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SCANNED MAY 04 2011

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 Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements A For the 2009 calendar year, or tax year beginning and ending C Name of organization Check if applicable D Employer identification number Please use IRS U.S. COAST GUARD ACADEMY label or ALUMNI ASSOCIATION, INC. type 06-1354978 Doing Business As Initial See Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Termin-ated 7 MOHEGAN AVENUE 860-442-2683 Instruc-Amended return 4,385,933. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-tion pending NEW LONDON, CT 06320 H(a) Is this a group return F Name and address of principal officer JAMES SYLVESTER for affiliates? Yes X No 47 MOHEGAN AVENUE, NEW LONDON, CT 06320 H(b) Are all affiliates included? Tax-exempt status X 501(c) ( 3 ) **◀** (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► WWW.CGAALUMNI.ORG H(c) Group exemption number ▶ K Form of organization; X Corporation L Year of formation: 1992 M State of legal domicile: CT Part I Summary Briefly describe the organization's mission or most significant activities: ITS PURPOSE IS TO PROVIDE Activities & Governance SERVICES TO AND PROMOTE FELLOWSHIP AMONG ITS MEMBERS. THE Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 20 4 9 Total number of employees (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 170,233. 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 2,767,723, 3,119,605. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 204,292 -39,667. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 312,522. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 261,764. 3,341,702. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 284,537 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 14 Benefits paid to or for members (Part IX, column (A), line 4) 680,655 688,600. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 42,800 34,403. 543,071. b Total fundraising expenses (Part IX, column (D), line 25) 1,991,536 4,553,147. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 2,714,991 5,276,150. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 569.546. -1,934,448. **Beginning of Current Year End of Year** SSO 20 Total assets (Part X, line 16) <u>19,043,601</u> 22,258,868. Total liabilities (Part X, line 26) APR 12 2010 21 287,929. 2,579,612. ract line 21 from line 20 22 Net assets or fund balances. 755,672 19,679,256 Part II Signature Block panying schedules and statements, and to the best of my knowledge and belief, it is true, correct, which preparer has any knowledge Under penalties of perjury, I declare that I have and complete Declaration of preparer (other th 3/31/10 Sign durature of officer Here SYLVESTER PRESIDENT Type or print name and title self-Paid signature employed > Preparer's Firm's name (or KOSTIN, RUFFKESS & COMPANY, yours if self-employed), Use Only 76 BATTERSON PARK ROAD address, and FARMINGTON, CT 06032 Phone no. ► 860 678-6000 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2009)

| Pa | rt III Statement of Program Service Accomplishments   |
|----|---|
| 1  | Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION  |
| •  | THE ORGANIZATION'S PURPOSE IS TO PROVIDE SERVICES TO AND PROMOTE  |
|    |   |
|    | FELLOWSHIP AMONG ITS MEMBERS. THE ORGANIZATION SHALL RAISE FUNDS TO   |
|    | PROVIDE "MARGIN OF EXCELLENCE" SUPPORT FOR THE CORPS OF CADETS  |
|    | (PRESENT DAY STUDENTS) AS COAST GUARD OFFICERS AND CIVILIAN EMPLOYEES   |
| 2  | Did the organization undertake any significant program services during the year which were not listed on  |
|    | the prior Form 990 or 990-EZ?   |
|    | If "Yes," describe these new services on Schedule O.  |
| 3  | Did the organization cease conducting, or make significant changes in how it conducts, any program services?  |
| •  | If "Yes," describe these changes on Schedule O  |
|    |   |
| 4  | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  |
|    | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and   |
|    | allocations to others, the total expenses, and revenue, if any, for each program service reported.  |
|    |   |
| 4a | (Code ) (Expenses \$ 3,939,140 • including grants of \$ ) (Revenue \$   |
|    | PROVIDES DIRECT SUPPORT TO THE COAST GUARD ACADEMY FOR VARIOUS PROJECTS   |
|    | IN MAJOR CATEGORIES SUCH AS ACADEMIC ENRICHMENT, CADET ACTIVITIES,  |
|    |   |
|    | ATHLETICS AND CAPITAL IMPROVEMENT PROJECTS IN VARIOUS ACADEMY   |
|    | BUILDINGS.  |
|    |   |
|    |   |
|    |   |
|    |   |
|    |   |
|    |   |
|    |   |
|    |   |
|    |   |
| 4b | (Code ) (Expenses \$ 408,679 • including grants of \$ ) (Revenue \$   |
|    | OPERATING EXPENSES ALLOCATED TO VARIOUS PROJECTS IN THE CATEGORIES  |
|    | LISTED ABOVE WHICH PROVIDE ADMINISTRATIVE SUPPORT TO PROCESS AND  |
|    | DISTRIBUTE THE FUNDS NEEDED TO DO THE SAME.   |
|    | THE TABLE TO BE THE DIAM.   |
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|    |   |
|    |   |
| 4c | (Code ) (Expenses \$ 37,218 · including grants of \$ ) (Revenue \$ 40,617 · )   |
| 4c | (Code ) (Expenses \$ 37,218. including grants of \$ ) (Revenue \$ 40,617.) HOST OF HOMECOMING WEEKEND EACH YEAR FOR CLASSES. THIS ANNUAL  |
|    | HOST OF HOMECOMING WEEKEND EACH YEAR FOR CLASSES. THIS ANNUAL   |
| 4c | HOST OF HOMECOMING WEEKEND EACH YEAR FOR CLASSES. THIS ANNUAL FRIEND-RAISING SERIES OF EVENTS SOLIDIFIES ALUMNI WITH THEIR ALMA MATER   |
| 4c | HOST OF HOMECOMING WEEKEND EACH YEAR FOR CLASSES. THIS ANNUAL FRIEND-RAISING SERIES OF EVENTS SOLIDIFIES ALUMNI WITH THEIR ALMA MATER AND PROVIDES THE OPPORTUNITY TO RECONNECT WITH OTHER GRADUATES WITH   |
|    | HOST OF HOMECOMING WEEKEND EACH YEAR FOR CLASSES. THIS ANNUAL FRIEND-RAISING SERIES OF EVENTS SOLIDIFIES ALUMNI WITH THEIR ALMA MATER   |
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| 4c | HOST OF HOMECOMING WEEKEND EACH YEAR FOR CLASSES. THIS ANNUAL FRIEND-RAISING SERIES OF EVENTS SOLIDIFIES ALUMNI WITH THEIR ALMA MATER AND PROVIDES THE OPPORTUNITY TO RECONNECT WITH OTHER GRADUATES WITH WHOM THEY SERVED ON ACTIVE DUTY IN THE COAST GUARD.  Other program services (Describe in Schedule O.)   |
|    | HOST OF HOMECOMING WEEKEND EACH YEAR FOR CLASSES. THIS ANNUAL FRIEND-RAISING SERIES OF EVENTS SOLIDIFIES ALUMNI WITH THEIR ALMA MATER AND PROVIDES THE OPPORTUNITY TO RECONNECT WITH OTHER GRADUATES WITH WHOM THEY SERVED ON ACTIVE DUTY IN THE COAST GUARD.   |
| 4d | HOST OF HOMECOMING WEEKEND EACH YEAR FOR CLASSES. THIS ANNUAL FRIEND-RAISING SERIES OF EVENTS SOLIDIFIES ALUMNI WITH THEIR ALMA MATER AND PROVIDES THE OPPORTUNITY TO RECONNECT WITH OTHER GRADUATES WITH WHOM THEY SERVED ON ACTIVE DUTY IN THE COAST GUARD.  Other program services (Describe in Schedule O.) (Expenses \$ 137,029. including grants of \$ ) (Revenue \$ 170,233.)  |
| 4d | HOST OF HOMECOMING WEEKEND EACH YEAR FOR CLASSES. THIS ANNUAL FRIEND-RAISING SERIES OF EVENTS SOLIDIFIES ALUMNI WITH THEIR ALMA MATER AND PROVIDES THE OPPORTUNITY TO RECONNECT WITH OTHER GRADUATES WITH WHOM THEY SERVED ON ACTIVE DUTY IN THE COAST GUARD.  Other program services (Describe in Schedule O.)  (Expenses \$ 137,029. including grants of \$ ) (Revenue \$ 170,233.) |

Part IV | Checklist of Required Schedules

|     |   |        | r              | _        |
|-----|---|--------|----------------|----------|
|     |   |        | 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      | X              | <u> </u> |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2      | X              |          |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   | ١.     |                | l        |
| _   | public office? If "Yes," complete Schedule C, Part I  | 3      |                | <u>X</u> |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   | 4      |                | X_       |
| 5   | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III                             | _      |                |          |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to   | 5      |                |          |
| Ü   | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  |        |                | v        |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,   | 6      | <u> </u>       | _X_      |
| •   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7      |                | х        |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  |        |                | -1       |
|     | Schedule D, Part III  | 8      |                | х        |
| 9   | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide   | -      |                |          |
|     | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV   | 9      |                | х        |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?  |        |                |          |
|     | If "Yes," complete Schedule D, Part V   | 10     | х              |          |
| 11  | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X  |        |                |          |
|     | as applicable .   | 11     | Х              |          |
| •   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes," complete Schedule D,  |        |                |          |
|     | Part VI.  |        |                |          |
| •   | 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   |        |                |          |
| •   | 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.   |        |                |          |
| •   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in  |        |                |          |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX.  |        |                |          |
| •   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  |        |                |          |
| •   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |        |                |          |
| 12  | the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete |        |                |          |
| 12. | Schedule D, Parts XI, XII, and XIII.  | 40     | х              |          |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No   | 12     |                |          |
|     | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  12A X   |        |                |          |
| 13  | is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13     |                | X        |
|     | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a    |                | X        |
|     | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,   |        |                |          |
|     | and program service activities outside the United States? If "Yes," complete Schedule F, Part I   | 14b    |                | X        |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization   |        |                |          |
|     | or entity located outside the United States? If "Yes," complete Schedule F, Part II   | 15     |                | X        |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals  |        |                |          |
|     | located outside the United States? If "Yes," complete Schedule F, Part III  | 16     |                | X        |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,   |        |                |          |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  | 17     | Х              |          |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  |        |                |          |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18     | X              |          |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  |        |                |          |
|     | complete Schedule G, Part III   | 19     |                | <u>X</u> |
| 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H   | 20     | 200            | <u> </u> |
|     |   | Form ! | 9 <b>90</b> (2 | 2009)    |

Part IV Checklist of Required Schedules (continued)

|     |   |     | Yes | No           |
|-----|---|-----|-----|--------------|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the  |     |     |              |
|     | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21  |     | Х            |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,  |     |     |              |
|     | column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  |     | Х            |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current  |     |     |              |
|     | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete  |     |     |              |
|     | Schedule J  | 23  | Х   |              |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the   |     |     |              |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete  |     |     |              |
|     | Schedule K If "No", go to line 25   | 24a |     | Х            |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     |              |
| C   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease  |     |     |              |
|     | any tax-exempt bonds?   | 24c |     |              |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |     |              |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a  |     |     |              |
|     | disqualified person during the year? If "Yes," complete Schedule L, Part I  | 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   |     |     | i            |
|     | 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  | _   |     |              |
|     | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II   | 26  |     | X            |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial  |     |     |              |
|     | contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete  |     |     | 3.5          |
|     | Schedule L, Part III  | 27  |     | X            |
| 28  | Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV  |     |     |              |
| _   | instructions for applicable filing thresholds, conditions, and exceptions):   | 00- |     | <sub>~</sub> |
| a   | 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 |     |              |
| С   | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c |     | v            |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29  |     | X            |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation   | 25  |     | _A_          |
| 30  | contributions? If "Yes," complete Schedule M  | 30  |     | x            |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?  | 30  |     | 1            |
| ٠.  | If "Yes," complete Schedule N, Part I   | 31  |     | x            |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  | ļ   |     |              |
| -   | 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  |     | х            |
| 34  | Was the organization related to any tax-exempt or taxable entity?   |     |     |              |
|     | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1   | 34  |     | Х            |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)?   |     |     |              |
|     | If "Yes," complete Schedule R, Part V, line 2   | 35  |     | X            |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  |     |     |              |
|     | If "Yes," complete Schedule R, Part V, line 2   | 36  |     | Х            |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |     |     |              |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37  |     | X            |
| 38  | Duther and the Original to Original to the Control of the Control |     |     |              |
|     | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?   | 4   |     |              |
|     | Note. All Form 990 filers are required to complete Schedule O.  | 38  | Х   |              |

Part V

009) ALUMNI ASSOCIATION, INC.
Statements Regarding Other IRS Filings and Tax Compliance

|     |   |           | Yes           | No            |
|-----|---|-----------|---------------|---------------|
| 1a  | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of  |           |               |               |
|     | U.S. Information Returns Enter -0- if not applicable  |           |               |               |
| b   | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  |           |               |               |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  |           |               |               |
|     | (gambling) winnings to prize winners?   | 1c        |               |               |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |           |               |               |
|     | filed for the calendar year ending with or within the year covered by this return 2a 9  |           |               |               |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b_       | X             |               |
|     | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)   |           |               |               |
|     | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  | 3a        | X             |               |
|     | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  | 3b        | Х             |               |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a   |           |               | 7.7           |
|     | financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | <u>4a</u> |               | <u>X</u>      |
| b   | If "Yes," enter the name of the foreign country:  |           |               |               |
|     | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and   |           |               |               |
| _   | Financial Accounts  | _         |               | 7.7           |
|     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a        |               | X             |
|     | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b        |               |               |
| С   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited   | _         |               |               |
| 6-  | Tax Shelter Transaction?  Describe exposuration being appropriate that are normally greater than \$100,000, and did the exposuration colors.                                | 5c_       |               |               |
| oa  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6-        |               | х             |
| h   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts  | 6a        |               |               |
| D   | were not tax deductible?  | 6b        |               |               |
| 7   | Organizations that may receive deductible contributions under section 170(c).   | 00        |               |               |
|     | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services  |           |               |               |
|     | provided to the payor?  | 7a        |               | Х             |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b        |               |               |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required   | -         |               |               |
|     | to file Form 8282?  | 7c        |               | X             |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year 7d  |           |               |               |
| е   | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal   |           |               |               |
|     | benefit contract?   | 7e        |               |               |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f        |               |               |
| g   | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  | <u>7g</u> |               |               |
| h   | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?   | 7h_       |               |               |
| 8   | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the  |           |               |               |
|     | supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings   |           |               |               |
|     | at any time during the year?  | _8_       |               | <u> </u>      |
| 9   | Sponsoring organizations maintaining donor advised funds.   |           |               |               |
| а   | Did the organization make any taxable distributions under section 4966?   | 9a_       |               | <u>X</u>      |
|     | Did the organization make a distribution to a donor, donor advisor, or related person?  | 9b        |               | <u>X</u>      |
| 10  | Section 501(c)(7) organizations. Enter  |           |               |               |
|     | Initiation fees and capital contributions included on Part VIII, line 12  |           |               |               |
|     | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |           |               |               |
| 11  | Section 501(c)(12) organizations. Enter:  |           |               |               |
|     | Gross income from members or shareholders   |           |               |               |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against  |           |               |               |
| 40- | amounts due or received from them)  Casting 4047(aV4) and average the siteble trusts to the organization filing Form 900 in liquid Form 10412                               | 40-       |               |               |
|     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a       | -             |               |
| _D  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | Eorm      | <b>990</b> (  | 2000)         |
|     |   | 1 OHIII   | <del></del> ( | <b>_UU3</b> ) |

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| <u>Sec</u> | tion A. Governing Body and Management  |             |  |           |        |       |          |
|------------|--|-------------|--|-----------|--------|-------|----------|
|            |  |             |  | г         |        | Yes   | No       |
| 1a         | Enter the number of voting members of the governing body   | 1a          |  | 20        |        |       |          |
| b          | Enter the number of voting members that are independent  | 1b          |  | 20        |        |       |          |
| 2          | Did any officer, director, trustee, or key employee have a family relationship or a business relationship  | ıp wıtl     | n any other                            |           |        |       |          |
|            | officer, director, trustee, or key employee?   |             |  |           | 2      |       | X        |
| 3          | Did the organization delegate control over management duties customarily performed by or under the   | ne dire     | ect supervision                        |           |        |       |          |
|            | of officers, directors or trustees, or key employees to a management company or other person?  |             |  |           | 3      |       | X        |
| 4          | Did the organization make any significant changes to its organizational documents since the prior Fo   | orm 9       | 90 was filed?                          |           | 4      |       | X        |
| 5          | Did the organization become aware during the year of a material diversion of the organization's asse   | ts?         |  |           | 5      |       | X        |
| 6          | Does the organization have members or stockholders?  |             |  | -         | 6      | X     |          |
| 7a         | Does the organization have members, stockholders, or other persons who may elect one or more more more more more more more   | embe        | rs of the                              |           |        |       |          |
|            | governing body?  |             |  | -         | 7a     | X     |          |
| b          | Are any decisions of the governing body subject to approval by members, stockholders, or other pe  |             |  | -         | 7b     | X     |          |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken  | durır       | g the year                             |           |        |       |          |
|            | by the following.  |             |  |           |        |       |          |
| а          | The governing body?  |             | -                                      | -         | 8a     | X     |          |
| b          | Each committee with authority to act on behalf of the governing body?  |             | •                                      | .         | 8b     | X     |          |
| 9          | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real   | ached       | at the                                 |           |        |       |          |
|            | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  |             |  |           | 9      |       | X        |
| sec        | tion B. Policies (This Section B requests information about policies not required by the Internal F  | leven       | ue Code )                              |           |        |       |          |
|            | Donath a construction beautiful backers because a self-late 0  |             |  | Г         | 40     | Yes   | No       |
|            | Does the organization have local chapters, branches, or affiliates?  | aham        | toro offiliatos                        | -         | 10a    |       | X        |
| Đ          | If "Yes," does the organization have written policies and procedures governing the activities of such and branches to ensure their operations are consistent with those of the organization? | Спар        | ters, animates,                        |           | 10b    |       |          |
| 11         | Has the organization provided a copy of this Form 990 to all members of its governing body before f  | ilina t     | he form?                               | -         | 11     | X     |          |
| 11A        |  | mig c       | ne ionii                               | =         |        | 11    |          |
|            | Does the organization have a written conflict of interest policy? If "No," go to line 13   |             |  |           | 12a    | х     |          |
|            | Are officers, directors or trustees, and key employees required to disclose annually interests that co   | uld aı      | ve rise                                | -         |        |       |          |
| _          | to conflicts?  | 3           |  |           | 12b    | X     |          |
| С          | Does the organization regularly and consistently monitor and enforce compliance with the policy? If  | "Yes,       | " describe                             |           |        |       |          |
|            | ın Schedule O how this is done   |             |  |           | 12c    | X     |          |
| 13         | Does the organization have a written whistleblower policy?   |             |  |           | 13     | X     |          |
| 14         | Does the organization have a written document retention and destruction policy?  |             |  |           | 14     |       | _X_      |
| 15         | Did the process for determining compensation of the following persons include a review and approv  | al by       | ndependent                             |           |        |       |          |
|            | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  | <b>&gt;</b> |  | 1         |        |       |          |
| а          | The organization's CEO, Executive Director, or top management official   |             |  | 1         | 15a    | X     |          |
| þ          | Other officers or key employees of the organization  |             |  |           | 15b    | X     |          |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)   |             |  |           |        |       |          |
| 16a        | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange   | ment        | with a                                 |           | l      |       |          |
|            | taxable entity during the year?  |             |  | -         | 16a    |       | <u> </u> |
| b          | If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva-  |             | •                                      | ו         |        |       |          |
|            | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org   | janiza      | tion's                                 |           |        |       |          |
| <u> </u>   | exempt status with respect to such arrangements?   |             | ······································ |           | 16b    |       |          |
|            | tion C. Disclosure   |             |  |           |        |       |          |
| 17<br>40   | List the states with which a copy of this Form 990 is required to be filed ▶CT  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-          | T /501      | (c)/3)c only) ava                      | ulabla (  | or -   |       |          |
| 18         | public inspection. Indicate how you make these available. Check all that apply   | 1 (30)      | (C)(O)S UTIIY) ava                     | uiauie i  | UI     |       |          |
|            | X Own website Another's website Upon request   |             |  |           |        |       |          |
| 10         | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or  | റവലം        | t of interest no                       | וכע פה    | d fine | ncıal |          |
| 19         | statements available to the public.  |             | a or interest por                      | wy, all   | u mia  | iviai |          |
| 20         | State the name, physical address, and telephone number of the person who possesses the books a   | ınd re      | cords of the ord                       | ıanızatı  | on 🕨   |       |          |
| 20         | JAMES SYLVESTER - 860-442-2683   |             | oordo or trie org                      | الماناخطا | J.     |       |          |
|            | 47 MOHEGAN AVENUE, NEW LONDON, CT 06320  |             |  |           |        |       |          |
|            |  |             |  |           | Form   | 990 / | 20001    |

932006 02-04-10

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

#### 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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| (A)                              | (B)           | (C)                            |                       |         |  |                              | 3010 | (D)  | (E)  | (F)  |
|----------------------------------|---------------|--------------------------------|-----------------------|---------|--|------------------------------|------|--|--|--|
| Name and Title                   | Average hours | (cl                            | neck                  |         |  |                              | lv)  | Reportable compensation                        | Reportable compensation                          | Estimated amount of  |
|                                  | per<br>week   | Individual trustee or director | Institutional trustee | Officer |  | Highest compensated employee | ,,   | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other compensation from the organization and related organizations |
| MR. RICHARD LARRABEE<br>CHAIRMAN | 1.00          | v                              |                       |         |  |                              |      | 0.   | 0.   | 0.   |
| MR. BRANT HOUSTON                | 1.00          | ^                              |                       |         |  |                              | _    | 0.   | <u> </u>   | <u></u>  |
| DIRECTOR                         | 1.00          | x                              |                       |         |  |                              |      | 0.   | 0.   | 0.   |
| MR. JOHN P FOX                   |               |                                |                       |         |  |                              |      |  |  |  |
| DIRECTOR                         | 1.00          | X                              |                       |         |  |                              |      | 0.   | 0.   | 0.   |
| MR. RALPH EUSTIS                 |               |                                |                       |         |  |                              |      |  |  |  |
| DIRECTOR                         | 1.00          | X                              |                       |         |  | _                            |      | 0.   | 0.   | 0.   |
| CAPT LISA FESTA                  |               |                                |                       |         |  |                              |      |  | _  | _  |
| DIRECTOR                         | 1.00          | X                              |                       |         |  |                              | _    | 0.   | 0.   | 0.   |
| LCDR ERICA MOHR                  | 1 00          |                                |                       |         |  |                              |      | _  |  | _  |
| DIRECTOR CDR GARY TOMASULO, JR.  | 1.00          | A                              |                       |         |  |                              |      | 0.   | 0.   | 0.   |
| DIRECTOR                         | 1.00          | v                              |                       |         |  |                              |      | 0.   | 0.   | 0.   |
| MR. JEFFREY HARTMAN              | 1.00          | ^                              |                       |         |  |                              |      | 0.   | 0.   | <u> </u>   |
| DIRECTOR                         | 1.00          | x                              |                       |         |  |                              |      | 0.   | 0.   | 0.   |
| MR. THOMAS LUCEY                 |               |                                | -                     |         |  |                              |      |  |  | <u></u>  |
| DIRECTOR                         | 1.00          | X                              |                       |         |  |                              |      | 0.   | 0.   | 0.   |
| MR. JEFFREY KINGSLEY             |               |                                |                       |         |  |                              |      |  |  |  |
| DIRECTOR                         | 1.00          | X                              |                       |         |  |                              |      | 0.   | 0.   | 0.   |
| MR. SCOTT MEMMOTT                |               |                                |                       |         |  |                              |      |  |  |  |
| DIRECTOR                         | 1.00          | X                              |                       |         |  |                              |      | 0.   | 0.   | 0.   |
| CAPT CHARLES WILLIAMS            |               |                                |                       |         |  |                              |      | _  | _  | _  |
| DIRECTOR                         | 1.00          | X                              |                       |         |  | <u> </u>                     |      | 0.   | 0.   | 0.   |
| ANDREA MARCILLE                  | 1             |                                |                       |         |  |                              |      |  |  |  |
| DIRECTOR                         | 1.00          | X                              |                       |         |  | ├                            |      | 0.   | 0.   | 0.   |
| MR. ROBERT OLSEN DIRECTOR        | 1.00          | v                              |                       |         |  |                              |      | 0.   | 0.   | 0  |
| MR. KERRY WATTERSON              | 1.00          | ^                              |                       |         |  |                              |      |  | U.   | 0.   |
| DIRECTOR                         | 1.00          | x                              |                       |         |  |                              |      | 0.   | 0.   | 0.   |
| MR. WILLIAM WOITYRA              | 1.00          | 7.                             |                       |         |  |                              |      |  |  | <u>.</u>   |
| DIRECTOR                         | 1.00          | x                              |                       |         |  |                              |      | 0.   | 0.   | 0.   |
| LT DION K. NICELY                | <u> </u>      |                                |                       |         |  |                              |      |  |  |  |
| DIRECTOR                         | 1.00          | X                              |                       |         |  |                              |      | 0.   | 0.   | 0.   |
| B32007 02-04-10                  |               |                                |                       |         |  |                              |      |  |  | Form <b>990</b> (2009)   |

932007 02-04-10

Form 990 (2009)

Form **990** (2009)

| Form 990 (2009) ALUMNI AS                              | SSOCIAT           | 101                           | <u>, r</u>            | <u>II</u> | NC.          | •                            |           |                           | 06-1                         | <u>354</u> | <u>978</u>  | P                  | age 8     |
|--|-------------------|-------------------------------|-----------------------|-----------|--------------|------------------------------|-----------|---------------------------|------------------------------|------------|-------------|--------------------|-----------|
| Part VII Section A. Officers, Directors, Tru           | stees, Key E      | mplo                          | oyee                  | s, a      | nd F         | ligh                         | est       | Compensated Employ        | ees (continued)              |            |             |                    |           |
| (A)  | (B)               |                               |                       |           | C)           |                              |           | (D)                       | (E)                          |            |             | (F)                |           |
| Name and title   | Average           | ,_                            |                       | Pos       |              |                              | . 1 3     | Reportable                | Reportable                   | - 1        |             | timate             |           |
|  | hours<br>per      | H                             | heck                  | ( all )   | tnat         | app                          | iiy)<br>T | compensation              | compensation<br>from related |            |             | ount<br>other      | of        |
| •  | week              | recto,                        |                       |           |              | ł                            |           | the                       | organization                 | - 1        |             | pensa              | ation     |
|  |                   | ndividual trustee or director | ig i                  |           |              | Highest compensated employee |           | organization              | (W·2/1099-MIS                | SC)        |             | om th              |           |
|  |                   | truste                        | al trus               |           | yee          | 9                            |           | (W-2/1099-MISC)           |                              |            | _           | anızat             |           |
|  |                   | rg ng                         | Institutional trustee | 5         | Key employee | lest co                      | 횰         |                           |                              |            |             | i relat<br>ınızatı |           |
|  |                   | 를                             | l ist                 | Officer   | Key          | 물통                           | Former    |                           |                              |            | orgu        |                    | 0113      |
| CAPT MELISSA BERT                                      |                   |                               |                       |           |              |                              | <u> </u>  |                           |                              |            |             |                    |           |
| DIRECTOR   | 1,00              | X                             |                       |           |              |                              |           | 0.                        |                              | 0.         |             |                    | 0.        |
| DR. ROBERT C BYRD                                      |                   |                               |                       |           |              |                              |           |                           |                              |            |             |                    |           |
| DIRECTOR   | 1.00              | X                             |                       |           |              |                              |           | 0.                        |                              | 0.         |             |                    | 0.        |
| MS. TIFFANY OLSON JONES                                |                   |                               |                       |           |              |                              |           |                           |                              |            |             |                    |           |
| DIRECTOR   | 1.00              | X                             |                       |           |              |                              | <u> </u>  | 0.                        |                              | 0.         |             |                    | 0.        |
| CDR JAMES SYLVESTER                                    |                   |                               |                       |           |              |                              |           |                           |                              |            |             |                    |           |
| PRESIDENT  | 40.00             | <u> </u>                      | <u> </u>              | Х         |              | X                            |           | 133,200.                  | <del></del>                  | 0.         | 1'          | <u>7,8</u>         | 24.       |
|  |                   |                               |                       |           |              |                              |           |                           |                              |            |             |                    |           |
|  | -                 | -                             |                       |           | -            |                              |           |                           | -                            |            |             |                    |           |
|  |                   |                               |                       |           |              |                              |           |                           |                              |            |             |                    |           |
|  |                   | $\vdash$                      |                       |           | <del> </del> |                              | ⊢         |                           |                              |            |             |                    |           |
|  |                   |                               |                       |           |              |                              |           |                           |                              |            |             |                    |           |
|  |                   | <del></del>                   | -                     |           | <del> </del> | <del> </del>                 |           |                           |                              |            | _,          |                    |           |
|  |                   |                               |                       |           |              |                              |           |                           |                              |            |             |                    |           |
|  |                   |                               |                       |           |              |                              |           |                           |                              |            |             |                    |           |
|  |                   | <u> </u>                      | <u>L</u> _            |           |              |                              |           |                           |                              |            |             |                    |           |
|  |                   |                               |                       |           |              |                              |           |                           |                              | ļ          |             |                    |           |
|  |                   | <u> </u>                      | L                     |           |              | Ļ                            |           | 122 200                   |                              |            |             | 7 0                | 2.4       |
| Total     Total number of individuals (including but n | at limited to th  |                               | linte                 |           |              | . <u> </u>                   |           | 133,200.                  | 000                          | 0.         |             | 7,8                | 24.       |
| compensation from the organization                     | ot ilimited to tr | iose                          | iiste                 | eu ai     | DOVE         | 3) WI                        | 10 1      | eceived more than \$100   | ,000 in reportabl            | е          |             |                    | 1         |
| compensation from the organization                     |                   |                               |                       |           |              |                              |           |                           |                              |            | П           | Yes                | No        |
| 3 Did the organization list any former officer,        | director or tru   | stee                          | . ke                  | v em      | olar         | vee.                         | or h      | nighest compensated er    | nplovee on                   | [          |             |                    |           |
| line 1a? If "Yes," complete Schedule J for s           |                   |                               | ,                     | ,         | .,,          | , ,                          |           | g                         |                              |            | 3           |                    | х         |
| 4 For any individual listed on line 1a, is the su      | m of reportab     | le co                         | omp                   | ensa      | ation        | and                          | d otl     | her compensation from     | the organization             |            |             |                    |           |
| and related organizations greater than \$150           | 0,000? If "Yes,   | " co                          | mple                  | ete S     | Sche         | dule                         | e J f     | for such individual       |                              |            | 4           | Х                  |           |
| 5 Did any person listed on line 1a receive or a        | ccrue compe       | nsat                          | on f                  | rom       | any          | unr                          | elat      | ted organization for serv | ces rendered to              |            | ļ           |                    |           |
| the organization? If "Yes," complete Sched             | ule J for such    | pers                          | on                    |           |              |                              |           |                           |                              |            | 5           |                    | X         |
| Section B. Independent Contractors                     |                   |                               |                       |           |              |                              |           |                           |                              |            |             |                    |           |
| Complete this table for your five highest co           | mpensated in      | depe                          | ende                  | nt c      | ontr         | acto                         | ors t     | that received more than   | \$100,000 of com             | pensa      | ation fi    | om                 |           |
| the organization                                       |                   |                               |                       |           |              |                              |           |                           | 1                            | -          |             |                    |           |
| (A) Name and business                                  | address           |                               |                       |           |              |                              |           | (B) Description of s      | ervices                      | C          | (C<br>omper |                    | n         |
| MORRIS YACHTS  |                   |                               |                       |           |              |                              |           | - Description of s        | CIVICOS                      |            | onipe:      | Jaco               | <u>''</u> |
| PO BOX 395, BASS HARBOR,                               | ME 046            | 53                            |                       |           |              |                              |           | LEADERSHIP 4              | A BOATIS                     |            | 36'         | 7 6                | 00.       |
| G. DONOVAN ASSOCIATES, IN                              |                   | <del>55</del>                 |                       |           |              |                              | -         | DEADEROITT 4              | # BOATS                      |            |             | ,,,                | <u> </u>  |
| PO BOX 249, LEBANON, CT                                |                   |                               |                       |           |              |                              |           | REDO PRESS B              | ox                           |            | 200         | 0.0                | 00.       |
| DARTMOUTH PRINTING COMPAN                              |                   |                               |                       |           |              |                              | _         | PRINT BULLET              |                              |            |             |                    | <u></u>   |
| PO BOX 415740, BOSTON, MA                              |                   |                               |                       |           |              |                              |           | MAGAZINE                  |                              |            | 11'         | 7,2                | 38.       |
|  |                   |                               |                       |           |              | -                            |           |                           |                              |            |             |                    |           |
|  |                   |                               |                       |           |              |                              |           |                           |                              |            |             |                    |           |
|  |                   |                               |                       |           |              |                              |           |                           |                              |            |             |                    |           |

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization

Form 990 (2009)

| Form 990 (2009) ALUMNI ASSOCIATION, INC.  Part VIII   Statement of Revenue |                 |   |  |                            |                               |  | 06-1354978 Page 9                       |   |  |  |  |
|--|-----------------|---|--|----------------------------|-------------------------------|--|---|---|--|--|--|
|  |                 | ,   |  |                            | (A)<br>Total revenue          | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |  |  |  |
| Contributions, gifts, grants and other similar amounts                     | b<br>c<br>d     | Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions All other contributions, gifts, grants, a | 1c   1d   1e   1d   1d   1d   1d   1d   1d | 94,004.                    | ,                             |  |   |   |  |  |  |
| ontrik<br>nd otl   | g               | Similar amounts not included above  Noncash contributions included in lines 1a-1  | 1f  <br>  \$                               | 2,625,601.                 | i                             | :                                      |   |   |  |  |  |
|  | <u>h</u><br>2 a | Total. Add lines 1a-1f  |  | Business Code              | 3119605.                      |  |   |   |  |  |  |
| Program Service<br>Revenue   | b<br>c<br>d     |   |  |                            |                               |  |   |   |  |  |  |
| Prog   |                 | All other program service revenue  Total. Add lines 2a-2f   |  | <b>•</b>                   |                               |  |   |   |  |  |  |
| 4 5  | 4               | Investment income (including divident other similar amounts).  Income from investment of tax-extra Royalties  |  | <b>&gt;</b>                | 109,776.                      | -                                      | 71.                                     | 109,776.  |  |  |  |
| 6  |                 | Gross Rents Less' rental expenses Rental income or (loss)   | (i) Real<br>8,554.<br>8,554.               |                            |                               |  |   |   |  |  |  |
| 7  | 7 a             |   | Securties 33835.                           | (ii) Other                 | 8,554.                        |  |   | 8,554   |  |  |  |
|  | đ               | Gain or (loss) Net gain or (loss)   | 83278.<br>-149,443.                        |                            | -149,443.                     |  |   | -149443.  |  |  |  |
| Other Revenue  |                 | Gross income from fundraising evincluding \$ contributions reported on line 1c) Part IV, line 18 Less. direct expenses                                  | of   | 55,815.<br>60,953.         |                               |  |   |   |  |  |  |
| _  | С               | Net income or (loss) from fundrais<br>Gross income from gaming activit<br>Part IV, line 19  | ing events<br>es See                       | <b>&gt;</b>                | -5,138.                       |  |   | -5,138.   |  |  |  |
| 10   | С               | Less direct expenses Net income or (loss) from gaming Gross sales of inventory, less retu   |  | <b></b>                    |                               |  |   |   |  |  |  |
|  | b               | and allowances Less: cost of goods sold Net income or (loss) from sales of  | a<br>, b                                   | 12,666.                    | 12,666.                       | 12,666.                                |   |   |  |  |  |
| 11   | 1 a             | Miscellaneous Revenue ADVERTISING INCOM   |  | Business Code<br>541800    | 170,233.                      | 12,000.                                | 170,233.                                | 40 455  |  |  |  |
|  | c<br>d          | SPECIAL EVENTS AFFINITY INCOME All other revenue  |  | 900099<br>900099<br>900099 | 42,455.<br>20,000.<br>12,994. |  |   | 42,455.<br>20,000.<br>12,994.   |  |  |  |
| 932009<br>02-04-10   |                 | Total Add lines 11a-11d  Total revenue See instructions.  | •:   | <b>&gt;</b>                | 245,682.<br>3341702.          | 12,666.                                | 170,233.                                | 39,198.<br>Form <b>990</b> (2009)                                     |  |  |  |

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

|    | All other organizations must compl  |                       | <del></del>                  |                                     | <u> </u>                              |
|----|---|-----------------------|------------------------------|-------------------------------------|---------------------------------------|
|    | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1  | Grants and other assistance to governments and  |                       |                              |                                     |                                       |
|    | organizations in the U.S. See Part IV, line 21  |                       |                              |                                     |                                       |
| 2  | Grants and other assistance to individuals in   |                       |                              |                                     |                                       |
|    | the U.S See Part IV, line 22  |                       |                              |                                     | <del></del>                           |
| 3  | Grants and other assistance to governments,   |                       |                              |                                     |                                       |
|    | organizations, and individuals outside the U.S  |                       |                              |                                     |                                       |
|    | See Part IV, lines 15 and 16  |                       |                              |                                     |                                       |
| 4  | Benefits paid to or for members   |                       |                              |                                     |                                       |
| 5  | Compensation of current officers, directors,  | 454 004               | 45 225                       |                                     |                                       |
|    | trustees, and key employees   | 151,024.              | 45,307.                      | 75,512.                             | 30,205                                |
| 6  | Compensation not included above, to disqualified  |                       |                              |                                     |                                       |
|    | persons (as defined under section 4958(f)(1)) and   |                       |                              |                                     |                                       |
|    | persons described in section 4958(c)(3)(B)  | 101 005               |                              |                                     |                                       |
| 7  | Other salaries and wages  | 424,896.              | 204,486.                     | 37,764.                             | 182,646                               |
| 8  | Pension plan contributions (include section 401(k)  |                       |                              |                                     |                                       |
|    | and section 403(b) employer contributions)  |                       |                              |                                     |                                       |
| 9  | Other employee benefits   | 64,203.               | 30,581.                      | 6,427.                              | 27,195                                |
| 10 | Payroll taxes   | 48,477.               | 21,233.                      | 9,065.                              | 18,179                                |
| 11 | Fees for services (non-employees):  |                       |                              |                                     |                                       |
| а  | Management  |                       |                              |                                     |                                       |
| b  | Legal   |                       |                              |                                     | · · · · · · · · · · · · · · · · · · · |
| С  | Accounting  |                       | _                            |                                     |                                       |
| d  | Lobbying  |                       | <u> </u>                     |                                     | -                                     |
| е  | Professional fundraising services. See Part IV, line 17   | 34,403.               |                              |                                     | 34,403                                |
| f  | Investment management fees  |                       |                              |                                     |                                       |
| g  | Other   |                       |                              |                                     | ·                                     |
| 12 | Advertising and promotion   | 2,177.                |                              |                                     | 2,177.                                |
| 13 | Office expenses   | 59,805.               | 26,194.                      | 11,184.                             | 22,427.                               |
| 14 | Information technology  |                       |                              |                                     |                                       |
| 15 | Royalties   |                       |                              |                                     |                                       |
| 16 | Occupancy   | 79,591.               | 34,860.                      | 14,884.                             | 29,847.                               |
| 17 | Travel  | 26,328.               | 11,532.                      | 4,923.                              | 9,873.                                |
| 18 | Payments of travel or entertainment expenses  |                       |                              |                                     |                                       |
|    | for any federal, state, or local public officials   |                       |                              |                                     |                                       |
| 19 | Conferences, conventions, and meetings  |                       |                              |                                     |                                       |
| 20 | Interest .  |                       |                              |                                     |                                       |
| 21 | Payments to affiliates  |                       |                              |                                     | _                                     |
| 22 | Depreciation, depletion, and amortization   | 144,176.              | 144,176.                     |                                     |                                       |
| 23 | Insurance   | 15,813.               | 6,926.                       | 2,957.                              | 5,930                                 |
| 24 | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) |                       |                              |                                     |                                       |
| а  | ALUMNI BULLETIN AND DIR   | 137,029.              | 137,029.                     |                                     |                                       |
| b  | SUPPORT TO ACADEMY  | 3,753,790.            | 3,753,790.                   |                                     |                                       |
| C  | FUNDRAISING   | 91,676.               |                              |                                     | 91,676.                               |
| d  | BAD DEBTS   | 70,131.               |                              |                                     | 70,131.                               |
| e  | PROFESSIONAL FEES   | 39,131.               |                              | 39,131.                             | <u> </u>                              |
| f  | All other expenses  | 133,500.              | 105,952.                     | 9,166.                              | 18,382                                |
| 25 | Total functional expenses. Add lines 1 through 24f  | 5,276,150.            | 4,522,066.                   | 211,013.                            | 543,071                               |
| 26 | Joint costs. Check here Jif following   |                       | _, , ,                       |                                     | 220,011                               |
|    | SOP 98-2. Complete this line only if the organization   |                       |                              |                                     |                                       |
|    | reported in column (B) joint costs from a combined  |                       |                              |                                     |                                       |
|    | educational campaign and fundraising solicitation   |                       |                              |                                     |                                       |
|    | oddodnoral ourrepaign and full ordinaling sollottation  |                       |                              |                                     | F 000 (0000                           |

# U.S. COAST GUARD ACADEMY ALUMNI ASSOCIATION, INC.

Form 990 (2009)

| Cash - non-interest-bearing .  Savings and temporary cash investments Pledges and grants receivable, net | (A) Beginning of year 2,245,103.  | 1   | (B)<br>End of year      |
|--|---|---|-------------------------|
| Savings and temporary cash investments Pledges and grants receivable, net                                | 2,245,103.  | 1   |                         |
| Pledges and grants receivable, net   |   | •   | 2,903,528               |
|  |   | 2   |                         |
| · · · · · · · · · · · · · · · · · · ·  | 576,930.  | 3   | 647,274                 |
| Accounts receivable, net   | 3,568.  | 4   | 4,383                   |
| Receivables from current and former officers, directors, trustees, key                                   |   |   |                         |
| employees, and highest compensated employees. Complete Part II   |   |   |                         |
| of Schedule L  |   | 5   |                         |
| Receivables from other disqualified persons (as defined under section                                    |   |   |                         |
| 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete                                     |   |   |                         |
| Part II of Schedule L .  |   | 6_  |                         |
| Notes and loans receivable, net  |   | 7   |                         |
| Inventories for sale or use .  |   | 8   |                         |
| Prepaid expenses and deferred charges  | _5,117.   | 9   | 3,427                   |
| Land, buildings, and equipment: cost or other  |   |   |                         |
| basis. Complete Part VI of Schedule D 10a 5,029,766.   |   |   |                         |
| Less accumulated depreciation 10b 696,509.   | 4,452,533.  | 10c   | 4,333,257<br>14,256,999 |
| Investments - publicly traded securities   | 11,650,350.   | 11  | 14,256,999              |
| Investments - other securities See Part IV, line 11  |   | 12  |                         |
| Investments - program-related See Part IV, line 11   |   | 13  | ·                       |
| Intangible assets .  |   | 14  |                         |
| Other assets. See Part IV, line 11   | 110,000.  | 15  | 110,000                 |
| Total assets. Add lines 1 through 15 (must equal line 34)  | 19,043,601.   | 16  | 22,258,868              |
| Accounts payable and accrued expenses  | 13,995.   | 17  | 29,786                  |
| Grants payable .   |   | 18  |                         |
| Deferred revenue   |   | 19  |                         |
| Tax-exempt bond liabilities  |   | 20  |                         |
| Escrow or custodial account liability. Complete Part IV of Schedule D                                    |   | 21  |                         |
| Payables to current and former officers, directors, trustees, key employees,                             |   |   |                         |
| highest compensated employees, and disqualified persons. Complete Part II                                |   |   |                         |
| of Schedule L  | <u></u>   | 22  |                         |
| Secured mortgages and notes payable to unrelated third parties   |   | 23  |                         |
| Unsecured notes and loans payable to unrelated third parties   |   | 24  |                         |
| Other liabilities. Complete Part X of Schedule D   | 273,934.  | 25  | 2,549,826.              |
| Total liabilities. Add lines 17 through 25   | 287,929.  | 26  | 2,579,612.              |
| Organizations that follow SFAS 117, check here   X  and complete   |   |   |                         |
| lines 27 through 29, and lines 33 and 34.  |   |   |                         |
| Unrestricted net assets  | 4,648,808.  | 27  | 5,122,744.              |
| Temporanly restricted net assets   |   | 28  | 560,931                 |
| Permanently restricted net assets  | 11,660,524.   | 29  | 13,995,581.             |
| Organizations that do not follow SFAS 117, check here   and  |   |   |                         |
| complete lines 30 through 34.  |   |   |                         |
| Capital stock or trust principal, or current funds   |   | 30  |                         |
| Paid-in or capital surplus, or land, building, or equipment fund   |   | 31  |                         |
| Retained earnings, endowment, accumulated income, or other funds   |   | 32  |                         |
| Total net assets or fund balances  | 18,755,672.   | 33  | 19,679,256.             |
| Total liabilities and net assets/fund balances   | 19,043,601.   | 34  | 22,258,868.             |
|  | Part II of Schedule L  Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less accumulated depreciation Investments - publicly traded securities Investments - publicly traded securities Investments - program-related See Part IV, line 11 Investments - program-related See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here  Total liabilities. Add lines 33 and 34. Unrestricted net assets  Temporanly restricted net assets  Organizations that do not follow SFAS 117, check here  and complete lines 30 through 34. Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances | Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less accumulated depreciation Investments - publicity traded securities Investments - publicity traded securities Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Intangible assets Other assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and lons payable to unrelated third parties Unsecured notes and lons payable to unrelated third parties Unsecured notes and lons payable to unrelated third parties Unsecured notes and lons payable to unrelated third parties Unsecured notes and lons payable to unrelated third parties Unsecured notes and lons payable to unrelated third parties Unsecured notes and lons payable to unrelated third parties Unsecured notes and lons payable to unrelated third parties Unsecured notes and lons payable to unrelated third parties Unsecured notes and lons payable to unrelated third parties Unsecured notes and lons payable to unrelated third parties Unsecured notes and lons payable to unrelated third parties Unsecured notes and lons payable to unrelated third parties Unsecured notes and lons payable to unrelated third parties Unsecured notes and lons payable to unrelated third parties Unsecured notes and lons payable to unrelated third parties Unsecured notes and lons payable to unrelated third parties Unsecured notes an | Part II of Schedule L   |

Form 990 (2009) ALUMNI ASSOCIATION, INC.

Part XI Financial Statements and Reporting

| Га | Thancial Statements and Reporting  |          |              | _     |
|----|--|----------|--------------|-------|
|    |  |          | Yes          | No    |
| 1  | Accounting method used to prepare the Form 990 Cash X Accrual Other  |          |              |       |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O             |          |              |       |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                              | 2a       |              | _X    |
| b  | Were the organization's financial statements audited by an independent accountant?   | 2b       | X            |       |
| С  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,    |          |              |       |
|    | review, or compilation of its financial statements and selection of an independent accountant?                               | 2c       | Х            |       |
|    | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O     |          |              |       |
| d  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a      | <u> </u> |              |       |
|    | consolidated basis, separate basis, or both  |          |              |       |
|    | X Separate basis Consolidated basis Both consolidated and separate basis   |          |              |       |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit |          |              |       |
|    | Act and OMB Circular A-133?  | 3a       |              | X     |
| þ  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit  |          |              |       |
|    | or audits, explain why in Schedule O and describe any steps taken to undergo such audits.                                    | 3b       |              |       |
|    |  | Form     | <b>990</b> ( | 2009) |

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Open to Public

Name of the organization

U.S. COAST GUARD ACADEMY

ALUMNI ASSOCIATION, INC

Employer identification number

06-1354978

| D-    | <del>- 1</del> 1 | Deces   |                             | ASSOCIATION,                        |                       | -1 :               |            | ١.٥-                   |                        |                   | , 1334       | <del>510</del> |  |  |  |
|-------|------------------|---|-----------------------------|-------------------------------------|-----------------------|--------------------|------------|------------------------|------------------------|-------------------|--------------|----------------|--|--|--|
| Pa    |                  | Reason for Public Charity Status (All organizations must complete this part ) See instructions unization is not a private foundation because it is: (For lines 1 through 11, check only one box.) |                             |                                     |                       |                    |            |                        |                        |                   |              |                |  |  |  |
| The o | organi           | zation is not a   | a private foundation        | because it is: (For lines 1         | ithrough <sup>*</sup> | 11, check          | only one b | ox.)                   |                        |                   |              |                |  |  |  |
| 1     |                  | A church, cor   | nvention of churche         | s, or association of chure          | ches desc             | ribed in <b>se</b> | ction 170  | (b)(1)(A)(i)           | ).                     |                   |              |                |  |  |  |
| 2     |                  | A school des  | cribed in section 17        | ' <b>0(b)(1)(A)(ii).</b> (Attach Sc | hedule E)             |                    |            |                        |                        |                   |              |                |  |  |  |
| 3     | $\square$        | A hospital or   | a cooperative hospi         | tal service organization o          | described             | n section          | 170(b)(1)  | (A)(iii).              |                        |                   |              |                |  |  |  |
| 4     |                  | A medical res   | search organization         | operated in conjunction             | with a hos            | pıtal desci        | ez nı bədr | ction 170              | (b)(1)(A)(ii           | ii). Enter th     | ne hospital  | 's name,       |  |  |  |
|       |                  | city, and stat  | e                           |                                     |                       |                    |            |                        |                        | <del></del>       |              |                |  |  |  |
| 5     |                  | -   |                             | benefit of a college or ur          | niversity ov          | wned or op         | perated by | a governi              | mental uni             | t descnbe         | ed in        |                |  |  |  |
| _     |                  |   | (b)(1)(A)(iv). (Comple      |                                     |                       |                    | 4800.14    |                        |                        |                   |              |                |  |  |  |
| 6     |                  | -   |                             | ent or governmental und             |                       |                    | , ,,       |                        |                        |                   |              |                |  |  |  |
| 7     | Ш                | _   |                             | eives a substantial part            | of its supp           | ort from a         | governme   | ntal unit c            | r from the             | general p         | ublic desc   | ribed in       |  |  |  |
|       | _                |   | b)(1)(A)(vi). (Comple       |                                     |                       |                    |            |                        |                        |                   |              |                |  |  |  |
| 8     | <b>!!!</b>       | -   |                             | ection 170(b)(1)(A)(vi).            |                       |                    |            |                        |                        |                   |              |                |  |  |  |
| 9     | X                | -   | -                           | eives (1) more than 33 1            |                       |                    |            |                        |                        | -                 | _            | -              |  |  |  |
|       |                  |   | •                           | nctions - subject to certa          | •                     | •                  | •          |                        |                        |                   | -            |                |  |  |  |
|       |                  |   |                             | axable income (less sect            | tion 511 ta           | x) from bu         | sinesses a | cquired b              | y the orga             | ınızatıon a       | fter June 3  | 0, 1975.       |  |  |  |
|       | $\overline{}$    |   | <b>509(a)(2).</b> (Complete | •                                   |                       |                    |            |                        |                        |                   |              |                |  |  |  |
| 10    | $\blacksquare$   | •   |                             | perated exclusively to te           | •                     | -                  |            |                        | •                      |                   |              |                |  |  |  |
| 11    | Ш                | •   |                             | perated exclusively for the         |                       |                    |            |                        |                        |                   | -            |                |  |  |  |
|       |                  |   | • • •                       | ations described in section         |                       | •                  |            | e) See sec             | ction 509(             | <b>a)(3).</b> Che | ck the box   | that           |  |  |  |
|       |                  |   | ,, <u></u>                  | organization and comple             |                       | •                  |            |                        |                        | ····              |              |                |  |  |  |
|       | $\overline{}$    | a Type i  |                             | _ ,.                                |                       | e III - Func       |            | - 3                    |                        | d 📖               | Type III - C |                |  |  |  |
| е     |                  | -   |                             | it the organization is not          |                       |                    |            |                        |                        |                   |              |                |  |  |  |
|       |                  |   | _                           | han one or more publicly            |                       | -                  |            |                        |                        | 9(a)(1) or s      | ection 509   | (a)(2)         |  |  |  |
| f     |                  | If the organiz  | ation received a writ       | ten determination from t            | the IRS tha           | at it is a Ty      | pe I, Type | II, or Type            | e III                  |                   |              |                |  |  |  |
|       |                  | supporting or   | rganızatıon, check th       | nis box .                           |                       |                    |            |                        |                        | -                 |              |                |  |  |  |
| g     |                  | Since August  | t 17, 2006, has the c       | organization accepted ar            | ny gift or co         | ontribution        | from any   | of the foll            | owing pers             | sons?             |              |                |  |  |  |
|       |                  | (i) A perso   | n who directly or ind       | irectly controls, either al         | one or tog            | ether with         | persons o  | lescribed              | ın (ıı) and (          | iii) below,       |              | Yes No         |  |  |  |
|       |                  | the gove  | erning body of the si       | upported organization?              |                       |                    |            |                        |                        |                   | 11g(i)       |                |  |  |  |
|       |                  |   | •                           | n described in (i) above?           |                       |                    |            |                        |                        |                   | 11g(ii)      |                |  |  |  |
|       |                  | (iii) A 35% d   | controlled entity of a      | person described in (i) o           | or (ii) above         | 9?                 |            |                        |                        |                   | 11g(iii)     | LL_            |  |  |  |
| h     |                  | Provide the fo  | ollowing information        | about the supported or              | ganızatıon            | (s).               |            |                        |                        |                   |              |                |  |  |  |
|       |                  |   |                             | 1 4113 T 4                          | 1                     |                    |            |                        |                        |                   |              |                |  |  |  |
| (i)   | Name             | of supported  | (ii) EIN                    | (iii) Type of organization          |                       | rganization        |            |                        | vi) Is<br>organization |                   | (vii) Am     | nount of       |  |  |  |
|       | orga             | inization   |                             | (described on lines 1-9             | governing             | sted in your       |            | on in coi.<br>support? | (i) organiz            | ed in the         | sup          | port           |  |  |  |
|       |                  |   |                             | above or IRC section                | , ,                   | r                  |            |                        | U.S                    | _                 |              |                |  |  |  |
|       |                  |   |                             | (see instructions))                 | Yes                   | No                 | Yes        | No                     | Yes                    | No                |              |                |  |  |  |
|       |                  |   |                             |                                     |                       |                    |            |                        |                        |                   |              |                |  |  |  |
|       |                  |   |                             |                                     | <u> </u>              |                    |            |                        |                        | -                 |              |                |  |  |  |
|       |                  |   |                             |                                     |                       |                    |            |                        |                        |                   |              |                |  |  |  |
|       |                  |   |                             |                                     | <u> </u>              |                    |            |                        |                        |                   |              |                |  |  |  |
|       |                  |   |                             |                                     |                       |                    |            |                        |                        |                   |              |                |  |  |  |
|       |                  |   |                             |                                     |                       |                    |            |                        |                        | -                 |              |                |  |  |  |
|       |                  |   |                             |                                     |                       |                    |            |                        | 1                      |                   |              |                |  |  |  |
|       |                  |   |                             |                                     |                       | ļ                  |            |                        |                        | $\sqcup$          |              |                |  |  |  |
|       |                  |   |                             |                                     |                       |                    |            |                        |                        |                   |              |                |  |  |  |
|       |                  |   |                             |                                     | _                     | <u> </u>           |            |                        | ļ                      | <del>  </del> -   |              |                |  |  |  |
| Tota  |                  |   |                             |                                     |                       |                    |            |                        |                        |                   |              |                |  |  |  |

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

|   | edule A (Form 990 or 990-EZ) 2009<br>Int II Support Schedule for  | Organizations                 | Described in         | Sections 170        | )(b)(1)(A)(iv) an    | d 170(b)(1)(A)(\     | Page 2          |
|---|---|-------------------------------|----------------------|---------------------|----------------------|----------------------|-----------------|
| L   | (Complete only if you checke  | _                             |                      |                     |                      |                      | •               |
| Sec   | ction A. Public Support   |                               |                      |                     |                      |                      |                 |
| Cale  | endar year (or fiscal year beginning in)  | (a) 2005                      | <b>(b)</b> 2006      | (c) 2007            | (d) 2008             | (e) 2009             | (f) Total       |
| 1   | Gifts, grants, contributions, and   |                               |                      |                     |                      |                      |                 |
|   | membership fees received. (Do not   |                               |                      |                     |                      |                      |                 |
|   | include any "unusual grants ")  |                               |                      |                     | <u> </u>             |                      |                 |
| 2   | Tax revenues levied for the organ-  |                               |                      |                     |                      |                      |                 |
|   | ızatıon's benefit and either paid to  |                               |                      |                     |                      |                      |                 |
|   | or expended on its behalf   |                               |                      |                     |                      |                      |                 |
| 3   | The value of services or facilities   |                               |                      |                     |                      |                      |                 |
|   | furnished by a governmental unit to   |                               |                      |                     |                      |                      |                 |
|   | the organization without charge   |                               |                      |                     |                      |                      |                 |
| 4   | Total. Add lines 1 through 3  |                               | _                    |                     |                      |                      |                 |
| 5   | The portion of total contributions  |                               |                      |                     |                      |                      |                 |
|   | by each person (other than a  |                               |                      |                     |                      |                      |                 |
|   | governmental unit or publicly   |                               |                      |                     |                      |                      |                 |
|   | supported organization) included  |                               |                      |                     |                      |                      |                 |
|   | on line 1 that exceeds 2% of the  |                               |                      |                     | İ                    |                      |                 |
|   | amount shown on line 11,  | ,                             |                      |                     |                      | ,                    |                 |
|   | column (f)  |                               |                      |                     |                      |                      |                 |
|   | Public support. Subtract line 5 from line 4   |                               |                      |                     | <u></u>              | <u> </u>             |                 |
|   | ction B. Total Support  |                               |                      |                     | T                    | T                    |                 |
|   | endar year (or fiscal year beginning in)  | (a) 2005                      | <b>(b)</b> 2006      | (c) 2007            | (d) 2008             | (e) 2009             | (f) Total       |
| _   | Amounts from line 4   |                               |                      |                     |                      |                      |                 |
| 8   | Gross income from interest,   |                               |                      |                     |                      |                      |                 |
|   | dividends, payments received on   |                               |                      |                     |                      |                      |                 |
|   | securities loans, rents, royalties and income from similar sources  |                               |                      |                     |                      |                      |                 |
| 9   | Net income from unrelated business  | <del></del>                   |                      |                     |                      |                      |                 |
| 9   | activities, whether or not the  |                               |                      |                     |                      |                      |                 |
|   | business is regularly carned on   |                               |                      |                     |                      |                      |                 |
| 10  | Other income Do not include gain  |                               |                      |                     |                      | <del> </del>         |                 |
|   | or loss from the sale of capital  |                               |                      |                     |                      |                      |                 |
|   | assets (Explain in Part IV.)  |                               |                      |                     |                      |                      |                 |
| 11  | Total support. Add lines 7 through 10   |                               |                      |                     | <u> </u>             |                      |                 |
|   | Gross receipts from related activities,   | etc (see instruction          | one)                 |                     |                      | 12                   |                 |
|   |   |                               |                      | d fourth or fifth t | ax vear as a sectio  |                      |                 |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)  organization, check this box and stop here |   |                               |                      |                     |                      |                      |                 |
| Sec   | ction C. Computation of Publ  |                               | rcentage             |                     |                      |                      |                 |
| 14  | Public support percentage for 2009 (  | ine 6, column (f) di          | ivided by line 11, o | column (f))         |                      | 14                   | %               |
| 15  | Public support percentage from 2008   | Schedule A, Part              | II, line 14          |                     |                      | 15                   | %               |
| 16a   | 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and |                               |                      |                     |                      |                      |                 |
| stop here. The organization qualifies as a publicly supported organization  |   |                               |                      |                     |                      |                      |                 |
| b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box  |   |                               |                      |                     |                      |                      |                 |
|   | and stop here. The organization qualifies as a publicly supported organization  |                               |                      |                     |                      |                      |                 |
| 17a   | 10% -facts-and-circumstances tes  | t - <b>2009</b> . If the orga | anization did not c  | heck a box on line  | e 13, 16a, or 16b, a | and line 14 is 10%   | or more,        |
|   | and if the organization meets the "fac  | ts-and-circumstan             | ces" test, check t   | nis box and stop I  | here. Explaın in Pa  | rt IV how the organ  | iization        |
|   | meets the "facts-and-circumstances"   | test The organiza             | ition qualifies as a | publicly supporte   | d organization       |                      | ightharpoons    |
| b   | 10% -facts-and-circumstances tes  | t - 2008.If the orga          | anization did not c  | heck a box on line  | e 13, 16a, 16b, or   | 17a, and line 15 is  | 10% or          |
|   | more, and if the organization meets the   | ne "facts-and-circu           | mstances" test, c    | heck this box and   | stop here. Explan    | n in Part IV how the |                 |
|   | organization meets the "facts-and-circ  | cumstances" test.             | The organization of  | qualifies as a publ | icly supported org   | anızatıon            | ▶□              |
| 18  | Private foundation. If the organization   | n did not check a             | box on line 13, 16   | a, 16b, 17a, or 17  | b, check this box a  | and see instruction  | s               |
|   |   |                               |                      |                     | Scho                 | edule A (Form 990    | or 990-EZ) 2009 |

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2,906,696 3,634,515 4,269,613 2,765,003 3,119,605, 16,695,432. 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the 15,002. 70,853. 110,564. 12,102. 12,666. 221,187. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 2,921,698 3,705,368 4,380,177 2,777,105 3,132,271 16,916,619. 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0. amount on line 13 for the year c Add lines 7a and 7b 0. 8 Public support (Subtract line 7c from line 6) 16,916,619, Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (e) 2009 (d) 2008 (f) Total 9 Amounts from line 6 2 921 698 3,705,368 4.380.177 2,777,105 3,132,271 16,916,619. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 379,538. 529,802. 353,722. 214,939. 118,330. and income from similar sources 1,596,331. b Unrelated business taxable income (less section 511 taxes) from businesses 201,742. 170,233. acquired after June 30, 1975 131,083. 503,058. 379.538. 529,802. 484,805. 416,681. 288,563. c Add lines 10a and 10b 2,099,389. 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 12 Other income Do not include gain or loss from the sale of capital 126,092. 177,397. 13,263. 90.751 32,994. 440.497. assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12) 3 427 328 4 412 567 4,878,245, 3 284 537 3.453 828 19,456,505, 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 86.95 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) % 15 85.57 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 10.79 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 10.58 18 18 Investment income percentage from 2008 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not  $\triangleright [X]$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

### 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, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

U.S. COAST GUARD ACADEMY

ALUMNI ASSOCIATION, INC.

Employer identification number 06-1354978

| Pa | rt I Organizations Maintaining Donor Advise                       | ed Funds or Other Similar Funds              | s or Accounts. Complete if the                  |
|----|---|--|---|
|    | organization answered "Yes" to Form 990, Part IV, lin             | e 6  |   |
|    |   | (a) Donor advised funds                      | (b) Funds and other accounts                    |
| 1  | Total number at end of year                                       |  |   |
| 2  | Aggregate contributions to (during year)                          |  |   |
| 3  | Aggregate grants from (during year)                               |  |   |
| 4  | Aggregate value at end of year                                    |  |   |
| 5  | Did the organization inform all donors and donor advisors in      | writing that the assets held in donor advis  | sed funds                                       |
|    | are the organization's property, subject to the organization's    | exclusive legal control?                     | Yes No  |
| 6  | Did the organization inform all grantees, donors, and donor a     | idvisors in writing that grant funds can be  | used only                                       |
|    | for charitable purposes and not for the benefit of the donor of   | or donor advisor, or for any other purpose   | conferring                                      |
|    | impermissible private benefit?                                    |  | Yes No  |
| Pa | rt II Conservation Easements. Complete if the or                  | ganization answered "Yes" to Form 990, F     | Part IV, line 7.                                |
| 1  | Purpose(s) of conservation easements held by the organizat        | ion (check all that apply)                   |   |
|    | Preservation of land for public use (e.g., recreation or p        |  | stoncally important land area                   |
|    | Protection of natural habitat                                     |  | tified historic structure                       |
|    | Preservation of open space  |  |   |
| 2  | Complete lines 2a through 2d if the organization held a quali     | fied conservation contribution in the form   | of a conservation easement on the last          |
|    | day of the tax year.  |  |   |
|    |   |  | Held at the End of the Tax Year                 |
| а  | Total number of conservation easements                            |  | 2a  |
| b  | Total acreage restricted by conservation easements                |  | 2b  |
| С  | Number of conservation easements on a certified historic str      | ucture included in (a)                       | 2c  |
| d  | Number of conservation easements included in (c) acquired         | after 8/17/06                                | 2d  |
| 3  | Number of conservation easements modified, transferred, re        | leased, extinguished, or terminated by the   | e organization during the tax                   |
|    | year ▶  |  |   |
| 4  | Number of states where property subject to conservation ea        | sement is located >                          |   |
| 5  | Does the organization have a written policy regarding the pe      | riodic monitoring, inspection, handling of   |   |
|    | violations, and enforcement of the conservation easements         | t holds?                                     | Yes No  |
| 6  | Staff and volunteer hours devoted to monitoring, inspecting,      | and enforcing conservation easements of      | during the year ▶                               |
| 7  | Amount of expenses incurred in monitoring, inspecting, and        | enforcing conservation easements during      | g the year ► \$                                 |
| 8  | Does each conservation easement reported on line 2(d) above       | ve satisfy the requirements of section 170   | O(h)(4)(B)(ı)                                   |
|    | and section 170(h)(4)(B)(ii)?                                     |  | Yes No  |
| 9  | In Part XIV, describe how the organization reports conservat      | ion easements in its revenue and expense     | e statement, and balance sheet, and             |
|    | include, if applicable, the text of the footnote to the organiza  | tion's financial statements that describes   | the organization's accounting for               |
|    | conservation easements  |  |   |
| Pa | rt III Organizations Maintaining Collections o                    |  | other Similar Assets.                           |
|    | Complete if the organization answered "Yes" to Form               | 990, Part IV, line 8                         |   |
|    |   |  |   |
| 1a | If the organization elected, as permitted under SFAS 116, no      | t to report in its revenue statement and b   | alance sheet works of art, historical           |
|    | treasures, or other similar assets held for public exhibition, e  | ducation, or research in furtherance of pu   | blic service, provide, in Part XIV, the text of |
|    | the footnote to its financial statements that describes these     | items.                                       |   |
| b  | If the organization elected, as permitted under SFAS 116, to      | report in its revenue statement and balar    | nce sheet works of art, historical treasures,   |
|    | or other similar assets held for public exhibition, education, of | or research in furtherance of public service | e, provide the following amounts relating to    |
|    | these items:  |  |   |
|    | (i) Revenues included in Form 990, Part VIII, line 1              |  | <b>&gt;</b> \$                                  |
|    | (ii) Assets included in Form 990, Part X                          |  | <b>&gt;</b> \$                                  |
| 2  | If the organization received or held works of art, historical tre | asures, or other similar assets for financia | al gain, provide                                |
|    | the following amounts required to be reported under SFAS 1        |  |   |
| а  | Revenues included in Form 990, Part VIII, line 1                  |  | <b>&gt;</b> \$                                  |
| b  | Assets included in Form 990, Part X                               |  | <b>\$</b>                                       |
|    | •   | •  |   |

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

| Par |  | collections of A     |                        | reasures, or                                     | Other     |               |           | ts (continu  | rage <b>z</b><br>red) |
|-----|--|----------------------|------------------------|--|-----------|---------------|-----------|--------------|-----------------------|
| 3   | Using the organization's acquisition, accessi  | on, and other record | s, check any of th     | e following that a                               | re a sign | nficant use   | of its    | collection i | tems                  |
|     | (check all that apply)   |                      | •                      | _  | _         |               |           |              |                       |
| а   | Public exhibition  | d                    | Loan or ex             | change program:                                  | s         |               |           |              |                       |
| b   | Scholarly research   | е                    |                        |  |           |               |           |              |                       |
| С   | c Preservation for future generations  |                      |                        |  |           |               |           |              |                       |
| 4   |  |                      |                        |  |           |               |           |              |                       |
| 5   | During the year, did the organization solicit o  |                      |                        |  |           |               |           |              |                       |
|     | to be sold to raise funds rather than to be ma   |                      |                        |  |           |               |           | Yes          | ☐ No                  |
| Par | t IV Escrow and Custodial Arran  | gements. Comple      | ete if organization    | answered "Yes" t                                 | to Form ! | 990, Part I   | V, line 9 |              |                       |
|     | reported an amount on Form 990, Pa   |                      | ŭ                      |  |           | •             | •         | ,            |                       |
| 1a  | Is the organization an agent, trustee, custod  | an or other intermed | liary for contribution | ons or other asset                               | ts not in | cluded        |           |              |                       |
|     | on Form 990, Part X?   |                      | ,                      |  |           |               |           | Yes          | ☐ No                  |
| b   | b If "Yes," explain the arrangement in Part XIV and complete the following table   |                      |                        |  |           |               |           |              |                       |
| _   | Too, explain the all all golliers are say  | and complete the le  | g table                |  |           |               |           | Amount       |                       |
| С   | Beginning balance  |                      |                        |  |           | 1c            |           | , unounc     |                       |
|     | Additions during the year  |                      |                        |  |           | 1d            |           | •            |                       |
|     | Distributions during the year  | • •                  |                        |  |           | 1e            |           |              |                       |
| f   | Ending balance   |                      |                        |  |           | 1f            |           | <del>.</del> |                       |
| 2a  | Did the organization include an amount on Fe   | orm 000 Part Y line  | 212                    | •  |           |               |           | Yes          | No                    |
|     | If "Yes," explain the arrangement in Part XIV.   |                      | 21:                    |  |           |               | . –       | 1 162        | INO                   |
| Par | · · · · · · · · · · · · · · · · · · ·  |                      | swered "Ves" to F      | orm 990 Part IV                                  | line 10   |               |           |              |                       |
|     | Lita Villation Complete  | (a) Current year     | (b) Prior year         | (c) Two years b                                  |           | ) Three years | c hack    | (e) Four ye  | nare back             |
| 4   | Decimpling of year balance   |                      |                        | <del>                                     </del> | Jack (a)  | Tillee years  | SUAUN     | (e) rour ye  | ears Dack             |
| 1a  | Beginning of year balance  | 13,456,350.          | 17,401,687             |  |           |               |           |              |                       |
| b   | Contributions  | 1977972.             | 1652967                |  |           |               |           |              |                       |
| C   | Net investment earnings, gains, and losses   | 2704115.             | -3,821,968             |  |           |               |           |              |                       |
| ď   | Grants or scholarships   | -3,939,140.          | -1,359,734             |  |           |               |           |              |                       |
| е   | Other expenditures for facilities  | 01 000               | 000 150                |  |           |               |           |              |                       |
|     | and programs   | <u>-91,899.</u>      | -282,159               |  |           |               |           |              |                       |
| f   | Administrative expenses  | _117,678.            | -134,443               | •  |           |               |           |              |                       |
| g   | End of year balance  | 13,989,720.          | 13,456,350             | ).   |           |               |           |              |                       |
| 2   | Provide the estimated percentage of the year   |                      | ıs                     |  |           |               |           |              |                       |
| а   | Board designated or quasi-endowment  | .00                  | _%                     |  |           |               |           |              |                       |
| b   | Permanent endowment ► 93.50  | %                    |                        |  |           |               |           |              |                       |
| C   |  |                      |                        |  |           |               |           |              |                       |
| 3a  | 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization |                      |                        |  |           |               |           |              |                       |
|     | by:  |                      |                        |  |           |               |           | Y            | es No                 |
|     | (i) unrelated organizations  |                      |                        |  |           |               |           | 3a(i) 2      | X                     |
|     | (ii) related organizations 3a(ii) X  |                      |                        |  |           |               |           |              |                       |
| ь   | b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?                                      |                      |                        |  |           |               |           |              |                       |
| 4   | Describe in Part XIV the intended uses of the  | organization's endo  | wment funds            |  |           |               |           |              |                       |
| Par | t VI Investments - Land, Building  | s, and Equipme       | ent. See Form 99       | 0, Part X, line 10                               |           |               |           |              |                       |
|     | Description of investment  | (a) Cost or o        | ther (b) Cos           | st or other                                      | (c) Acci  | umulated      |           | (d) Book v   | /alue                 |
|     |  | basis (investr       | nent) bası             | s (other)  | depre     | eciation      |           |              |                       |
| 1a  | Land   | .                    |                        |  |           |               |           |              |                       |
|     | Buildings  |                      | 4,6                    | 63,202.  | 47        | 73,425        |           | 4,189        | $,\overline{777}$ .   |
| c   | Leasehold improvements   |                      |                        |  |           |               |           |              |                       |
| d   | Equipment  |                      |                        | 83,618.  | 6         | 0,028         |           | 23           | ,590.                 |
| e   | Other  |                      |                        | 82,946.  |           | 3,056         |           |              | ,890.                 |
|     | . Add lines 1a through 1e (Column (d) must e   | gual Form 990 Part   |                        |  |           |               |           | 4,333        |                       |
|     |  |                      | ,                      |  |           | Sob           |           | D (Form 9    |                       |

| TIMMIT | ASSOCTATIO | N TNC |
|--------|------------|-------|

| Part VII Investments - Other Securities. S  | ee Form 990, Part X, lin | e 12.                         |  | <u> </u>            |
|---|--------------------------|-------------------------------|--|---------------------|
| (a) Description of security or category (including name of security)  | (b) Book value           | (c)                           | Method of valuation<br>r end-of-year market va | llue                |
| Financial derivatives   |                          |                               | · - ·  |                     |
| Closely-held equity interests   |                          |                               |  |                     |
| Other   |                          |                               |  | ····                |
|   |                          |                               | <del></del>                                    |                     |
|   |                          |                               | <del>_</del>                                   |                     |
|   | -                        |                               |  | <del></del>         |
|   | -                        |                               | <del></del>                                    |                     |
|   |                          |                               | <del></del>                                    | <del></del>         |
|   |                          |                               | ·  |                     |
|   |                          | · ,,                          |  |                     |
|   |                          |                               |  |                     |
| Total (Col (b) must equal Form 990, Part X, col (B) line 12.)   |                          |                               |  |                     |
| Part VIII Investments - Program Related.  | See Form 990, Part X, II | ne 13.                        | •  |                     |
| (a) Description of investment type  | (b) Book value           | (c)                           | Method of valuation rend-of-year market va     | lue                 |
|   |                          |                               |  |                     |
|   |                          |                               |  | -                   |
|   |                          |                               |  |                     |
|   |                          |                               |  |                     |
|   | -                        |                               |  |                     |
|   |                          |                               |  |                     |
|   | <del> </del>             |                               |  |                     |
|   |                          | <del></del>                   | <del></del>                                    |                     |
|   | -                        |                               | <del></del>                                    |                     |
| Total (Col (b) must equal Form 990, Part X, col (B) line 13.)   | <u> </u>                 |                               |  |                     |
| Part IX Other Assets. See Form 990, Part X, lin   | <br>e 15                 |                               |  |                     |
|   | ) Description            | /                             |  | (b) Book value      |
|   |                          | 7.4 . 7                       |  |                     |
|   |                          |                               |  |                     |
|   |                          |                               |  |                     |
|   |                          |                               |  |                     |
|   |                          | <del></del>                   |  |                     |
|   |                          |                               | .,   |                     |
|   |                          |                               |  |                     |
|   | <u> </u>                 |                               |  |                     |
|   |                          |                               |  |                     |
| T. 1.1 (October 16)   | - 451                    |                               |  |                     |
| Total. (Column (b) must equal Form 990, Part X, col (B) Irr  Part X Other Liabilities. See Form 990, Part X | line 25                  | <del></del>                   |  | ····                |
| 1. (a) Description of liability   | i, iii e 25.             | (b) Amount                    | <del></del>                                    |                     |
| Federal income taxes  |                          | (-)                           |  |                     |
| ANNUITY PAYMENTS DUE  |                          | 240,612.                      |  |                     |
| ACCRUED EXPENSES  |                          | 41,214.                       |  |                     |
| PROMISE TO GIVE   |                          | 2,268,000.                    |  |                     |
|   |                          |                               |  |                     |
|   |                          |                               |  |                     |
|   |                          |                               |  |                     |
|   |                          |                               |  |                     |
|   |                          |                               |  |                     |
|   |                          |                               |  |                     |
| Total. (Column (b) must equal Form 990, Part X, col (B) lin   | ne 25.)                  | 2,549,826.                    |  |                     |
| 2 FIN 48 Footnote. In Part XIV provide the text of the fo   | otnote to the organizati | on's financial statements the | t reports the organizat                        | ion's liability for |

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

932053 02-01-10

Schedule D (Form 990) 2009

U.S. COAST GUARD ACADEMY

|            | dule D (Form 990) 2009 ALUMNI ASSOCIATION, INC.  rt XI Reconciliation of Change in Net Assets from Form 990 to   | Audited        | l Financial State    |            | 1354978<br>Is   | Page 4             |
|------------|--|----------------|----------------------|------------|-----------------|--------------------|
| 1          | Total revenue (Form 990, Part VIII, column (A), line 12)   | ,              | 1                    |            | 3,341,          | 702                |
| 2          | Total expenses (Form 990, Part IX, column (A), line 25)  |                | 2                    |            | 5,276,          |                    |
|            |  |                |                      |            | -1,934          |                    |
| 3          | Excess or (deficit) for the year. Subtract line 2 from line 1  |                | 3                    |            |                 |                    |
| 4          | Net unrealized gains (losses) on investments   |                | 4                    |            | 2,858,          | 032.               |
| 5          | Donated services and use of facilities   | •              | 5                    |            |                 |                    |
| 6          | Investment expenses  |                | 6                    |            |                 |                    |
| 7          | Prior period adjustments   |                | 7                    |            | ·-              |                    |
| 8          | Other (Describe in Part XIV)   |                | 8                    |            | 2 050           | 022                |
| 9          | Total adjustments (net) Add lines 4 through 8  |                | . 9                  |            | 2,858,          |                    |
| 10<br>Date | Excess or (deficit) for the year per audited financial statements. Combine lines 3 art XII Reconciliation of Revenue per Audited Financial Statements. |                | Povenue per l        | Potur      |                 | 584.               |
|            |  | SIILS WILL     | i nevellue per i     | 7          |                 | 027                |
| 1          | Total revenue, gains, and other support per audited financial statements   |                |                      | 1          | 6,446,          | 037.               |
| 2          | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  | 1 - 1          | 2 050 032            |            |                 |                    |
| a          | Net unrealized gains on investments  | _2a            | 2,858,032            | 4          |                 |                    |
| þ          | Donated services and use of facilities   | 2b             |                      | -          |                 |                    |
| C          | Recoveries of prior year grants  | 2c             | 046 303              | 4          |                 |                    |
| d          | Other (Describe in Part XIV)   | 2d             | 246,303              | 7 1        | 2 101           | 225                |
| е          | Add lines 2a through 2d  | •              |                      | 2e         | 3,104,          |                    |
| 3          | Subtract line 2e from line 1   |                |                      | 3          | 3,341,          | 702.               |
| 4          | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   | 1 1            |                      |            |                 |                    |
| а          | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a             |                      | 4          |                 |                    |
| ь          | Other (Describe in Part XIV)   | 4b             | (                    | 4 !        |                 |                    |
| С          | Add lines 4a and 4b  |                |                      | 4c         |                 | <u> </u>           |
| 5          | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  |                |                      | 5_         | 3,341,          | 702.               |
| Pa         | t XIII Reconciliation of Expenses per Audited Financial Statem   | ents Wit       | h Expenses pei       | r Retu     |                 |                    |
| 1          | Total expenses and losses per audited financial statements   | -              | •                    | 1          | 5,522,          | <u>453.</u>        |
| 2          | Amounts included on line 1 but not on Form 990, Part IX, line 25   | 1 1            |                      |            |                 |                    |
| а          | Donated services and use of facilities   | _2a            |                      | -          |                 |                    |
| b          | Prior year adjustments .   | 2b             |                      | <u> </u>   |                 |                    |
| С          | Other losses   | 2c             |                      | ]          |                 |                    |
| d          | Other (Describe in Part XIV.)  | 2d             | 246,303              |            |                 |                    |
| е          | Add lines 2a through 2d  |                |                      | 2e         |                 | 303.               |
| 3          | Subtract line 2e from line 1   |                |                      | 3          | 5,276,          | <u>.150.</u>       |
| 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             |                      | J          |                 |                    |
| b          | Other (Describe in Part XIV.)  | 4b             | <u> </u>             | <u>.</u> ! |                 |                    |
| С          | Add lines 4a and 4b  |                |                      | 4c         |                 | 0.                 |
| 5<br>Par   | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  |                | <del></del>          | 5          | 5,276,          | 150.               |
| _          | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I  | III lines to s | and 4: Part IV lines | lh and '   | 2h: 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 com   |                |                      |            |                 | <del>4</del> , ⊢an |
|            | RT V, LINE 4: PROVIDE "MARGIN OF EXCELLENC   |                |                      |            |                 |                    |
| FAI        | (I V, DINE 4. PROVIDE MARGIN OF EXCEDIENC  | E BOFF         | OKI IO II            | 115 C      | ORDI            |                    |
| GUZ        | ARD ACADEMY TO FACILITATE A MORE ENRICHING   | EXPE           | RIENCE FOR           | STU        | DENTS IN        | 1                  |
| (F177-     | ADDAG OF AGADOMICA AMMIDMICA AND AMMID   | NT             |                      |            |                 |                    |
| THI        | E AREAS OF ACADEMICS, ATHLETICS AND STUDE  | NT ACT         | TIVITIES.            |            |                 | <del></del>        |
|            |  |                |                      |            |                 |                    |
|            |  | _              |                      |            |                 |                    |
|            |  |                |                      |            |                 |                    |
|            |  |                |                      |            |                 | <del></del>        |
|            |  |                |                      |            |                 |                    |
|            |  |                |                      |            |                 |                    |
|            |  |                |                      |            |                 |                    |
|            |  |                |                      |            | <del> </del>    |                    |
|            |  |                |                      |            |                 |                    |
|            |  |                |                      |            |                 |                    |

Schedule D (Form 990) 2009

#### **SCHEDULE G** (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.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

a X Mail solicitations

**b** Internet and email solicitations

Part I

► Attach to Form 990 or Form 990-EZ. ► See separate instructions COAST GUARD ACADEMY ALUMNI ASSOCIATION, INC.

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

Employer identification number 06-1354978

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

Solicitation of non-government grants

Solicitation of government grants

| c X Phone solicitations                       | g 🗶 Spec                                   | ial fundra                | using   | events                   |                                  |   |
|---|--|---------------------------|---------|--------------------------|----------------------------------|---|
| d X In-person solicitations                   |  |                           |         |                          |                                  |   |
| 2 a Did the organization have a writte        | en or oral agreement with any individ      | ual (ınclud               | dıng o  | fficers, directors, tru: |                                  |   |
|   | 0, Part VII) or entity in connection with  |                           |         | -                        |                                  |   |
| _   | individuals or entities (fundraisers) pu   | ursuant to                | agre    | ements under which       | the fundraiser is to             | be                                      |
| compensated at least \$5,000 by               | the organization                           |                           |         |                          |                                  |   |
|   |  | (iii)                     | Did     |                          | (v) Amount paid                  |   |
| (i) Name of individual                        | (ii) Activity                              | (iii)<br>fundr<br>have ci | aiser   | (iv) Gross receipts      | to (or retained by)              | (vi) Amount paid<br>to (or retained by) |
| or entity (fundraiser)                        | ()   | or con                    | trol of | from activity            | fundraiser<br>listed in col. (i) | organization                            |
|   | PARENT & ANNUAL                            |                           |         |                          |                                  |   |
| IDC, LTD.                                     | FUND                                       | Yes                       | No<br>X | 331,395.                 | 34,403.                          | 206 002                                 |
| IDC, HID.                                     | FOND                                       |                           |         | 331,333.                 | 34,403.                          | 296,992.                                |
|   |  |                           |         |                          |                                  |   |
|   |  | -                         |         |                          |                                  |   |
|   |  |                           |         |                          |                                  |   |
|   |  |                           |         |                          |                                  |   |
|   |  |                           |         |                          |                                  |   |
|   |  |                           |         |                          |                                  |   |
|   |  |                           |         |                          |                                  |   |
|   |  |                           |         |                          |                                  |   |
|   |  |                           |         |                          |                                  |   |
|   |  |                           |         |                          |                                  |   |
|   |  |                           |         |                          |                                  | w                                       |
|   |  |                           |         |                          |                                  |   |
|   |  |                           |         |                          |                                  |   |
|   |  |                           |         |                          |                                  |   |
|   |  |                           |         |                          |                                  |   |
|   |  |                           |         |                          |                                  |   |
|   |  |                           |         |                          |                                  |   |
| Tatal   |  |                           |         | 331,395.                 | 34,403.                          | 296,992.                                |
| Total  3 List all states in which the organiz | ration is registered or licensed to solice | oit funds o               | or bac  |                          |                                  |   |
| CT  | ation is registered of licensed to solic   | ii iuiius c               | JI IIAS | been notined it is ex    | empt nom registrati              | on or licensing                         |
|   |  |                           | _       |                          |                                  |   |
|   |  |                           | _       |                          |                                  |   |
|   |  |                           |         |                          | <del></del>                      |   |
|   |  |                           |         |                          |                                  | <del></del>                             |
|   |  |                           |         |                          |                                  |   |
|   |  |                           |         |                          |                                  |   |
|   |  |                           |         |                          |                                  |   |
|   |  |                           |         |                          |                                  |   |
|   |  |                           |         |                          |                                  |   |
|   |  |                           |         |                          |                                  |   |

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Schedule G (Form 990 or 990-EZ) 2009

ALUMNI ASSOCIATION, INC. 06-1354978 Page 2 Schedule G (Form 990 or 990-EZ) 2009 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000 (c) Other events (a) Event #1 (b) Event #2 (d) Total events THE OTTO NONE (add col. (a) through GRAHAM GOLF col. (c)) (event type) (event type) (total number) 55,815. <u>55,815.</u> Gross receipts 38,750. 38,750. 2 Less Chantable contributions 17,065. 17,065. 3 Gross income (line 1 minus line 2) 4 Cash prizes 0. 8,000 8,000. Noncash prizes Direct Expenses Rent/facility costs 12,811 12,811. Food and beverages 8 Entertainment .. 1,392. Other direct expenses 1,392. 22,203 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming Revenue (a) Bingo bingo/progressive bingo col. (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes % Yes Yes Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain: Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

administer chantable gaming?

#### U.S. COAST GUARD ACADEMY

| <u>Schedule G (Form 990 or 990 EZ) 2009 ALUMNI ASSOCIATION, INC. 06-135</u>  | <u>4978</u> | <u>8 Pa</u> | age 3 |
|--|-------------|-------------|-------|
|  |             | Yes         |       |
| 13 Indicate the percentage of gaming activity operated in  |             |             |       |
| a The organization's facility  |             |             |       |
| b An outside facility %  |             |             |       |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:         |             |             |       |
|  |             |             |       |
| Name   |             |             |       |
| Address  |             |             |       |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?             | 15a         |             |       |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount                               |             |             |       |
| of gaming revenue retained by the third party > \$   |             |             |       |
| c If "Yes," enter name and address of the third party  |             |             |       |
| Name ▶   |             |             |       |
| Address ▶  |             |             |       |
| 16 Gaming manager information:   |             |             |       |
| Name ▶   |             |             |       |
| Gaming manager compensation > \$   |             |             |       |
| Description of services provided   |             |             |       |
|  |             |             |       |
| Director/officer Employee Independent contractor   |             |             |       |
| 17 Mandatory distributions   |             |             |       |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to                  |             |             |       |
| retain the state gaming license?   | 17a         |             |       |
| 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 ▶ \$  | il          |             |       |

Schedule G (Form 990 or 990-EZ) 2009

# SCHEDULE J (Form 990)

Department of the Treasury

# **Compensation Information**

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

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

► Attach to Form 990. ► See separate instructions.

20047

Open to Public Inspection

Name of the organization

U.S. COAST GUARD ACADEMY ALUMNI ASSOCIATION, INC.

Employer identification number

06-1354978

| Pa | art I Questions Regarding Compensation  |                |          |                                 |
|----|---|----------------|----------|---------------------------------|
|    |   | Y              | es       | No                              |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,  |                |          |                                 |
|    | Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items  |                |          |                                 |
|    | First-class or charter travel Housing allowance or residence for personal use   |                |          |                                 |
|    | Travel for companions Payments for business use of personal residence   |                | Ī        |                                 |
|    | Tax indemnification and gross-up payments Health or social club dues or initiation fees   | ŀ              |          |                                 |
|    | Discretionary spending account Personal services (e.g., maid, chauffeur, chef)  | ŀ              |          |                                 |
|    |   |                |          |                                 |
| b  | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or   |                |          |                                 |
|    | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  | 1b             |          |                                 |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,  |                |          |                                 |
|    | trustees, and the CEO/Executive Director, regarding the items checked in line 1a?   | 2              |          |                                 |
|    |   | ļ              |          |                                 |
| 3  | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  |                |          |                                 |
|    | CEO/Executive Director. Check all that apply.   | ŀ              |          |                                 |
|    | Compensation committee Written employment contract  |                | -        |                                 |
|    | Independent compensation consultant  Compensation survey or study   |                | -        |                                 |
|    | Form 990 of other organizations  X Approval by the board or compensation committee  | ŀ              |          |                                 |
|    |   | ;              |          |                                 |
| 4  | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing  |                |          |                                 |
|    | organization or a related organization  |                |          |                                 |
| а  |   | 4a             |          | <u>X</u>                        |
| b  |   | 4b             |          | <u>X</u>                        |
| C  |   | 4c             | $\dashv$ | <u>X</u>                        |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.   |                |          |                                 |
|    |   |                |          |                                 |
| _  | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.   |                |          |                                 |
| 5  | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation   |                |          |                                 |
|    | contingent on the revenues of   | _              |          | v                               |
| a  |   | 5a             | $\dashv$ | $\frac{x}{x}$                   |
| D  |   | 5b             | $\dashv$ |                                 |
| _  | 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   |                | ŀ        |                                 |
| _  |   | _              |          | v                               |
| a  |   | 6a  <br>6b     |          | $\frac{\mathbf{x}}{\mathbf{x}}$ |
| Ь  | if "Yes" to line 6a or 6b, describe in Part III.  | 50             | +        |                                 |
| 7  | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments   |                |          |                                 |
| •  |   | 7              |          | Х                               |
| ۵  | taran da antara da a  | -              | +        |                                 |
| 0  |   | ٥              |          | Y                               |
| ۵  |   | <del>-</del> - | $\dashv$ |                                 |
| 9  | - · · · · · · · · · · · · · · · · · · ·   | <u> </u>       |          |                                 |
| 9  | 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 Regs. section 53 4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in | 8              | _        | <u>x</u> _                      |
|    | Regulations section 53 4958-6(c)?   | 9              |          |                                 |

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Schedule J (Form 990) 2009

06-1354978

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed Schedule J (Form 990) 2009

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

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

|                     |             | Vac annabalana (C)       | 1 0 000 t 1000 t 10                                | 20,400000000000000000000000000000000000   | 3                              | Ğ        | į                    | Ú   |
|---------------------|-------------|--------------------------|--|---|--------------------------------|----------|----------------------|---|
|                     |             | (B) Breakdown of v       | (b) breakdown of W-2 and/or 1099-MISC compensation | SC compensation                           | (C)<br>Betirement and          | (D)      | (E) Total of columns | (F)<br>Compensation                             |
| (A) Name            |             | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation          | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation | benefits | (B)(I)-(D)           | reported in prior<br>Form 990 or<br>Form 990-EZ |
|                     | Ξ           | 133,200.                 |  |   |                                |          | 133,200.             |   |
| CDR JAMES SYLVESTER | <u>(II)</u> |                          |  |   |                                | 17,824.  | ,824                 |   |
|                     | (i)         |                          |  |   |                                |          |                      |   |
|                     | (ii)        |                          |  |   |                                |          |                      |   |
|                     | Θ           |                          |  |   |                                |          |                      |   |
|                     | l (iii)     |                          |  |   |                                |          |                      |   |
|                     | (:)         |                          |  |   |                                |          |                      |   |
|                     | (iii)       |                          |  |   |                                |          |                      |   |
|                     | (i)         |                          |  |   |                                |          |                      |   |
|                     | (ii)        |                          |  |   |                                |          |                      |   |
|                     | (i)         |                          |  |   |                                |          |                      |   |
|                     | (ii)        |                          |  |   |                                |          |                      |   |
|                     | ε           |                          |  |   |                                |          |                      |   |
|                     | ⊞           |                          |  |   |                                |          |                      |   |
|                     | Ξ           |                          |  |   |                                |          |                      |   |
|                     | Ξ           |                          |  |   |                                |          |                      |   |
|                     | Ξ           |                          |  |   |                                |          |                      |   |
|                     | ⊞           |                          |  |   |                                |          |                      |   |
|                     | (I)         |                          |  |   |                                |          |                      |   |
|                     | (1)         |                          |  |   |                                |          |                      |   |
|                     | ε           |                          |  |   |                                |          |                      |   |
|                     | ▣           |                          |  |   |                                |          |                      |   |
|                     | Ξ           |                          |  |   |                                |          |                      |   |
|                     | ⊞           |                          |  |   |                                |          |                      |   |
|                     | Ξ           |                          |  |   |                                |          |                      |   |
|                     | ⊞           |                          |  |   |                                |          |                      |   |
|                     | Ξ           |                          |  |   |                                |          |                      |   |
|                     | ₿           |                          |  |   |                                |          |                      |   |
|                     | ε           |                          |  |   |                                |          |                      |   |
|                     | ▣           |                          |  |   |                                |          |                      |   |
|                     | ε           |                          |  |   |                                |          |                      |   |
|                     | (ii)        |                          |  |   |                                |          |                      |   |

Schedule J (Form 990) 2009

### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

U.S. COAST GUARD ACADEMY ALUMNI ASSOCIATION, INC.

Employer identification number 06-1354978

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:             |
|--|
| ORGANIZATION SHALL RAISE FUNDS TO PROVIDE "MARGIN OF EXCELLENCE"           |
| SUPPORT FOR THE CORPS OF CADETS (PRESENT DAY STUDENTS) AS COAST GUARD      |
| OFFICERS AND CIVILIAN EMPLOYEES ARE PROHIBITED BY THE LAW FROM SEEKING     |
| FUNDS BEYOND WHAT IS APPROPRIATED BY CONGRESS. THE ASSOCIATION IS A        |
| 501(C)(3) AND ALSO SERVES TO PRESERVE TRADITIONS AND ENHANCE THE           |
| REPUTATION OF THE ACADEMY AS IT CARRIES OUT THE ABOVE FUNCTIONS.           |
| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:           |
| ARE PROHIBITED BY LAW FROM SEEKING FUNDS BEYOND WHAT IS APPROPRIATED BY    |
| THE CONGRESS. THE ASSOCIATION IS A 501 (C) 3 AND ALSO SERVES TO            |
| PRESERVE TRADITIONS AND ENHANCE THE REPUTATION OF THE ACADEMY AS IT        |
| CARRIES OUT THE ABOVE FUNCTIONS.   |
| FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:                       |
| PREPARE BI-MONTHLY MAGAZINE, MONTHLY E-NEWSLETTER AND ANNUAL DIRECTORY     |
| AND DISTRIBUTES SAME TO DUES PAYING MEMBERS. THESE ARE THE MEANS BY        |
| WHICH THE ASSOCIATION KEEPS ALUMNI CONNECTED TO THE INSTITUTION ON A       |
| REGULAR BASIS.   |
| EXPENSES \$ 137029. INCLUDING GRANTS OF \$ 0. REVENUE \$ 170233.           |
| FORM 990, PART VI, SECTION A, LINE 6: MEMBERS PAY DUES (\$72/YEAR) TO BE   |
| CONSIDERED "ACTIVE" AND BE ENTITLED TO ALL BENEFITS AND VOTING PRIVILEGES. |
| FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS VOTE ON THE SLATE OF 4      |
| DIDECTORS DIT FORTH BY THE MOMINATING COMMITTER ON AN ANNIAL BASIS         |

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932211 02-03-10 Schedule O (Form 990) 2009

# SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

U.S. COAST GUARD ACADEMY ALUMNI ASSOCIATION. INC.

Employer identification number 06-1354978

| ALUMNI ASSOCIATION, INC.                                    | 06-1354978                            |
|---|---------------------------------------|
| MEMBERS MAY ALSO SUBMIT WRITE-IN CANDIDATES.                | · · · · · · · · · · · · · · · · · · · |
|   |                                       |
| FORM 990, PART VI, SECTION A, LINE 7B: ANY CHANGES MADE TO  | O THE                                 |
| CONSTITUTION MUST BE VOTED ON BY THE MEMBERSHIP.            |                                       |
|   |                                       |
| FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT FORM 990   | IS REVIEWED BY                        |
| THE PRESIDENT AND TREASURER PRIOR TO FILING WITH THE IRS.   | COPIES OF THE                         |
| FILED RETURN ARE PROVIDED TO ALL MEMBERS OF THE BOARD OF    | DIRECTORS.                            |
|   |                                       |
| FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR, OF   | FICER AND MEMBER                      |
| OF A COMMITTEE WITH BOARD-DELEGATED POWERS SHALL ANNUALLY   | SIGN A STATEMENT                      |
| WHICH AFFIRMS THAT SUCH PERSON:                             |                                       |
| 1. HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY  | Υ,                                    |
| 2. HAS READ AND UNDERSTANDS THE POLICY, AND;                |                                       |
| 3. HAS AGREED TO COMPLY WITH THE POLICY.                    |                                       |
| ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS ARE TO BE   | DISCLOSED                             |
| ANNUALLY.   | <u> </u>                              |
|   |                                       |
| FORM 990, PART VI, SECTION B, LINE 15: IN 2006, THE COMPE   | NSATION                               |
| COMMITTEE, MADE UP OF THREE BOARD MEMBERS SURVEYED VARIOUS  | S NON-PROFITS IN                      |
| THE GEOGRAPHIC AREAS. THE PRESIDENT'S SALARY WAS DETERMINED | NED BASED ON                          |
| ANALYZING THE SALARIES OF OTHER PRESIDENTS IN VARIOUS ORGA  | ANIZATION'S. IN                       |
| 2008, A SALARY SURVEY WAS PERFORMED BY AN OUTSIDE CONSULT   | ANT FOR ALL STAFF                     |
| POSITIONS. THE SALARY DATA WAS OBTAINED VIA THE WEB FOR I   | WHICH THE                             |
| CONSULTANT HAD ACCESS ON A FEE BASIS TO MULTIPLE DATA BASI  | ES. THE                               |
| PRESIDENT'S SALARY WAS DETERMINED BY COMPARING THE SALARI   | ES OF OTHER                           |

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

932211 02-03-10 Schedule O (Form 990) 2009

#### **SCHEDULE O**

(Form 990)

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Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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

OMB No 1545-0047 Open to Public Inspection

U.S. COAST GUARD ACADEMY Name of the organization

**Employer identification number** 06-1354978

| ` ALUMNI ASSOCIATION, INC.   | 06-1354978                            |
|--|---------------------------------------|
| PRESIDENTS AND ORGANIZATION HEADS. THE PRESIDENT RECOMME                 | NDED THE SALARIES                     |
| BASED ON THE DATA GATHERED AND THE BOARD APPROVED THE SAL                | ARIES.                                |
|  |                                       |
| DIRECTORS SERVE ON A VOLUNTEER BASIS AND RECEIVE NO COMPE                | NSATION.                              |
|  |                                       |
| FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M                | AKES ITS                              |
| GOVERNING DOCUMENTS, POLICIES AND FINANCIAL INFORMATION AVAILABLE TO THE |                                       |
| PUBLIC BY POSTING THESE DOCUMENTS TO THEIR WEBSITE.                      |                                       |
|  |                                       |
| THE ORGAINIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBE                | LITY FOR THE                          |
| OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT AC                | COUNTANT.                             |
| THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.                        |                                       |
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