MICHAEL R. BONSIGNORE										
DIRECTOR	2,00	Х				<u> </u>		0.	0.	0.
(5) THOMAS C. BRASCO										
DIRECTOR	2.00	Х					<u> </u>	0.	0.	0.
(6) PETER F. DE VOS										
DIRECTOR	2.00	Х				<u> </u>		0.	0.	0.
(7) MARSHA J. EVANS										
DIRECTOR	2.00	Х				<u> </u>	<u> </u>	0.	0.	0.
(8) LOUIS J. FREEH										
DIRECTOR	2.00	Х						0.	0.	0.
(9) CHARLES S. GARBER, JR.										
DIRECTOR	2.00	Х						0.	0.	0.
(10) ERIC P. GRUBMAN										
DIRECTOR	2.00	Х	<u> </u>			<u> </u>		0.	0.	0.
(11) WALTER P. HAVENSTEIN										
DIRECTOR	2.00	Х						0.	0.	0.
(12) THOMAS C. LYNCH									-	
DIRECTOR	2.00	Х		<u> </u>		<u> </u>	<u> </u>	0.	0.	0.
(13) CORBIN A. MCNEILL JR.										
DIRECTOR	2.00	Х			<u> </u>		<u> </u>	0.	0.	0.
(14) JERROLD L. MILLER										
DIRECTOR	2.00	Х					<u> </u>	0.	0.	0.
(15) MICHAEL J. MOORE										
DIRECTOR	2.00	Х	<u> </u>	<u> </u>	<u></u>			0.	0.	0.
(16) PAUL B. PRAGER										
DIRECTOR	2.00	X	<u> </u>	<u> </u>			<u></u>	0.	0.	0.
(17) ROBERT C. BELLAS, JR.										
DIRECTOR	2,00	X						0.	0.	0.

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Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) (B)					2)			(D)	(E)	(F)	
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(18) JOHN R. RYAN											
DIRECTOR	2.00	Х						0.	0.	0.	
(19) PHILIP M. BILDEN											
DIRECTOR	2.00	x						0.	0.	0.	
(20) DEBORAH L. WINCE-SMITH											
DIRECTOR	2.00	х						0.	0.	0.	
(21) ROGER E. TETRAULT											
DIRECTOR	2.00	x						0.	0.	0.	
(22) CARLTON W. FULFORD, JR. DIRECTOR	2,00	x						0 .	0.	0.	
(23) LINDA R. GOODEN	+	+	-	-	-	+	├		•	•	
DIRECTOR	2.00	x						0.	0.	0,	
(24) JON M. HUNTSMAN, JR.		Г					Г				
DIRECTOR	2.00	х						0.	0.	0.	
(25) RICHARD W. MILES							Г				
DIRECTOR	2.00	х						0.	0.	0.	
(26) ROBERT J. NATTER											
DIRECTOR	2.00	х						0.	0.	0.	
1b Sub-total						<b>&gt;</b>		0.	0.	0.	
c Total from continuation sheets to Part	VII, Section A							992,754.	328,941.	115,388.	
d Total (add lines 1b and 1c)								992,754.	328,941.	115,388.	
									2000 5 111		

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

Per No

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AFRC, INC.		
208 PASSAIC AVE., FAIRFIELD, NJ 07000	FUNDRAISING CONSULTANT	409,971.
TIFF ADVISORY SERVICES, 200 BARR HARBOR		
DRIVE, SUITE 100, WEST CONSHOHOCKEN, PA	INVESTMENT ADVISORS	233,432.
SIMCOX & BARCLAY, LLP, 888 BESTGATE ROAD,		
SUITE 313, ANNAPOLIS, MD 21401	PROFESSIONAL SERVICES	131,790.
SIGNCRAFT ANNAPOLIS, LLP, 2012 RENARD CT.,		
SUITE O, ANNAPOLIS, MD 21401	GRAPHIC DESIGN	130,052.
2 Total number of independent contractors (including but not limited	d to those listed above) who received more than	

4

\$100,000 of compensation from the organization

Part VII Section A. Officers, Directors,	<del></del>	mple	oyee			ligh	est	T		
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	(c			ition that		ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) C. MICHAEL PETTERS DIRECTOR	2.00	x						0.	0.	0 .
(28) ROGER T. STAUBACH		<del> </del>	$\vdash$		<del>                                     </del>	-	-			
DIRECTOR	2.00	x						0.	0.	0
(29) TIMOTHY P. SULLIVAN		<del>                                     </del>	╁		$\vdash$	<del> </del>			-	
DIRECTOR	2.00	x						0.	0.	0
(30) KEVIN SHARER		T	<del>                                     </del>	$\vdash$	$\vdash$	╁				
DIRECTOR	2.00	x						0.	0.	0
(31) BYRON F. MARCHANT		T	T	<del>                                     </del>	I	<del> </del>	┢──			
PRESIDENT/CEO	36.00	x		х				233,910.	155,939.	60,866
(32) HENRY J. SANFORD		T	<b>†</b>	$I^-$	<del>                                     </del>					
TREASURER & CFO	33.00			x				133,132.	108,927.	12,611
(33) HARRY YEISER		T	T	T			<u> </u>			
DIR. OF DEV. OPS.	50.00					х		121,125.	0.	6,509
(34) STEPHEN M. MACONI		T		Π						
DIRECTOR OF DEVELOPMENT	50.00					х		168,159.	0.	9,673
(35) EMILY PARKHURST				Π						
DIR. OF DEV. SERVICES	50.00					Х		119,591.	0.	11,935
(36) GERALDINE S. FARMER										
COMPTROLLER	33.00	<u> </u>		<u> </u>	<u> </u>	х		78,314.	64,075.	6,509
(37) EDWARD WALLACE									_	
VP ATHLETIC & SCHOLARSHIP	50.00		<del> </del>			Х		138,523.	0.	7,285
		-								
						_			***************************************	
Total to Part VII, Section A, line 1c		<u>L</u>	<u>L</u>	<u>L</u>	<u>L</u>	<u></u>		992,754.	328,941.	115,388

Part VIII Statement of Revenue (D) (A) (B) (C) Revenue Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ..... 17,496,994. 1,427,574 g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f 17,496,994. Business Code Program Service 2 a FUND ADMIN. FEE 900099 1,140,958 1,140,958 MISCELLANEOUS FEES & S 900099 116,834 116,834. С f All other program service revenue ..... g Total. Add lines 2a-2f 1,257,792. Investment income (including dividends, interest, and other similar amounts) 1,045,896 -33,211, 1,079,107. 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses ...... c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 17,401,194. assets other than inventory b Less: cost or other basis 16,533,810. and sales expenses ...... 867 384. c Gain or (loss) d Net gain or (loss) 867,384. 867,384. 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 20,668,066. 1,257,792. -33,211. 1,946,491,

#### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons	se to any question in thi	s Part IX		L.J
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(Å) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	11,333,808.	11,333,808.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	349,973.	349,973.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	57,256.	57,256.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	334,240.	22,127.	70,457.	241,656.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		100.000	504 700	0.000.100
7	Other salaries and wages	2,820,390.	186,565.	594,722.	2,039,103.
8	Pension plan accruals and contributions (include	94 470	E 500	17 012	£1 077
_	section 401(k) and section 403(b) employer contributions)	84,479. 254,998.	5,589.	17,813. 53,768.	61,077. 184,362.
9	Other employee benefits	218,863.	14,479.	46,149.	158,235.
10	Payroll taxes	210,005.	14,477.	40,143.	130,233.
11	Fees for services (non-employees):				
a b	Management	39,345.	2,603.	8,296.	28,446.
	Legal Accounting	67,876.		67,876.	
	Lobbying				
u a	Professional fundraising services. See Part IV, line 17	380,266.			380,266.
f	Investment management fees	267,734.		267,734.	
g	Other	492,875.	33,469.	106,678.	352,728.
12	Advertising and promotion				
13	Office expenses	201,589.	13,336.	42,507.	145,746.
14	Information technology				
15	Royalties				
16	Occupancy	69,210.	4,579.	14,593.	50,038.
17	Travel	169,903.	11,240.	35,825.	122,838.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	81,530.	5,394.	17,191.	58,945.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	194,908.	12,894.	41,098.	140,916.
23	Insurance	27,297.	1,806.	5,756.	19,735.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	BAD DEBT	1,079,190.			1,079,190.
b	DONOR CULTIVATION	177,021.	11,711.	37,326.	127,984.
C	MISCELLANEOUS	32,097.	2,121.	6,770.	23,206.
d	TRAINING	22,253.	1,472.	4,692.	16,089.
е	All other expenses	10,025.	663.	2,114.	7,248.
25	Total functional expenses. Add lines 1 through 24e	18,767,126.	12,087,953.	1,441,365.	5,237,808.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2011)

Form 990 (2011)
Part X | Balance Sheet

Pa	rt X	Balance Sheet				т	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			2,756,584.	2	2,103,200.
	3	Pledges and grants receivable, net			20,027,248.	3	20,409,224.
	4	Accounts receivable, net		3,747.	4	129,635.	
	5	Receivables from current and former officers, direc					
		employees, and highest compensated employees.	Complete Parl	t II			
		of Schedule L	·	1		5	
	6	Receivables from other disqualified persons (as de					
		4958(f)(1)), persons described in section 4958(c)(3)		1			
		employers and sponsoring organizations of section		1			
		employees' beneficiary organizations (see instructions		i		6	
sts	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
⋖	9			1	88,966.	9	92,120.
	1	Land, buildings, and equipment: cost or other		-			
	iva	basis. Complete Part VI of Schedule D1	102	5,351,442.			
		basis. Complete Part vi oi Schedule D	ioa	2,119,054.	3,167,950.	100	3,232,388.
	1	Less: accumulated depreciation 1		86,754,724.	11	82,674,811.	
	11	Investments - publicly traded securities		16,726,721.	12	19,733,907.	
	12	Investments - other securities. See Part IV, line 11	-	20,.00,.22.	13		
	13	Investments - program-related. See Part IV, line 11			14		
	14	Intangible assets		2,863,245.	15	2,723,199.	
	15	Other assets. See Part IV, line 11			132,389,185.	16	131,098,484.
	16	Total assets. Add lines 1 through 15 (must equal I		286,789.	17	288,845.	
	17	Accounts payable and accrued expenses		Γ.	200,700.	18	200,010.
	18	Grants payable		7,148.	19	4,529.	
	19	Deferred revenue		1,224.	20	2,020,	
	20	Tax-exempt bond liabilities				21	
Liabilities	21	Escrow or custodial account liability. Complete Par		-		21	
iii	22	Payables to current and former officers, directors,					
E.		highest compensated employees, and disqualified					
		of Schedule L		f	1,000,000.	22	
	23	Secured mortgages and notes payable to unrelate		Г	1,000,000.	23	***************************************
	24	Unsecured notes and loans payable to unrelated t		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1	7-24). Complet	e Part X of	7 700 700	05	7 422 628
		Schedule D		<u></u>	7,790,798.		7,422,628. 7,716,002.
	26	Total liabilities. Add lines 17 through 25			9,084,735.	26	7,710,002.
		Organizations that follow SFAS 117, check here	e 📂 📤 an	a complete			
Ses		lines 27 through 29, and lines 33 and 34.		I	0 000 777		0 020 177
ä	27	Unrestricted net assets			9,088,773. 77,129,880.	<del> </del>	8,038,177. 78,253,262.
Ba	28	Temporarily restricted net assets			37,085,797.	<del> </del>	37,091,043.
nd	29		·	31,005,151.	29	37,031,043.	
Ţ.		Organizations that do not follow SFAS 117, che	ck here	and			
ō		complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds		Г		30	
As	31	Paid-in or capital surplus, or land, building, or equip			31		
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inco			400 004 470	32	100 000 100
<u> </u>	33	Total net assets or fund balances	*	123,304,450.	33	123,382,482.	
	34	Total liabilities and net assets/fund balances			132,389,185.	34	131,098,484.

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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.

Form 990 (2011)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No. 1545-0047

2011

Open to Rublic

Open to Public Inspection

**Employer identification number** Name of the organization U.S. NAVAL ACADEMY FOUNDATION, INC. 23-7003516 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III - Other a Type I **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. organization in col. (i) listed in your organization in col. (i) organized in the support organization (described on lines 1-9 (i) of your support? governing document? above or IRC section (see instructions)) No Yes No Yes Yes

#### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🔊	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	27,421,903.	21,522,640.	23,160,909.	15,463,471.	17,496,994.	105,065,917.
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	27,421,903.	21,522,640.	23,160,909.	15,463,471.	17,496,994.	105,065,917.
	The portion of total contributions			——————————————————————————————————————			
Ü	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		Ī				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	***************************************						105,065,917.
	Public support. Subtract line 5 from line 4.						103,003,317.
		/-\ 0007	#11 0000 T	/-> 0000	1.0040	(-) 0044	10 T. I. I
	ndar year (or fiscal year beginning in)	(a) 2007 27,421,903.	(b) 2008 21,522,640.	(c) 2009 23,160,909.	(d) 2010 15,463,471.	(e) 2011 17,496,994.	<b>(f)</b> Total 105,065,917.
	Amounts from line 4	27,421,903.	21,322,040.	23,100,909.	13,403,471.	17,430,334.	103,003,317.
ð	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	2 247 606	1 045 473	0 135 040	0.041.040	1 045 006	11 005 150
	and income from similar sources	3,317,686.	1,945,473.	2,135,048.	2,841,049.	1,045,896.	11,285,152.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						116,351,069.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	5,952,502.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
_	organization, check this box and stop	here					<b>&gt;</b>
	tion C. Computation of Publi						
	Public support percentage for 2011 (li					14	90.30 %
	Public support percentage from 2010					15	90.40 %
16a	33 1/3% support test - 2011. If the o						· · · · · · · · · · · · · · · · · · ·
	stop here. The organization qualifies						
b	33 1/3% support test - 2010. If the o	-					ļ
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	t - <b>2011.</b> If the orga	anization did not cl	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac-	ts-and-circumstand	ces" test, check th	is box and <b>stop h</b> e	ere. Explain in Par	t IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization	***********	▶□
b	10% -facts-and-circumstances test	t - <b>2010.</b> If the orga	anization did not cl	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	eck this box and s	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	ly supported orga	nization	▶□
18	Private foundation. If the organization						s

## Schedule A (Form 990 or 990-EZ) 2011 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

Section	quality under the tests listed be A. Public Support	now, please com	piete Part II.)				
	ar (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	grants, contributions, and	(4) 2001	(5) 2000	(0) 2000	(4) 2010	(6) 2011	(i) Total
	ership fees received. (Do not						
	e any "unusual grants.")						
	receipts from admissions,						
	andise sold or services per-						
	d, or facilities furnished in						
	tivity that is related to the zation's tax-exempt purpose						
_	receipts from activities that						
	t an unrelated trade or bus-						
iness ι	under section 513						
4 Tax re	venues levied for the organ-	***************************************					
	's benefit and either paid to						
	ended on its behalf						
5 The va	alue of services or facilities						
furnish	ned by a governmental unit to						
	ganization without charge						
6 Total.	Add lines 1 through 5						
	nts included on lines 1, 2, and						
3 rece	ived from disqualified persons						
	s included on lines 2 and 3 received						
	er than disqualified persons that the greater of \$5,000 or 1% of the						
	on line 13 for the year						
<b>c</b> Add lir	nes 7a and 7b	····			<u> </u>		
	support (Subtract line 7c from line 6.)		<u> </u>		<u> </u>		
	B. Total Support		<del></del>	т		<del></del>	
	ar (or fiscal year beginning in) 🖊	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	nts from line 6	***************************************					
	income from interest, nds, payments received on						
securit	ties loans, rents, royalties come from similar sources						
	ed business taxable income						
-	ection 511 taxes) from businesses						
acquire	ed after June 30, 1975						
	nes 10a and 10b	······					
	come from unrelated business						
	es not included in line 10b, er or not the business is						
regula	rly carried on						
	income. Do not include gain from the sale of capital						
assets	(Explain in Part IV.)						
	upport (Add lines 9, 10c, 11, and 12.)		<u></u>	<u> </u>	<u> </u>		L
	ive years. If the Form 990 is for	•			•		
	this box and stop here  C. Computation of Publi						
				noiumn (fl)		15	0/
	support percentage for 2011 (lii support percentage from 2010					16	<u>%</u>
	D. Computation of Inves	**************************************				110	70
	ment income percentage for 20					17	%
	ment income percentage from 2						%
	% support tests - 2011. If the						
	han 33 1/3%, check this box an						
	% support tests - 2010. If the						
	is not more than 33 1/3%, chec	-					
	e foundation. If the organization						<b>&gt;</b>

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

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

OMB No. 1545-0047

2011

**Employer identification number** 

U.S. NAVAL ACADEMY FOUNDATION, INC. 23-7003516 Organization type (check one): Filers of: Section: Form 990 or 990-EZ x 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. 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 Part I, line 2 of its Form 990-PF, to

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) (2011)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Name of organization Employer identification number

U.S. NAVAL ACADEMY FOUNDATION, INC.

23-7003516

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

Name of organ	ization		Employer identification number						
J.S. NAVAL Part III	ACADEMY FOUNDATION, INC.  Exclusively religious, charitable, etc., indiv	idual contributions to section 501(c)	23-7003516 (7), (8), or (10) organizations that total more than \$1,000 for the						
	the total of exclusively religious, charitable, etc Use duplicate copies of Part III if additional		(7), (8), or (10) organizations that total more than \$1,000 for the is completing Part III, enter the year. (Enter this information once.)						
(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, ar	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						
_	(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						
	Transferee's name, address, ar	(e) Transfer of gift	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, ar	(e) Transfer of gift	Relationship of transferor to transferee						
	n andre of name, address, at								

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

U.S. NAVAL ACADEMY FOUNDATION, INC.

Employer identification number 23-7003516

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Acc	ounts. Complete if the
·····	organization answered "Yes" to Form 990, Part IV, line	6.		
		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's e			Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
				1 1
Pai		····		
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).		
	Preservation of land for public use (e.g., recreation or ed		storically in	nportant land area
	Protection of natural habitat	Preservation of a cert	tified histo	ric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conse	ervation easement on the last
	day of the tax year.			
	•			Held at the End of the Tax Year
а	Total number of conservation easements		2	а
b			_	b
С	Number of conservation easements on a certified historic stru-		£	С
d	Number of conservation easements included in (c) acquired at			
	listed in the National Register		1 _	d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organiza	tion during the tax
	year >			
4	Number of states where property subject to conservation ease	ement is located >		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements o	during the	year 🗪
7	Amount of expenses incurred in monitoring, inspecting, and e	nforcing conservation easements during	g the year	<b>\$</b>
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	0(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organ	ization's accounting for
	conservation easements.			
Pa	t III Organizations Maintaining Collections of		otner Sir	milar Assets.
	Complete if the organization answered "Yes" to Form 9			
1a	If the organization elected, as permitted under SFAS 116 (ASC			
	historical treasures, or other similar assets held for public exhi		ance of pu	blic service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ			
b	If the organization elected, as permitted under SFAS 116 (ASC			
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pu	ublic servic	ce, provide the following amounts
	relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1			<b>\$</b>
	(ii) Assets included in Form 990, Part X			<b>\$</b>
2	If the organization received or held works of art, historical treat		al gain, pro	ovide
	the following amounts required to be reported under SFAS 11		-	
а	Revenues included in Form 990, Part VIII, line 1			<b>&gt;</b> \$
b	Assets included in Form 990, Part X			<b>▶</b> \$

	10.0 2 (10.11.1000) 2011	ACADEMI FOUNDAT.			044			J 10033			age ∠
	t III   Organizations Maintaining C			<del></del>						<del></del>	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that	are a s	signif	icant u	ise of its o	collectio	n item	าร
	(check all that apply):										
а	Public exhibition	d		hange progra	ms						
b	Scholarly research	e	U Other								
С	Preservation for future generations										
4	Provide a description of the organization's co							se in Part	XIV.		
5	During the year, did the organization solicit o								٦		7
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran	-	te if the organizatio	n answered "	Yes" to	For	m 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custod								7	r	<b>-</b> 7
	on Form 990, Part X?							ــــــ	Yes	L	. No
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	lowing table:			_	······································				
						-			Amoun	t	
	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year					- 1	1e				
f	Ending balance					L	1f		<del></del>		
	Did the organization include an amount on Fe		21?						Yes	L	_l No
	If "Yes," explain the arrangement in Part XIV.										
Pai	t V Endowment Funds. Complete i			<del></del>			····	<del></del>			
		(a) Current year	(b) Prior year	(c) Two years		(d)		ears back	(e) Four	years	back
1a	Beginning of year balance	80,326,494.	69,729,801.	62,273				85,212.		······································	
b	Contributions	176,196.		6,637. 2,088,90913,647,76							
С	Net investment earnings, gains, and losses	420,654.	11,752,074.	7,252	,647.	-	-10,0	68,997.		······································	
d	Grants or scholarships									~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
е	Other expenditures for facilities										
	and programs	2,532,058.	1,162,018.	1,885	,547.		1,094,658.		***************************************		
f	Administrative expenses			60 700							
g	End of year balance	78,391,286.	80,326,494.	<del></del>	,801.		62,2	73,792.			
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a	a)) held as:							
а	Board designated or quasi-endowment		_%								
b	Permanent endowment 75.40	%									
С	Temporarily restricted endowment	24.60 %									
_	The percentages in lines 2a, 2b, and 2c should be a sh	•									
За	Are there endowment funds not in the posse	ession of the organiza	ition that are held a	nd administei	red for	the c	organiz	ation	ı		т
	by:								[	Yes	No
	(i) unrelated organizations								3a(i)	· ·	X
	(ii) related organizations				• • • • • • • • • • • • • • • • • • • •				3a(ii)	X	<del> </del>
b	If "Yes" to 3a(ii), are the related organizations								3b	Х	<u> </u>
4	Describe in Part XIV the intended uses of the							····	····		
Pai	t VI Land, Buildings, and Equipm		<del></del>								
	Description of property	(a) Cost or ot	1 '	or other			mulate iation	a	( <b>d</b> ) Boo	k valu	ie
		basis (investm	Dasis	(other)	de	hiec	auon			644	21.0
	Land			644,316.			703	264			,316.
	Buildings		4	,039,874.		1	,703,	204.	2	, 336	,610.
	Leasehold improvements			667.050			415	700		254	460
	Equipment Other			667,252.			415,	190.		251	,462.
^	LITROF	ì	1	t t				i			

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2011

Part VII Investments - Other Securities. Se	ee Form 990, Part X, Iir	ne 12.	
(a) Description of security or category (including name of security)	(b) Book value	Cor	(c) Method of valuation:
		Cos	st or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) INVESTMENTS IN PARTNERSHIPS, HEDGE			
(B) FUNDS, OTHER	19,733,9	907. END-OF-YEAR	MARKET VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	19,733,9	907.	
Part VIII Investments - Program Related. S			
			(c) Method of valuation:
(a) Description of investment type	(b) Book value	Cos	st or end-of-year market value
(1)			
(2)			
(3)			······································
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line			
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		W. H. H. L.	
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15.)		
Part X Other Liabilities. See Form 990, Part X,			
1. (a) Description of liability	1	(b) Book value	
(1) Federal income taxes			
(2) SPLIT INTEREST AGREEMENTS		5,925,049.	
		1,497,579.	
		1,37,373.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 25.)	7,422,628.	zation's liability for uncertain tax positions under

Page 4

Pa	rt XI   Reconciliation of Change in Net Assets from Form 990	to Audited	Financial Stat	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		20,668,066.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		18,767,126.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		1,900,940.
4	Net unrealized gains (losses) on investments		4		-1,245,140.
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV.)		1 . 1		-577,768.
9	Total adjustments (net). Add lines 4 through 8		9		-1,822,908.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3		10		78,032.
Pai	rt XII Reconciliation of Revenue per Audited Financial Stater	ments With	Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements			1	23,063,945.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	-1,245,140		
b	Donated services and use of facilities		120,569		
С	Recoveries of prior year grants				
d			5,353,504		
е				2e	4,228,933.
3	Subtract line 2e from line 1			3	18,835,012.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	267,734		
b	Other (Describe in Part XIV.)		1,565,320		
С				4c	1,833,054.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				20,668,066.
Pa	rt XIII Reconciliation of Expenses per Audited Financial State	ments With	ı Expenses pe	r Return	
1	Total expenses and losses per audited financial statements			1	24,539,348.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	120,569		
b	Prior year adjustments			7	
С	Other losses			7	
d			7,484,707	7	
е				2e	7,605,276.
3	Subtract line 2e from line 1			3	16,934,072.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	267,734		
b	Other (Describe in Part XIV.)		1,565,320	ī.	
С	Add lines 4a and 4b	• • • • • • • • • • • • • • • • • • • •		4c	1,833,054.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	18,767,126.
	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa	rt III lines 1a a	nd 4: Part IV, lines	1b and 2b:	Part V. line 4: Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also co				
	e 2, Fait Ai, line 6, Fait Air, lines 20 and 40, and Fait Air, lines 20 and 40. Also CC	•	it to provide any a	uullional iini	ormation.
	V, BIND 4. THE ENDOWMENT CONDITION OF AFTICALISM 1/2 INDIV	TO OTH			
FIINT	OS ESTABLISHED FOR A VARIETY OF PURPOSES. THESE ENDOWMENT FUN	DS ARE			
חמאכ	OR-RESTRICTED, THE FOUNDATION DOES NOT HAVE ANY BOARD-DESIGNA	TED			
	A REDIRICIED, INDICONDUCTION BOLD NOT MAND INTO BOLD DESIGNATION	. 1			
ENDO	NAMENT FUNDS, AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PR	INCIPLES,			
Marie	ACCEMIC ACCOCTAMED NUMBER ENVIOLENMENT SHAPE AND CLASSIFIED AND COLORS	DOBUGO			
ME,I,	ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND RE	PORTED			***************************************
BASE	ED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.				

Schedule D (Form 990) 2011 U.S. NAVAL ACADEMY FOUNDATION, INC.  Part XIV Supplemental Information (continued)	23-7003516	Page 5
Part XIV Supplemental Information (continued)		
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.		
		<del>\</del>
AS OF JUNE 30, 2012 AND 2011, THERE ARE NO MATERIAL		***************************************
UNRECOGNIZED/DERECOGNIZED TAX BENEFITS OR TAX PENALTIES OR INTEREST. THE		<del></del>
ASSOCIATIONS ARE NO LONGER SUBJECT TO U.S. FEDERAL, STATE OR LOCAL TAX		
EXAMINATIONS BY TAX AUTHORITIES FOR YEARS ENDING BEFORE JUNE 30, 2009.		
		·····
PART XI, LINE 8 - OTHER ADJUSTMENTS:		
CHANGE IN SPLIT INTEREST AGREEMENTS -577,768.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -577,768.		***************************************
REVENUE OF AFFILIATE INCLUDED ON CONSOLIDATED FINANCIAL		
STATEMENTS 5,931,272.	AND CONTROL OF THE PROPERTY OF	
TOTAL TO SCHEDULE D, PART XII, LINE 2D 5,353,504.	***************************************	
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
GRANT TO NAVAL ACADEMY ALUMNI ASSOCIATION 1,565,320.		**************************************

Schedule D (Form 990) 2011 U.S. NAVAL ACADEMY FOUNDATION, INC.		23-7003516	Page 5
Schedule D (Form 990) 2011 U.S. NAVAL ACADEMY FOUNDATION, INC.  Part XIV Supplemental Information (continued)			
PART XIII, LINE 2D - OTHER ADJUSTMENTS:			
TIME IIII, DING DE CIMEN IDOUGHANDS.			
EXPENSES OF AFFILIATE INCLUDED ON CONSOLIDATED FINANCIAL			
STATEMENTS	7,484,707.		
STATEMENTS	,,,,,,,,		**************************************
PART XIII, LINE 4B - OTHER ADJUSTMENTS:			
GRANT TO NAVAL ACADEMY ALUMNI ASSOCIATION	1,565,320.		

# SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization					Employer identi	fication number
U.S. NAVAL ACADEMY FOUR	ארד אחדיים דאכ				23-7003516	
			side the United States. Compl	ete if the orgar		'Yes"
to Form 990, Par			-7 <b>-1</b>			
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gr	ants and other		
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance?x	Yes No
	ribe in Part V the	e organization's _l	procedures for monitoring the use of it	s grants and o	ther assistance ou	tside the
United States.	ho following Dort	t line 2 table or	an be duplicated if additional space is	needed )		
3 Activities per Region. (T	(b) Number of	(c) Number of	(d) Activities conducted in region		vity listed in (d)	(f) Total
(a) Hegion	offices	employees, agents, and independent contractors	(by type) (e.g., fundraising, program		gram service,	expenditures
	in the region	independent	services, investments, grants to		e specific type	for and investments
		contractors in region	recipients located in the region)	of servi	ce(s) in region	in region
			PROGRAM SERVICES &			
EUROPE	0	0	GRANTMAKING	SCHOLARSHII	PS	57,256.
CENTRAL AMERICA AND						
THE CARIBBEAN			INVESTMENTS			6,563,137.
		u.				
	***					
	<b></b>			<u> </u>		
3 a Sub-total	0	0				6,620,393.
<b>b</b> Total from continuation						
sheets to Part I	0	0		ļ		0.
c Totals (add lines 3a		,				6 620 393.

Schedule F (Form 990) 2011

U.S. NAVAL ACADEMY FOUNDATION, INC.

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 23-7003516

Page 2

	(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2011
	(h) Description of non-cash assistance						Schedi
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.	(g) Amount of non-cash assistance					kempt by	
	(f) Manner of cash disbursement					recognized as tax-e	
	(e) Amount of cash grant					foreign country,	
	(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
	(c) Region					Enter total number of recipient organizations listed above that are recog the IRS, or for which the grantee or counsel has provided a section 501	r entities
recipient who received more than \$5,000. Check this b Part II can be duplicated if additional space is needed.	(b) IRS code section and EIN (if applicable)					recipient organizatior he grantee or counse	otner organizations o
recipient who rec Part II can be du	1 (a) Name of organization						3 Enter total number of other organizations or entities

U.S. NAVAL ACADEMY FOUNDATION, INC.

Schedule F (Form 990) 2011 U.S. NAVAL ACADEMY FOUNDATION, INC.

Schedule F (Form 990) 2011

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

Page 3

23-7003516

Part III can be duplicated if additional space is needed.

of ', her)					1	) 2011
(h) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2011
						shedule F
ription of assistano					:	Ĭ
(g) Description of non-cash assistance						
	.0	 				
(f) Amount of non-cash assistance						
(e) Manner of cash disbursement	Ę.,					
(e) Ma	57,256.FOREIGN DRAFT					
<b>—</b>	FOREIC					
(d) Amount of cash grant	57,256					
(c) Number of recipients	77					
(c) Nur						
gion						
(b) Region	EUROPE					
υ	EU					
assistano						
grant or						
(a) Type of grant or assistance	SCHOLARSHIP					
(a	SCHOLA			Annual desirements		

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

Schedule F (Form 990) 2011

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 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column
(c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.
SCHEDULE F, PART I, LINE 2: THE U.S. NAVAL ACADEMY DETERMINES WHO
RECEIVES THE SCHOLARSHIP FUNDS. THE U.S. NAVAL ACADEMY FOUNDATION
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 G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047

Open To Public

Name of the organization

Employer identification number

U.S. NAVAL ACADEMY FOUNDATION, INC. 23-7003516 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants X Mail solicitations X Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b [f "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser from activity or entity (fundraiser) organization listed in col. (i) ADVANTAGE CONSULTING - 2500 Yes No 380,266 x 2,266,680 1,886,414. PASEO VERDE PARKWAY SOLICITATION 380,266. 1,886,414. 2,266,680. Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. MD, OH

L		of fundraising event contributions and gr	oss income on Form 990	EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue						
æ	1	Gross receipts				
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)			()
TO.		Net income summary. Combine line 3, colum <b>IIII Gaming.</b> Complete if the organization	n (d), and line 10	OOO Dort IV line 10 or	reported more than	1
Pa	111	\$15,000 on Form 990-EZ, line 6a.	answered tes to roim	1990, Part IV, line 19, 01	reported more than	
	Γ	\$10,000 011 0111 000 E2, into 04.	T (1) (2)	(b) Pull tabs/instant	(a) Other coming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
3eve						
	1	Gross revenue	<u> </u>			
ses	2	Cash prizes				
(ben	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
سا	_	Other direct expenses				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			( )
	8	Net gaming income summary. Combine line	1, column d, and line 7		<b>&gt;</b>	
_	_					
		ter the state(s) in which the organization opera the organization licensed to operate gaming a		etatoe?		Yes No
		the organization ricensed to operate gaming at No," explain:				
•	,					
		ere any of the organization's gaming licenses r			year?	Yes No
t	) IT "	Yes," explain:				

Sch	edule G (Form 990 or 990-EZ) 2011 U.S. NAVAL ACADEMY FOUNDATION, INC.	03516		Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name		<b>*****</b>	
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party:			
	Name		······	
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	bescription of services provided p			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	L	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii	i) and (	v), and	l Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	n (see	instru	ctions).
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(T)	NAME OF FUNDRAISER: ADVANTAGE CONSULTING		***************************************	
(1)	NAME OF FUNDATIOES. ADVANTAGE CONSULTING			***************************************
<u>(I)</u>	ADDRESS OF FUNDRAISER: 2500 PASEO VERDE PARKWAY, HENDERSON, NV 89074	·····	·	
				<del></del>
-				***************************************

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

|--|

OMB No. 1545-0047

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

ê | Employer identification number (h) Purpose of grant 23-7003516 or assistance X Yes GENERAL SUPPORT GENERAL SUPPORT Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, Ö o. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of 9,365,927 1,967,881 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 501(C)(3) INC Enter total number of other organizations listed in the line 1 table U.S. NAVAL ACADEMY FOUNDATION, 52-0548411 31-1575142 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization GEORGE STREET - ANNAPOLIS, MD ASSOCIATION, INC. - 247 KING U.S. NAVAL ACADEMY ALUMNI or government ANNAPOLIS, MD 21402 Name of the organization U.S. NAVAL ACADEMY 121 BLAKE ROAD Part Part 21402

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

Schedule I (Form 990) (2011)

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. U.S. NAVAL ACADEMY FOUNDATION, Schedule I (Form 990) (2011) Part III

Page 2

23-7003516

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Ö (d) Amount of non-cash assistance 349,973, (c) Amount of cash grant THE FOUNDATION KEEPS DETAILED RECORDS OF GRANTS THE FOUNDATION HAS ELECTED TO DISCLOSE THE JOINTLY ALL THE THE GRANT TO THE NAVAL ACADEMY ALUMNI ASSOCIATION AND THE U.S. NAVAL ACADEMY. OTHER GRANTS TO THE U.S. NAVAL ACADEMY ARE BASED ON DONOR DIRECTION OF ΒX THE U.S. NAVAL ACADEMY IS BUDGETED FOR AND APPROVED BY THE BOARD OF DIRECTORS. U.S. NAVAL ACADEMY ALUMNI ASSOCIATION IS BUDGETED FOR AND APPROVED 50 (b) Number of THE UNRESTRICTED PORTION OF THE GRANT TO recipients ADMINISTERED SCHOLARSHIP PROGRAM FOR INCREASED TRANSPARENCY. ALL GRANTS ARE REVIEWED BY MANAGEMENT PRIOR TO PAYMENT. (a) Type of grant or assistance LINE 2: THEIR RESTRICTED GIFTS. н BOARD OF DIRECTORS. SCHOLARSHIP SUPPORT PART TO THE U.S. SCHEDULE I,

Schedule I (Form 990) (2011)

132102 01-27-12

### SCHEDULE J

#### **Compensation Information**

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

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

Open to Publ Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. See separate instructions.

Employer identification number

OMB No. 1545-0047

23-7003516 U.S. NAVAL ACADEMY FOUNDATION, INC. Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations 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: a Receive a severance payment or change-of-control payment? х b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Х c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х a The organization? 5a Х **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Х a The organization? Х **b** Any related organization? 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 7 х not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 Х If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2011

Page 2

U.S. NAVAL ACADEMY FOUNDATION, INC.

Schedule J (Form 990) 2011

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

23-7003516

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

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

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C)	(a)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	retirement and other deferred compensation	Nortaxable benefits	(B)(i)-(D)	reported as deferred in prior Form 990
	(3)	192,001.	38,400.	3,509.	27,450.	9,070.	270,430.	0
1 BYRON F. MARCHANT	Ξ	128,000.	25,600.	2,339.	18,300.	6,046.	180,285.	• 0
	E	93,287.	12,788.	27,057.	4,461.	2,475.	140,068.	• 0
2 HENRY J. SANFORD	: ≘	76,326.	10,463.	22,138.	3,650.	2,025.	114,602.	0.
	Ξ	147,726.	18,150.	2,283.	7,387.	2,286.	177,832.	• 0
3 STEPHEN M. MACONI	Ξ	0	0	.0	.0	.0	0.	
	Ξ							
4	(iii)							
	Ξ							
រភ	Ξ							
	ε							
9	Ξ							
	ε							
~	€							
	Ξ							
83	: <u>E</u>							
	Ξ							
6	Ξ							
	ε							
10	(ii)							
	Ξ							
1	≘							
	€							
12	Ξ							
	Ξ						***************************************	
13	(E)							
	ε							
14	(ii)							
	€							
15	⊞							
	Ξ							
16	Ξ							
							Schedu	Schedule J (Form 990) 2011

## **SCHEDULE M** (Form 990)

## **Noncash Contributions**

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

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

Employer identification number 23-7003516 U.S. NAVAL ACADEMY FOUNDATION, INC.

Part I Types of Property (d) (a) (b) (c) Noncash contribution Method of determining Check if Number of contributions or amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests Books and publications Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 91 1,387,349. FAIR MARKET VALUE Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 2,500. FAIR MARKET VALUE trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 FAIR MARKET VALUE 37 725 ( LIFE INSURANC 25 Other Other 26 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1.28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33

## SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number Name of the organization 23-7003516 U.S. NAVAL ACADEMY FOUNDATION, INC. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO SUPPORT, PROMOTE AND ADVANCE THE MISSION OF THE NAVAL ACADEMY BY WORKING IN CONJUNCTION WITH ACADEMY LEADERSHIP TO IDENTIFY STRATEGIC INSTITUTIONAL PRIORITIES AND BY RAISING MANAGING AND DISBURSING PRIVATE GIFT FUNDS THAT PROVIDE A MARGIN OF EXCELLENCE IN SUPPORT OF THE NATION'S PREMIER LEADERSHIP INSTITUTION. THE MISSION STATEMENT OF THE RELATED ENTITY, THE U.S. NAVAL ACADEMY ALUMNI ASSOCIATION: TO SERVE AND SUPPORT THE UNITED STATES, THE NAVAL SERVICE, THE NAVAL ACADEMY AND ITS ALUMNI: BY FURTHERING THE HIGHEST STANDARDS AT THE NAVAL ACADEMY; BY SEEKING OUT. INFORMING, ENCOURAGING, AND ASSISTING OUTSTANDING, QUALIFIED YOUNG MEN AND WOMEN TO PURSUE CAREERS AS OFFICERS IN THE NAVY AND MARINE CORPS THROUGH THE NAVAL ACADEMY; AND BY INITIATING AND SPONSORING ACTIVITIES WHICH WILL PERPETUATE THE HISTORY, TRADITIONS, MEMORIES AND GROWTH OF THE NAVAL ACADEMY AND BIND ALUMNI TOGETHER IN SUPPORT OF THE HIGHEST IDEALS OF COMMAND CITIZENSHIP AND GOVERNMENT, 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 DIRECTORS AND TO THE IRS.

Page 2 number	
<del></del>	

Name of the organization  U.S. NAVAL ACADEMY FOUNDATION, INC.	Employer identification number 23-7003516
FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS	
SENT TO EACH BOARD/TRUSTEE MEMBER AT THE BEGINNING OF THE CALENDAR YEAR	
WITH A SELF ADDRESSED ENVELOPE FOR RESPONDING. THE POLICY DETAILS POTENTIAL	
CONFLICTS OF INTEREST AND THE NEED TO DISCLOSE SUCH CONFLICTS. THE POLICY	
ALSO DEFINES THE BOARD/TRUSTEE'S MEMBER FIDUCIARY OBLIGATION TO THE	
ORGANIZATION. ALL CONFLICTS OF INTEREST STATEMENTS ARE RETURNED TO THE	
BOARD SECRETARY'S OFFICE AND KEPT ON FILE. 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	
ORGANIZATION "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	

Schedule O (Form 990 or 990-EZ) (2011)  Name of the organization  U.S. NAVAL ACADEMY FOUNDATION, INC.	Page 2 Employer identification number 23-7003516
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	
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.)	
READUNABLE, )	
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 ACCUITED AN OPINION OF COUNCED CONCUENTS THE THE	
7. THE COMMITTEE ACQUIRES AN OPINION OF COUNSEL CONCLUDING THAT THE PROCESS FOLLOWED BY THE COMMITTEE MEETS THE REQUIREMENTS OF THE IRS	

REGULATIONS.

^{8.} THE COMMITTEE REGULARLY REVIEWS ITS PROCESS TO ENSURE THAT IT CONTINUES

Schedule O (Form 990 or 990-EZ) (2011)  Name of the organization	Employer identification number
U.S. NAVAL ACADEMY FOUNDATION, INC.	23-7003516
TO MEET ALL OF THE REQUIREMENTS OF APPLICABLE LAW.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ALL	
NECESSARY AND REQUIRED GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICIES	S,
FINANCIAL STATEMENTS, FORM 990S AND ANNUAL REPORT AVAILABLE ON ITS WEBSIT	E:
WWW.USNA.COM.	
FORM 990, PART VII, LINE 1A, COLUMN B	
SEVERAL OFFICERS OF THE U.S. NAVAL ACADEMY FOUNDATION ARE DUALLY	
EMPLOYED BY A RELATED ORGANIZATION, THE U.S. NAVAL ACADEMY ALUMNI	
ASSOCIATION, HOURS DEVOTED TO THE ALUMNI ASSOCIATION ARE LISTED BELOW	
FOR THE OFFICERS INVOLVED IN BOTH ORGANIZATIONS:	
OFFICER HOURS PER WEEK DEVOTED TO ALUMNI ASSOCIATION	
BYRON F. MARCHANT 24	
HENRY J. SANFORD 27	
GERALDINE S. FARMER 27	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS: -1,245,14	10.
CHANGE IN SPLIT INTEREST AGREEMENTS -577,76	58.
TOTAL TO FORM 990, PART XI, LINE 5 -1,822,90	08.
990, PART XI, QUESTION 2B - AUDITED FINANCIAL STATEMENTS	
FOR GAAP PURPOSES, THE ORGANIZATION PRESENTS ITS ACTIVITY IN A	
CONSOLIDATED FORMAT WITH ITS RELATED ENTITY , THE U.S. NAVAL ACADEMY	

Name of the organization  U.S. NAVAL ACADEMY FOUNDATION, INC.	Employer identification number 23-7003516
ALUMNI ASSOCIATION. 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 FOUNDATION.	
FORM 990, PART I, LINE 5 AND FORM 990, PART V, LINE 2A	
THE U.S. NAVAL ACADEMY ALUMNI ASSOCIATION (A RELATED ORGANIZATION) IS	
THE PAYMASTER FOR BOTH THE ASSOCIATION AND THE U.S. NAVAL ACADEMY	
FOUNDATION. DUE TO THE ASSOCIATION'S ROLE AS PAYMASTER FOR BOTH	
ORGANIZATIONS, THE ASSOCIATION REPORTS BOTH ASSOCIATION AND FOUNDATION	
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. THE 30 FOUNDATION EMPLOYEES ARE REPORTED ON PART I, LINE 5	
AND PART V, LINE 2A EVEN THOUGH THE FOUNDATION DOES NOT FILE A FORM	
W-3.	
FORM 990, PART VII, SECTION A AND PART VII, SECTION B	
ALL INFORMATION REPORTED ON THIS 2011 FORM 990 IS REPORTED ON A FISCAL	
YEAR BEGINNING JULY 1, 2011 AND ENDING JUNE 30, 2012, 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, 2011 AND ENDING DECEMBER 31,	
2011.	

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

## Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See separate instructions.

2011 Open to Public Inspection

OMB No. 1545-0047

▶ Attach to Form 990. U.S. NAVAL ACADEMY FOUNDATION, INC. Name of the organization

Employer identification number 23-7003516

> Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Part

	(a)	(q)	(၁)	(p)	(e)	(J)
	Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
-						
-						
Part II	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	ions (Complete if the organization ans	swered "Yes" to Form 990, Par	t IV, line 34 because	it had one or more re	elated tax-exempt

organizations during the tax year.)

(a)	(Q)	(O)	<del>0</del>	(e)	E	Section 5	9/hV13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	ling	controlled	lled
of related organization		foreign country)	section	status (if section	entity	entit	λś
		•		501(c)(3))		Yes	No
U.S. NAVAL ACADEMY ALUMNI ASSOCIATION, INC.							
- 52-0548411, 247 KING GEORGE STREET,	SUPPORT OF U.S. NAVAL		······································				
ANNAPOLIS, MD 21402	ACADEMY & ALUMNI	MARYLAND	501(C)(3)	6	N/A		×

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

Schedule R (Form 990) 2011

132161 01-23-12 LHA

Schedule R (Form 990) 2011 U.S. NAVAL ACADEMY FOUNDATION, INC.

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

Page 2

23-7003516

section 512-514)  Sections 512-514)  Yes No K-1 (Form 1065) Yes No			Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a)     (b)     (c)     (d)     (e)     (f)     (g)     (h)       Name, address, and EIN     Primary activity     Legal domicile (state or fortal or foreign of related organization)     Type of entity (C corp. S c			Schedule R (Form 990) 2011
Name, address, and EIN of related organization			Identification of Related Or organizations treated as a co	(a) Name, address, and E of related organizatid			132162 01-23-12

Part V Transactions With Related Organizations (Complete if the organization answered "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.					Yes	å
1 During the tax year did the organization engage in any of the following transaction	ons with one or more re	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?			
Donoing of (i) interest (ii) annuities (iii) revisities or (iv) rest from a contro		<b>)</b>		1a		×
	λ			÷	×	
b Gift, grant, or capital contribution to related organization(s)				2	4	
c Gift, grant, or capital contribution from related organization(s)				10		×
l cans or loan quarantees to or for related organization(s)				4	×	
				<b>1e</b>	×	
				ĭ		×
f Sale of assets to related organization(s)						
g Purchase of assets from related organization(s)				1g		×
Exchange of assets with related organization(s)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		무	×	
				Ŧ		×
(a) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c				<del>-</del>		×
] Lease of facilities, equipment, of ourier assets from clarked organizations for related organization(s)	ganization(s)			¥	×	
N FEITUILIAIDE OI SELVICES OI HEINDERSHIP OI TAITATAISING SOUSIANGUS IS FORMANDE OF TOTAL OF THE DESCRIPTION	elated organization(s)			=	×	
Fellottillation of selvices of themposismy of tandrabing solicitations by tensor organization (s)	gamization(s)			Ē	×	
III Shaing 91 iacilites, equipment, mailing lists, or outer assets with classes organized by the chains of paid omployees with related organization(s)	(c)			÷	×	
				ç	×	
o Heimbursement paid to related organization(s) for expenses					>	
p Reimbursement paid by related organization(s) for expenses				9	4	
				5	×	
Other transfer of cash or property from related organization(s)				4	×	
1	n who must complete t	nis line, including covered	relationships and transaction thresholds.			
	(b) Transaction type (a-r)	( <b>c)</b> Amount involved	(d) Method of determining amount involved			
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
132163 01-23-12			Schedule R (Form 990) 2011	R (Forn	066 u	) 2011

23-7003516

Schedule R (Form 990) 2011 U.S. NAVAL ACADEMY FOUNDATION, INC.

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.