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SCANNED AUG 2 6 2010

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

A	For the	e 2009 calendar year, or tax year beginning MAY 1, 2009 and ending	APR 30, 2010					
В	Check if	Please C Name of organization	D Employer identific	cation number				
•	applicabl	USE IRS SOCIETY OF SPONSORS OF THE UNITED STATE	BS					
	Addre_ chang	lase of print or NAVY						
	Name chang	type	52-6	050931				
	Initial return	See New York Co. D.O. have described as read allowed the above and discrete	suite E Telephone number					
Ē	Termir	1C-novino	(703					
F	Amen	ded tions Coty or town state or country, and ZID . 4		G Gross receipts \$ 99,873.				
	Applic		H(a) Is this a group re					
	pendı	F Name and address of principal officer BARBARA MORGAN	for affiliates?	Yes X No				
		8105 HADDINGTON COURT, FAIRFAX STATION, VA	.					
$\overline{}$	Tav.ev	empt status: X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527		list. (see instructions)				
		te: N/A	H(c) Group exemption					
			Year of formation: 1920 N					
	art I	Summary	TCal Of Tormation, 1920 1	Totale of legal dofficie.				
_	_	Briefly describe the organization's mission or most significant activities THE SOCI	ETY'S PURPOSE	IS TO				
Activities & Governance		STRENGTHEN APPRECIATION OF THE U.S. NAVY THE						
ш	1	Check this box if the organization discontinued its operations or disposed of						
Ž		Number of voting members of the governing body (Part VI, line 1a)	3	386				
ၓၟ	1	Number of independent voting members of the governing body (Part VI, line 1b)	4	386				
త		Total number of employees (Part V, line 2a)		0				
ţį			5	0				
<u>`</u>	1	Total number of volunteers (estimate if necessary)	6	0.				
¥	1	Total gross unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, ine 34	7a 7b	0.				
_	b	Net unrelated business taxable income from Form 990-1, the 34						
		Contributions and greats (Dout VIII line 1h)	Prior Year 10,527.	Current Year 10,210.				
re	8	Contributions and grants (Part VIII, line 1h)	10,527	10,210.				
Revenue	9	Program service revenue (Part VIII, line 2g)	F 660	12 747				
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-5,660.	13,747.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4 067	22 057				
		Total revenue - add lines 8 through 11 (must equal Pars viii countin AT ine 12)	4,867. 17,700.	23,957.				
		Grants and similar amounts paid (Part IX, column (A) (III)	17,700.	18,700.				
		Benefits paid to or for members (Part IX, column (A)), line 4) Salaries, other compensation, employee benefits (Part IX) Glumn (A), lines 5-10, lines						
es	15	Salaries, other compensation, employee benefits Part M Column (A) Liles 5						
Expenses	16a	T (
×	Ь	Total fundraising expenses (Part IX, column (D) line 3000 Cher expenses (Part IX, column (A), lines 11a-11d, 11d, 11d, 11d, 11d, 11d, 11d, 11d,						
ш	17		23,319.	24,017.				
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	41,019.	42,717.				
- "	19	Revenue less expenses Subtract line 18 from line 12	-36,152.	-18,760.				
SOC			Beginning of Current Year	End of Year				
Sset	20	Total assets (Part X, line 16)	616,888.	740,816.				
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)						
캺	22	Net assets or fund balances Subtract line 21 from line 20	616,888.	740,816.				
P	art II	Signature Block						
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any know	ents, and to the best of my knowledgledge	ge and belief, it is true, correct,				
		Backbard a Margar Yuganin	10.	7 711;				
Sig	ın	Darbara U. Margan I klasurur	ulg	3, 2016				
He	re	Signature of officer	Date /					
		BARBARA MORGAN, TREASURER						
		Type or print name and title	T002207					
Pai	d	Preparer's Date Date	Check if Prepare	er's identifying number structions)				
_	parer's	signature Vilida CI Hamuel CPA 7/27/10	employed >					
	Only	Firm's name (or yours if CAMERON, MOBERLY & HAMRICK, PC	EIN ►					
	· •,	self-employed), 8300 ARLINGTON BLVD.#G2						
		ZIP+4 FAIRFAX, VA 22031-5217	Phone no. ► 7	03-207-9200				
<u>Ma</u>	y the If	RS discuss this return with the preparer shown above? (see instructions)		X Yes No				

Pa	t,III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission THE SOCIETY'S PRIMARY MISSION IS TO STRENGTHEN APPRECIATION OF THE U.S. NAVY THROUGH THE PROVISION OF SCHOLARSHIPS AND OTHER RELATED
	PROGRAMS.
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? Yes. X No 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 \$ 10,500. including grants of \$) (Revenue \$) SCHOLARSHIPS TO SELECTED NAVY PERSONNEL BY RECOMMENDATION OF NAVAL ACADEMY ALUMNI FOUNDATION
4b	(Code) (Expenses \$ 8,200. including grants of \$) (Revenue \$) CONTRIBUTIONS TO CHARITABLE ORGANIZATIONS SERVING EXEMPT PURPOSES OF THE SOCIETY SUCH AS NAVY MARINE CORPS RELIEF SOCIETY, USN MEMORIAL FOUNDATION, NAVAL HISTORICAL FOUNDATION, FAMILY LITERACY FOUNDATION, FISHER HOUSE FOUNDATION, NAVAL SERVICES FAMILYLINE, MARINE CORPS HERITAGE FOUNDATION, AND USNA CHAPEL.
4c	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services. (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶\$ 18,700. Form 990 (2009)

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Pai	t,IV Checklist of Required Schedules			
			Yes	No
` 1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_ 1	X	
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			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
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	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes, " complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
J	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
3	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
10	If "Yes," complete Schedule D, Part V	10		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, 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,	<u> </u>		
	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			İ
	assets reported in Part X, line 169 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			1
	assets reported in Part X, line 169 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.			1
•	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			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		x
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, 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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
		Form	990	2009)

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Part IV Checklist of Required Schedules (continued)

		Form	990	2009)
	Note. All Form 990 filers are required to complete Schedule O.	38_	X	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37_		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	If "Yes," complete Schedule R, Part V, line 2	36		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	35		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
34	Was the organization related to any tax-exempt or taxable entity?			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,
	Schedule N, Part II	32_	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
_	If "Yes," complete Schedule N, Part I	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			.
	contributions? If "Yes," complete Schedule M	30		 ^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20	-	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		^
~~	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200		_ v
b	•	28D	 	^
a		28a 28b	\vdash	X
_	instructions for applicable filing thresholds, conditions, and exceptions)	00-	1	х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV		1	
20	Schedule L, Part III Was the organization a party to a business transaction with one of the following parties: (see Schedule I., Part IV	21		^
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	27		x
27				
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		^
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	26]	х
oe.	Schedule L, Part I	25b	 	
		25h		х
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
h	the state of the s	zua .	-	
∠ Jd	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
U	any tax-exempt bonds?	24c		
C				
b	D. III	24b		
	Schedule K. If "No", go to line 25	24a	1	х
70	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			- _
	Schedule J	23		x
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			43
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
00	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21		
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	24	х	
•	Did the assessment and areas then CE 000 of greate and other assistance to governments and organizations in the		Yes	No
		l l		

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Par	t, V Statements Regarding Other IRS Fillings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			ĺ
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		<u> </u>
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			ĺ
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Peport of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		<u> </u>
6a	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
	provided to the payor?	7a		X
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
đ	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_		
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			ĺ
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		$ldsymbol{ldsymbol{eta}}$
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]		1
11	Section 501(c)(12) organizations. Enter.			1
а	Gross income from members or shareholders 11a			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1
	amounts due or received from them.)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1		
		Form	990	יפחחכי

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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

Sec	tion A. Governing Body and Management					
		1	1		Yes	No
1a	Enter the number of voting members of the governing body	1a	-	386		
b	Enter the number of voting members that are independent	1b	1	<u> 386</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	b with	any other			
	officer, director, trustee, or key employee?			2	\vdash	X
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervisior			
	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		90 was filed?	4_	-	X
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts7		5	177	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	embei	s of the		٠,,	
	governing body?		•	7a	X	
_	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	aurin	g tne year			
	by the following				37	
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 rea	ached	at the		.	
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	X	L
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	leveni	ie Code.)		Τ.,	
40-	December of the community of the control of the con			40-	Yes	No
	Does the organization have local chapters, branches, or affiliates?		taua affiliataa	10a		X
Þ	If "Yes," does the organization have written policies and procedures governing the activities of such	cnap	ters, amiliates,	ı		
	and branches to ensure their operations are consistent with those of the organization?	المستدانا	f0	10b	v	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	iling t	ne form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	 	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co to conflicts?	ula gr	ve rise	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes	" describe	12.0		
·	in Schedule O how this is done	, w,	acscribe	12c		
13	Does the organization have a written whistleblower policy?			13		Х
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	ndenendent	<u> </u>		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		пасрепасти			
а	The organization's CEO, Executive Director, or top management official			15a		Х
a h	Other officers or key employees of the organization			15b		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			130		
16=	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			
	taxable entity during the year?			16a	İ	Х
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	aluate	its participation		T	_
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org					
	exempt status with respect to such arrangements?	,	<i>3</i> ₽	16b		
Sec	tion C. Disclosure			1,00		
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					-
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501	(c)(3)s onlv) a	vailable for		
	public inspection. Indicate how you make these available Check all that apply	,-• ,	, , , , , , , , , , , , , , , , , , ,			
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	t of interest n	olicy, and fin:	ancial	
	statements available to the public			, and in		
20	State the name, physical address, and telephone number of the person who possesses the books a	nd re	cords of the o	rganization I	•	
	BARBARA MORGAN, TREASURER - (703) 690-1405					
	8105 HADDINGTON COURT, FAIRFAX STATION, VA 22039					
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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."
- 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)	``				C)			(D)	(E)	(F)
Name and Title	Average hours	(c)		Pos		app	LA.	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional frustee	Officer		Highest compensated Employee	<u>,, </u>	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
MRS RUDY DELEON										d.
BOARD OF TRUSTEES	1.00	X	<u> </u>					0.	0.	0.
CLAUDIA NATTER										
BOARD OF TRUSTEES	1.00	X				ļ		0.	0.	0.
JANET GEHMAN										
BOARD OF TRUSTEES	1.00	X			_			0.	0.	0.
DIANNE REASON								_	_	_
BOARD OF TRUSTEES	1.00	Х			<u></u>	L		0.	0.	0.
THE HONORABLE JO ANN KRU								_	_	_
BOARD OF TRUSTEES	1.00	X			_			0.	0.	0.
MRS. JERRY TUTTLE								_	_	
BOARD OF TRUSTEES	1.00	X						0.	0.	0.
LINDA BOWMAN								_	_	_
BOARD OF TRUSTEES	1.00	Х	ļ		<u> </u>	_		0.	0.	0.
RUTH METCALF								_	_	_
BOARD OF TRUSTEES	1.00	Х			_			0.	0.	0,
BARBARA MORGAN								_		
TREASURER	1.00		<u> </u>	X		ļ		0.	0.	0,
ANN WATERS SCOTT								_		
RECORDING SECRETARY	2.00			X				0.	0.	0.
ROSALIE CALHOUN								_		
1ST VICE PRESIDENT	2.00			X	<u> </u>	-		0.	0.	0.
ROSE M. MAGNUS	00 00			'	1			_		_
PRESIDENT	20.00			X	_			0.	0.	0.
MARGARET SKALLERUP	0 00			'	1			_	_	_
CORRESPONDENCE SECRETARY	2.00			X				0.	0.	0.
BARBARA PILLING	0 00			, ,				_		_
SECOND VICE PRESIDENT	2.00		 	Х	\vdash			0.	0.	0.
MRS. TOMAS MUSTIN	2 00			١,,	ĺ			_		^
THIRD VICE PRESIDENT	2.00		<u> </u>	X		├	 	0.	0.	0.
	· · · · · ·		-	\vdash	\vdash	 	-			<u> </u>

Form **990** (2009)

Sec	ction B. Independent Contractors		
1	Complete this table for your five highest compensated independ	dent contractors that received more than \$100,000 of o	compensation from
	the organization. NONE		
	(A)	(B)	(C)
	Name and business address	Description of services	Compens

ation

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)

0

		(2009) NAVY				52-	6050931	Page 9
Pa	rt VI	II Statement of Rever	nue					
				(A) Total reve	nue (B) Related exempt fur revenu	nction busin	ness exclusion e	(D) evenue uded from x under dons 512, 3, or 514
Contributions, gifts, grants and other similar amounts	1 a b c d e	Fundraising events Related organizations Government grants (contribut	1c 1d 1d 1e 1sts, and	435.				
a g	_	Noncash contributions included in lines	a 1a-1f \$					
	2 a	Total. Add lines 1a-1f	Busines	▶ 10,3 s Code	210.			
Program Service Revenue	b d e	; ;						
<u>-</u>	f	All other program service reve	enue					
	3	I Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of ta		▶ <u>17,</u>	L27.		1	7,127.
	5	Royalties	(i) Real (ii) Per	sonal				
	b	Gross Rents Less rental expenses Rental income or (loss)						
		Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Securities (ii) O	ther				
		Less. cost or other basis and sales expenses Gain or (loss)	75,916. -3,380.					
		Net gain or (loss)		▶ -3,	380.			<u>3,380.</u>
Other Revenue		Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 Less: direct expenses	of					
8		: Net income or (loss) from fund		<u> </u>				
	9 a	Gross income from gaming at Part IV, line 19	ctivities. See					
	c	 Less: direct expenses Net income or (loss) from gan Gross sales of inventory, less 		•				
	b	and allowances Less: cost of goods sold	a b					
+		 Net income or (loss) from sale Miscellaneous Revenu 		s Code		-		
	11 a	1						
	c	·						
		All other revenue Total. Add lines 11a-11d	<u> </u>					
93200 02-04-	12	Total revenue. See instructions.	.	23,	957.	0.		3,747. 990 (2009)

Form 990 (2009)

Part IX Statement of Functional Expenses

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

	All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		-		
	organizations in the U.S. See Part IV, line 21	18,700.	18,700.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	2,100.		2,100.	
đ	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	9,580.	 	9,580.	
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			4.00	
19	Conferences, conventions, and meetings	103.		103.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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	PRESIDENT'S_BUDGET	7,834.		7,834.	
b	PRINTING & POSTAGE	4,400.		4,400.	
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	42,717.	18,700.	24,017.	0.
26	Joint costs. Check here I If following				
_~	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Form 990 (2009)

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Part	X	Balance Sheet				<u> </u>
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing .		110,754.	1	125,500
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, directors, trus				
		employees, and highest compensated employees Complete				
		of Schedule L		_5		
	6	Receivables from other disqualified persons (as defined und	der section			-
	_	4958(f)(1)) and persons described in section 4958(c)(3)(B)				
İ		Part II of Schedule L		6		
, l	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
SE	9	Prepaid expenses and deferred charges			9	
.	-	Land, buildings, and equipment: cost or other				
ł		basis. Complete Part VI of Schedule D 10a				
	h	Less. accumulated depreciation 10b			10c	
- ∤.	11	Investments - publicly traded securities		506,134.	11	615,316
	12	Investments - other securities. See Part IV, line 11			12	
- 1	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15		
- 1	16	Total assets. Add lines 1 through 15 (must equal line 34)		616,888.	16	740,816
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		-	18	
	19	Deferred revenue			19	
- 1	19 20	Tax-exempt bond liabilities			20	·
		Escrow or custodial account liability. Complete Part IV of S	chedule D		21	
i ii	21	Payables to current and former officers, directors, trustees				···
<u> </u>	22	highest compensated employees, and disqualified persons			.	
Liabilities		of Schedule L	. complete rat ii		22	
١.	00		artice		23	
1	23	Secured mortgages and notes payable to unrelated third p			24	
- 1	24	Unsecured notes and loans payable to unrelated third part	les		25	
	25	Other liabilities Complete Part X of Schedule D		0.	26	0
-+	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ □	V		20	
			and complete			
Se		lines 27 through 29, and lines 33 and 34.		32,219.	27	147,512
a l	27	Unrestricted net assets		584,669.		593,304
Ba	28	Temporarily restricted net assets		504,005.	28	333,304
נן פ	29	Permanently restricted net assets	. .	-	29	
로		Organizations that do not follow SFAS 117, check here	▶ Ll and			
ğ		complete lines 30 through 34.				
; g	30	Capital stock or trust principal, or current funds			30	
} A§¢	31	Paid-in or capital surplus, or land, building, or equipment fu			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or o	ther funds	616 000	32	T 40 04 C
z ;	33	Total net assets or fund balances		616,888.	33	740,816
:	34	Total liabilities and net assets/fund balances		616,888.	34	740,816

Form **990** (2009)

SOCIETY OF SPONSORS OF THE UNITED STATES

52-6050931 Form 990 (2009) Page **12** Part XI Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 2b X b Were the organization's financial statements audited by an independent accountant? c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 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 consolidated basis, separate basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit X Act and OMB Circular A-133? За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2009)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

SOCIETY OF SPONSORS OF THE UNITED STATES

Employer identification number 52-6050931

		NAVY							52	-6050931
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	t) See inst	tructions		
he orga	nization is not a	a private foundation	because it is (For lines 1	1 through	11, check	only one b	ox)			
2	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	A hospital or a cooperative hospital service organization described in ection 170(b)(1)(A)(iii).									
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
-	city, and state:									
5 🔲	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
6 🗆	section 170(b)(1)(A)(iv). (Complete Part !!) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 🗓		-	eives a substantial part					or from the	neneral r	ublic described in
7 (44)	_	(b)(1)(A)(vi). (Comple	· ·	or no supp		9010	onical arms c	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	gonora: p	400011000111
в 🔲			ection 170(b)(1)(A)(vi).	(Complete	Part II)					
9 🗀			eives: (1) more than 33			rom contri	butions, m	nembershi	n fees, an	d gross receipts from
•	_		nctions - subject to certa							
		•	axable income (less sect	•		•			* *	•
		509(a)(2). (Complete			,		,	,		
10 🔲		• • • • •	perated exclusively to te	st for publ	c safety	See sectio	n 509(a)(4	4).		
11 🔲	An organizati	ion organized and or	perated exclusively for the	ne benefit (of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes of one or
	more publicly	y supported organiza	ations described in section	on 509(a)(1) or section	on 509(a)(2	2) See sec	ction 509(a)(3). Che	ck the box that
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	n 11h				
	a 🔲 Type	l b	Type II c	: 🔲 Тур	e III - Func	tionally int	tegrated		d 🔲	Type III · Other
е 🗀	By checking	this box, I certify that	at the organization is not	controlled	I directly o	r indirectly	by one o	r more dis	qualified p	ersons other than
	foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 50	9(a)(1) or s	section 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 o	rganization, check th	nis box							
g	Since Augus	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontributior	from any	of the follo	owing per	sons?	
	(i) A perso	n who directly or ind	irectly controls, either al	lone or tog	ether with	persons o	described	ın (ii) and ((iii) below,	Yes No
	the gov	erning body of the si	upported organization?							11g(i)
	(ii) A famıly	member of a persor	n described in (i) above?							11g(ii)
	(iii) A 35%	controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii)
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s)					
	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization sted in your	(v) Did you	u notify the	Torganizati	on in col. I	(vii) Amount of
or	ganization		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U.S	ed in the	support
			(see instructions))	Yes	No	Yes	No	Yes	No	
				-						
<u>otal</u>		<u> </u>				<u></u>			<u> </u>	

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

SOCIETY OF SPONSORS OF THE UNITED STATES

52-6050931 Page 2 Schedule A (Form 990 or 990-EZ) 2009 NAVY Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) 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") 9,760. 10,356. 10.010. 9,375. 10,210. 49,711. 2 Tax revenues levied for the organization'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 9,760. 10,356. 10,010. 9,375. 10,210. 49,711. 4 Total, Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 49,711. 6 Public support Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9,760. 10,356. 10,010. 9,375 10,210 49,711. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 36,206. 54,774. 31,967 23,999. 17,127. 164,073. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital 3,600 4,925 4,483 1,152 -103.14,057. assets (Explain in Part IV.) 227,841. 11 Total support. Add lines 7 through 10 65. 12 Gross receipts from related activities, etc. (see instructions) 12 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 Section C. Computation of Public Support Percentage 21.82 % 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 21.69 15 Public support percentage from 2008 Schedule A, Part II, line 14 % 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 test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization $\triangleright X$ meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Schedule A (Form 990 or 990-EZ) 2009

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009						Page 3
Part III Support Schedule for O	rganizations	Described in	Section 509(a)(2) (Complete only	ıf you checked the b	ox on line 9 of Part I.
Section A. Public Support				4 11 0000	T	
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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-		_				_
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities					-	
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5				•		
7a Amounts included on lines 1, 2, and			1			
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		,				
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b				-		
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years, if the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax vear as a secti	on 501(c)(3) organiz	zation,
check this box and stop here	J	•	,	•	.,,,	▶□
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2009 (lir	-		column (f))		15	%
16 Public support percentage from 2008	• • •	•			16	%
Section D. Computation of Inves						
17 Investment income percentage for 200			•		17	%
18 Investment income percentage from 2		**	,		18	%
19a 33 1/3% support tests - 2009. If the			on line 14, and line	e 15 is more than		

Schedule A (Form 990 or 990-EZ) 2009

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

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

SOCIETY OF SPONSORS OF THE UNITED STATES

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions
PART II, SECTION B, LINE 17A, FACTS AND CIRCUMSTANCES TEST:
THE ORGANIZATION RECEIVES A HIGH PERCENTAGE OF ITS TOTAL SUPPORT FROM
INVESTMENT INCOME ON ITS ENDOWMENT FUNDS, WHICH WERE ORIGINALLY
CONTRIBUTED BY THE GENERAL PUBLIC. THE ORGANIZATION RECEIVES MORE THAN 10
PERCENT OF ITS SUPPORT FROM THE PUBLIC AND IS ORGANIZED AND OPERATED IN A
MANNER TO ATTRACT PUBLIC SUPPORT. THE ORGANIZATION HAS BEEN IN EXISTANCE
AS A PUBLICALLY SUPPORTED CHARITY SINCE ITS FOUNDING IN 1909.

SCHEDULEI

. OMB No 1545-0047

(Form 990)			Grants and	Grants and Other Assistance to Organizations,	to Organizations in the United Stat	. 9		2009
			Complete if the occapitation anewered "Vee" on Form 000 Dark IV line 21 or 22	s, and markidals	on Form 990 Par	t IV line 21 or 22		
Department of the Treasury Internal Revenue Service			ste II ule organization	■ Attach to Form 990.	oli rolini 330, ra m 990.	11V, IIIIE 2 I Of 22.		Open to Public Inspection
Name of the organization	SOCIETY OF NAVY	F SPONSORS	OF THE	UNITED STATES	ES			Employer identification number 52-6050931
Part I General Inforr	General Information on Grants and Assistance	nd Assistance						
1 Does the organizatio	n maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to awar	criteria used to award the grants or assistance?	tance?			•			☐ Yes X No
낋	he organization's pro	cedures for month	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	funds in the United	States			
Part II Grants and Ot	ther Assistance to C	Sovernments and	l Organizations in the	United States. C	omplete if the orga	anization answered "Y	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	N, line 21, for any
recipient that r	received more than \$	5,000. Check this	box if no one recipier	it received more th	an \$5,000 Use Pa	irt IV and Schedule I-1	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	al space is needed
1 (a) Name and address of organization or government	ss of organization ment	(p)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
U.S. NAVAL ACADEMI CRAFLAINS FUND 101 COOPER ROAD	THE THE POINT		_				·	
ANNAPOLIS, MD 21402-5027	.5027			200.	0.			SENERAL SUPPORT
NAVAL HISTORICAL FOUNDATION	NDATION						=	
1306 DALGHREN AVE.,	S.E							
WASHINGTON NAVY YARD, DC), DC							
20374-5055		53-0196627		1,000.	0,			GENERAL SUPPORT
U.S. NAVY MEMORIAL FOUNDATION 701 PENNSYLVANIA AVE., NW SUL'	COUNDATION							
WASHINGTON, DC 20004-2608		52-1104476		1,000.	0.			GENERAL SUPPORT
NAVAL SERVICES FAMILYLINE	TATINE							
N - 1043	TARWOOD ST, SE,							
STE 100	- WASHINGTON, DC							
20374-5067		52-6063014		2,000.	0			GENERAL SUPPORT
FISHER HOUSE FOUNDATION, INC.	TION, INC.							
1401 ROCKVILLE PIKE, ROCKVILLE NO 20852	, SUITE 600	11-3158401		005	C			GENERAL, SUPPORT
USNA FOUNDATION								
291 WOOD RD								
Z	-5027	23-7003516		10,500.	0			SCHOLARSHIP SUPPORT
	Enter total number of section 501(c)(3) and government organizations	nd government or	ganizations					∆
3 Enter total number o	Enter total number of other organizations							•
LHA For Privacy Act an	For Privacy Act and Paperwork Reduction Act Notice,		see the Instructions for Form 990	for Form 990.				Schedule I (Form 990) 2009

SOCIETY OF SPONSORS OF THE UNITED STATES

52-6050931 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed NAVY Schedule I (Form 990) 2009 Part III

Page 2

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Schedule I (Form 990) 2009

Schedule I-1 (Form 990) 2009 OMB No 1545-0047 Open to Public (h) Purpose of grant or assistance Inspection Employer identification number GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT 52-6050931 (g) Description of non-cash assistance Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) ► Attach to Form 990 to list additional information for Continuation Sheet for Schedule I (Form 990) (e) Amount of non-cash assistance 0 ö Schedule I (Form 990), Part III or Part III. SOCIETY OF SPONSORS OF THE UNITED STATES (d) Amount of cash grant 000 500 1,000 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 53-0204618 33-0373000 26-0803466 (p) EIN 875 NORTH RANDOLPH STREET SUITE 22 FAMILY LITERACY FOUNDATION UNITED NAVY MARINE CORPS RELIEF SOCIETY SORRENTO VALLEY ROAD SUITE 203 -MARINE CORPS HERITAGE FOUNDATION THROUGH READING PROGRAM - 11555 NAVY (a) Name and address of organization or government ARLINGTON, VA 22203-1757 3800 FETTLER PARK DRIVE Name of the organization SAN DIEGO, CA 92121 DUMFRIES, VA 22025 Department of the Treasury Internal Revenue Service SCHEDULE I-1 (Form 990) ¥

SCHEDULE 0

(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

SOCIETY OF SPONSORS OF THE UNITED STATES NAVY

Employer identification number 52-6050931

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SCHOLARSHIPS AND OTHER RELATED PROGRAMS.
FORM 990, PART VI, SECTION A, LINE 6: THE SOCIETY OF SPONSORS OF THE
UNITED STATES NAVY HAS 386 MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A: ALL OF THE MEMBERS MAY VOTE TO
ELECT THE OFFICERS OF THE ORGANIZATION.
FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBERS MEET TWICE A YEAR AND
APPROVE THE BUDGET AND AGENDA PRESENTED BY THE OFFICERS AND BOARD OF
TRUSTEES.
FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO ITS FILING, THE FORM 990
IS REVIEWED BY THE BOARD MEMBERS. AFTER THE BOARD MEMBERS REVIEW THE FORM
990, THE TREASURER SIGNS AND MAILS THE FORM 990.
FORM 990, PART VI, SECTION C, LINE 19: THE SOCIETY OF SPONSORS OF THE
UNITED STATES NAVY'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE
AVAILABLE TO THE PUBLIC UPON REQUEST. IT DOES NOT HAVE A WRITTEN CONFLICT
OF INTEREST POLICY.
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:
BARBARA MORGAN - 8105 HADDINGTON COURT, FAIRFAX STATION, VA 22039

ANN WATERS SCOTT - 3305 MANTUA DRIVE, FAIRFAX, VA 22031

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Schedule O (Form 990) 2009

SCHEDULE O

(Form 990)

 Department of the Treasury Internal Revenue Service

Name of the organization

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.

SOCIETY OF SPONSORS OF THE UNITED STATES

QMB No 1545-0047
2009
Open to Public Inspection

Employer identification number

NAVY 52-6050931 MRS RUDY DELEON - 2317 NORTH JACKSON STREET, ARLINGTON, VA 22201 CLAUDIA NATTER - 507 RUTILE DR, PONTE VEDRA BEACH, FL 32082 ROSALIE CALHOUN - 3275 ARUNDEL ON THE BAY ROAD, ANNAPOLIS, MD 21403 JANET GEHMAN - 3425 LYNNFIELD DRIVE, VIRGINIA BEACH, VA 23452 DIANNE REASON - 700 NEW HAMPSHIRE AVE NW, #402, WASHINGTON, DC 20037 ROSE M. MAGNUS - 6323 CHAUCER VIEW CIRCLE, ALEXANDRIA, VA 22304 MARGARET SKALLERUP - 3047 N STREET, NW, WASHINGTON, DC 20007 THE HONORABLE JO ANN KRUKAR WEBB - 6422 WATERWAY DRIVE FALLS CHURCH, VA 22044 MRS. JERRY TUTTLE - 1468 HIGHWOOD DRIVE, MCLEAN, VA 22101 BARBARA PILLING - 1061 CLOVER GLEN DRIVE, VIENNA, VA 22181 TOMAS MUSTIN - 710 J. AVENUE, CORONADO, CA 92118 LINDA BOWMAN - 13614 QUERY MILL RD, NORTH POTOMAC, MD 20878

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Schedule O (Form 990) 2009

SCHEDULE 0

(Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public

, Department of the Treasury Attach to Form 990. Inspection Internal Revenue Service SOCIETY OF SPONSORS OF THE UNITED STATES Name of the organization **Employer identification number** 52-6050931 NAVY 4658 CHARLESTON TERRACE NW, WASHINGTON, 20007 RUTH METCALF DC FORM 990, PART XI, LINE 2C THE BOARD MEMBERS ASSUME THE RESPONSIBILITY FOR OVERSIGHT OF THE COMPILATION OF ITS FINANCIAL STATEMENTS AND FOR THE SELECTION OF AN INDEPENDENT ACCOUNTANT