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# Form **990**

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)

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

2009

Open to Public Inspection

Please   Raddress charge   Raddress	A Fo	r the :	2009 cal	endar yea	r, or tax year beginning 07-0	01-2009 and ending	06-30-2010						
Sear of large   Sear of larg	<b>B</b> Ch	eck if a			C Name of organization VALLEY FORGE MILITARY ACAD	EMY FOUNDATION			D Employer	identification nu	ımber		
Second	☐ Add	fress ch	ianyc _		Doing Business As								
Treatment   Sidestix   Territorial   Terri	Naı	ne cha			Boiling Business As				-				
Tennested   Tenn	Init	ial retu	rn	Specific		x ıf maıl ıs not delivered to	street address	) Room/suite					
WANTE, PA. 1902/3905	☐ Ter	mınate			1001 EAGLE ROAD				<b>G</b> Gloss leceil	715 \$ 39,900,340			
F Name and address of principal officer	☐ Am	ended	return			and ZIP + 4		1					
Vincent Vuone   Volume Vuone   Volume Vuone   Volume Vuone Vuon	Г Арр	olication	pending		WATNE, PA 1908/3695								
Vincent Vision   Stock page   Pose   Proceedings   Proceedings   Procedure				<b>F</b> Nan	ne and address of principal	officer		<b>H(a)</b> Is th	∎ is a group ret	urn for			
Tax exempt white   Foreign continued   Tax   Foreign continued   Fo								affilia	tes?	√Yes	<b>V</b> No		
Take-recempt states   Sotio   3   4   (ment to v)   4047(a)(1) or   522   H(c)   Group exemption number   >   H(c)   Group exemption number   N(c)   Group exemption   N(c)					<del>-</del>			H(b) Are al	l affiliates incl	uded?	Yes □ No		
Note											·		
Name	<b>I</b> Ta	x-exem	npt status	▼ 501(c)	(3) <b>◄</b> (insert no )	1)(1) or		H(c) Grou	ıp exemptıon	number 🟲			
1	J W	ebsit e	:► VFM	AC EDU									
1	K For	n of org	ganization	✓ Corporat	ion Trust Association Ot	her 🟲		L Year of fo	rmation 1928	M State of legal	domicile PA		
To educate caddisk, within an academic and military environment, to be fully prepared for their responsibilities as citzed leaders within an academic and military environment, to be fully prepared of their responsibilities as citzed leaders within an academic and military environment, to be fully prepared of their responsibilities as citzed leaders within an academic and military environment, to be fully prepared of their responsibilities as citzed leaders within an academic and military environment, to be fully prepared of their responsibilities as citzed leaders within an academic and military environment, to be fully prepared for their responsibilities as citzed leaders within an academic and military environment, to be fully prepared for their responsibilities as citzed leaders within and academic and military environment, to be fully prepared for their responsibilities as academic and military environment, to be fully prepared for their responsibilities as citzed leaders within and academic and military environment and properties. The prepared for their responsibilities as active and academic and military environment and properties. The properties are considered in the properties of the powering body (Part VI, line 1a)	_									· · · · · · · · · · · · · · · · · · ·			
3   Number of voting members of the governing body (Part VI, line 1a)   3   16	ance	1	To educa who are i	ate cadets	, within an academic and m	litary environment, to	be fully prep		•				
3   Number of voting members of the governing body (Part VI, line 1a)   3   16	Ĕ												
3   Number of voting members of the governing body (Part VI, line 1a)   3   16	¥0%	,	Chack th	us hov 🖳	If the organization discont	inuad its operations of	or disposad a	f more than	25% of its no	at assets			
78   Total gross unrelated business revenue from Part VIII, column (C), line 12   78   60,001   76   76   76   76   76   76   76   7	_			·					25 70 OF ILS THE		16		
78   Total gross unrelated business revenue from Part VIII, column (C), line 12   78   60,001   76   76   76   76   76   76   76   7	<u>&amp;</u>								_				
78   Total gross unrelated business revenue from Part VIII, column (C), line 12   78   60,001   76   76   76   76   76   76   76   7	Ĭ	5		•	_		, ,						
Note the contributions and grants (Part VIII, line 1h)	ទ្									6	100		
		7a	Total gro	ss unrela	ted business revenue from l	Part VIII, column (C)	, lıne 12    .	•		7a	60,001		
8		ь	Net unre	lated busi	ness taxable income from F	orm 990-T, line 34		_		7b	0		
9								Prio		+	Year		
12 Total revenue (*art V111, column (A), lines 3, 6, 8c, 9c, 10t, and 11e)	G)				, , ,								
12 Total revenue (*art V111, column (A), lines 3, 6, 8c, 9c, 10t, and 11e)	Ĭ.									1			
12 Total revenue (*art V111, column (A), lines 3, 6, 8c, 9c, 10t, and 11e)	Š								•				
12)	_			-			•		487,223		58,529		
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3 )		12							23,603,054	34	,501,703		
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5- 10 16a Professional fundraising fees (Part IX, column (A), line 11e)		13	Grants	and simila	ir amounts paid (Part IX, co	lumn (A), lines 1-3)			4,712,830	6	071,441		
10   16a   Professional fundraising fees (Part IX, column (A), line 11e)		14									0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	82	15		s, other co	empensation, employee ben	8	3,825,372						
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	Š	16a	•	ional fund	raising fees (Part IX, colum			0					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	¥	ь											
Revenue less expenses Subtract line 18 from line 12	Ш	17				12,534,806	12	2,765,038					
Beginning of Current Year   Find of Year   Signature   Preparer's		18	Total ex	xpenses A	Add lines 13-17 (must equ	26,101,529	27	,661,851					
Signature Block   Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		19	Revenu	e less exp	enses Subtract line 18 fro	m line 12			-2,498,475	$\epsilon$	3,839,852		
Signature Block   Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	8 9 9 8								=	End of Y	/ear		
Signature Block   Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	sets afan	20	Totala	ssets (Par	t X. line 16)		_	<u> </u>		3.8	3.334 623		
Signature Block   Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	d B									1			
Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    *******	25				<u> </u>								
And belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    *******   2011-05-02	Pai	t II	Signa	ture Blo	ock			_		•			
Sign Here    *******   2011-05-02     Mincent Vuono CFO CFO     Type or print name and title													
Firm's name (or yours if self-employed), address, and ZIP + 4  Malvern, PA 19355  Date  Date  Check if self-employed   Firm's name (or yours if self-employed), address, and ZIP + 4  Malvern, PA 19355					, F	- Control Control Control		1					
Paid Preparer's signature  Preparer's Signature  Preparer's Signature  Preparer's Signature  Preparer's Signature  Preparer's Leonard P Metkowski  Preparer's Signature  Preparer's Metkowski  Preparer's identifying number (see instructions)  Firm's name (or yours if self-employed), address, and ZIP + 4  Malvern, PA 19355  Preparer's identifying number (see instructions)  EIN  Phone no  (610) 647-8100	_		I III .					-	05-02				
Preparer's signature Leonard P Metkowski Date Check if self-empolyed   Preparer's name (or yours if self-employed), address, and ZIP + 4 Malvern, PA 19355  Date Check if self-empolyed   Preparer's identifying number (see instructions)  Preparer's identifying number (see instructions)  EIN   Phone no   (610) 647-8100	пег	=	'					Date					
Paid Preparer's Use Only    Firm's name (or yours if self-employed), address, and ZIP + 4   Malvern, PA 19355   Malvern, PA 19355   Self-employed   Firm's name (or yours if self-employed)   Firm's name (or yours if self-employed), address, and ZIP + 4   Table 1200 Atwater Drive Suite 225   Phone no   (610) 647-8100   Phone no   (610) 64													
Paid Preparer's Use Only    Firm's name (or yours if self-employed), address, and ZIP + 4   Malvern, PA 19355   Malvern, PA 19355   Self-employed   Firm's name (or yours if self-employed)   Firm's name (or yours if self-employed), address, and ZIP + 4   Table 1200 Atwater Drive Suite 225   Phone no   (610) 647-8100   Phone no   (610) 64			Draw = -	. k		Date	Ch	eck if	Prenarer's ide	ntifyina number			
Preparer's Use Only    Firm's name (or yours if self-employed), address, and ZIP + 4   ParenteBeard LLC   1200 Atwater Drive Suite 225   Phone no   (610) 647-8100   Phone	hieQ				d P Metkowski	Bate	se	f					
Use Only  If self-employed), address, and ZIP + 4  Malvern, PA 19355  EIN  Phone no  (610) 647-8100		arer's							-				
Malvem, PA 19355  Malvem, PA 19355  Phone no (610) 647-8100	•		ıf self-em	ployed),	P		EIN Þ						
Malvem, PA 19355		•	address, a	111U ZIP + 4		0			Phone no 🕨	(610) 647-8100			
	May	he ID	S discuss	this retir	·	hove? (see instruction	ns)						

## Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

To educate cadets, within an academic and military environment, to be fully prepared for their responsibilities as citizen leaders who are
mentally alert, sound in body, considerate of others and possessed of the highest sense of duty, honor, loyalty, and courage To foster the love
of God and country, high moral standards and strong character traits that will make all a credit to themselves, their families, their alma mater,
their country, and their God

4e	Total program serv	vice expenses►\$	21,286,706		
74	(Expenses \$	,	luding grants of \$	) (Revenue \$	)
	Other program ser	rvices (Describe in Sch	nedule O )		
4c	(Code	) (Expenses \$	ıncludıng grants	of \$ ) (Revenue	\$ )
4b	(Code	) (Expenses \$	ıncludıng grants	s of \$ ) (Revenue	\$ )
	Motivation, Physical De			our five cornerstones Academic Excelleni I in quality academic programs supported	
4a	(Code	) (Expenses \$	21,286,706 including grant	s of \$ 6,071,441 ) (Revenue	23,146,456)
4	Section 501(c)(3) a	and 501(c)(4) organiza		n's three largest program service ) trusts are required to report the program service reported	• •
	If "Yes," describe th	nese changes on Sched	ule O		
3		<del>-</del> .	make significant changes in	how it conducts, any program	┌ Yes ┌ No
	If "Yes," describe th	nese new services on S	chedule O		
2			ant program services during	the year which were not listed on	⊤ Yes ▼ No

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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	Yes	
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	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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 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	Yes	
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			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
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? <i>If</i> "Yes," complete Schedule F, Part I	14b		No
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 U S? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18	Yes	
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		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
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		Νo
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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	Yes	
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 Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	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 owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		No
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		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Yes	

	990 (2009)			Page			
Pai	t V 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						
	14 14						
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable						
	<b>1b</b> 0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes				
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						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?						
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes				
<b>-</b>							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes				
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes				
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		No			
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						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5b					
	Prohibited Tax Shelter Transaction?	5с					
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		No			
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		No			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
c	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		No			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h	Yes				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	7.11	163				
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess						
	business holdings at any time during the year?	8		No			
9 _	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		No.			
	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		No			
10	Section 501(c)(7) organizations. Enter			···•			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter						
а	Gross income from members or shareholders						
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
h	If "Vos " optor the amount of tay-exempt interest received or accrued during the						

year

12b

1001 Eagle Road Wayne, PA 19087 (610) 989-1232

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

Se	ection A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body   1a   16						
ь	Enter the number of voting members that are independent 1b 16						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No			
6	Does the organization have members or stockholders?	6		Νο			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O						
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)	_					
Re	evenue Code.)		Yes	No			
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b					
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?						
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990	11	Yes				
		12	.,				
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes				
13	Does the organization have a written whistleblower policy?	13	Yes				
14	Does the organization have a written document retention and destruction policy?	14		Νo			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a		Νo			
b	Other officers or key employees of the organization	15b		Νo			
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the						
_	organization's exempt status with respect to such arrangements?	16b					
	List the States with which a copy of this Form 990 is required to be filed PA						
17 18	List the States with which a copy of this Form 990 is required to be filed PA  Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)						
-0	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website. Another's website. Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ıe orga	nızatıor	n 🕨			
	Vincent Viuono CFO						

# Part VIII 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, and current key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	Posi t	<b>(C</b> tion ( hat a	ched	ck al )	I		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

				 	 	 		 						Т		
1b	Total .	-					-		-			•	587,159	0	62,	,410

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 4

		Yes	No
nest compensated employee	3		No
compensation from the nedule J for such	4	Yes	
organization for services	-	163	
_	nization for services		

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	( <b>B</b> ) Description of services	(C) Compensation
Sodexo INC PO Box 905374 Charlotte, NC 28290	Food Service	1,612,821
Keystone Health Plan East PO Box 70250 Philadelphia, PA 19176	Health benefits	1,069,083
Main Line Janitorial Service 4438 LOBELLA COURT CHESTER SPRINGS, PA 19425	Laundry, Cleaning Services	747,050
FOLLETT HIGHER EDUCATION GROUP 1818 SWIFT ROAD OAK BROOK, IL 60523	RUNS SCHOOL BOOKSTORE	542,299
UGI ENERGY SERVICES INC PO BOX 827032 PHILADELPHIA, PA 19182	GAS SUPPLIER	508,014
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►21	) who received more than	

Page 8

Form 99	•	•						Page <b>9</b>
Part \	<u>/</u>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats ats	1a	Federated cam	paıgns 1a					
	ь	Membership du	es <b>1b</b>					
કે. a∰	c	Fundraising eve	ents 1c					
<u>#</u>	d	Related organiz	zations 1d					
ž,	e	Government grants	s (contributions) <b>1e</b>		ļ			ļ
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no Noncash contri	butions included in	1,192,314				
Š	h	lines 1a-1f \$ _ Total. Add lines	s 1a-1f	▶	1,192,314			
				Business Code				
ППе	2a	Tuition and Fees		611,600	21,957,017	21,957,017		
9. 9.	ь	Summer Camp Pro	ogram	611,600	848,701	848,701		
Program Serwce Revenue	c	HOUSING RENTALS	5	611,600	297,517	297,517		
	d	MISC INCOME		611,600	43,221	43,221		
å ⊆	e	Cavalry		713,990	7,458		7,458	
Ta II	f	All other progra	am service revenue		· ·		<u> </u>	
Š		Total Addison	s 2a-2f	<b>L</b>	22.152.014			
	g 3		ome (including dividen		23,153,914			
			ar amounts)	. F	178,765			178,765
	4		stment of tax-exempt bond	<b>⊢</b>				
	5	Royalties		▶ [				
			(ı) Real	(II) Personal				
	6a	Gross Rents	244,672					
	Ь	Less rental expenses	192,129					
	С	Rental income or (loss)	52,543					
	d		me or (loss)		52,543		52,543	
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	5,027,562	10,000,000				
	Ь	Less cost or other basis and sales expenses	4,837,658 189,904	271,723				
	C C	Gain or (loss)	189,904	9,728,277	9,918,181			9,918,181
	d 8a		rom fundraising		3,310,101			3,310,101
Other Revenue		events (not inc \$ of contributions		189,121				
her	ь	Less direct ex	penses <b>b</b>	183,135				
ᅙ	c		(loss) from fundraising		5,986			5,986
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a					
	b c		penses <b>b</b> (loss) from gaming acti	vities				
	10a	Gross sales of returns and allo						
	Ь	Less cost of a	oods sold <b>b</b>	<del>                                     </del>				
	С	=	(loss) from sales of inv	entory 🟲				
		Miscellaneous	s Revenue	Business Code				
	11a							
	ь							
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d					
	12	Total revenue.	See Instructions .	•	34,501,703	23,146,456	60,001	10,102,932

	990 (2009)				Page <b>10</b>
Part	Statement of Functional Expenses				
_	Section 501(c)(3) and 501(c)(4) organizations m			<b>(D)</b>	
	ll other organizations must complete column (A) but are not required to	complete columi	ns (B), (C), and (B)	(D).   (C)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	6,071,441	6,071,441		
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	7,218,290	4,914,336	1,933,813	370,141
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	26,315		26,315	· · ·
9	Other employee benefits	885,912	658,611	<del>                                     </del>	32,885
10	Payroll taxes	694,855	,	<del>                                     </del>	35,875
11	Fees for services (non-employees)	377,033	737,734	201,320	33,073
	Management			+ +	
a	-	250 240		204.050	45.460
D .	Legal	250,319		204,859	45,460
с	Accounting				
d	Lobbying			1	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	550,521	94,377	456,144	
13	Office expenses	470,033	216,579	<del>                                     </del>	22,978
14	Information technology	89,571		89,571	
15	Royalties				
16	Occupancy				
17	Travel	272,074	155,488	93,022	23,564
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	402,179	347,823	45,623	8,733
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,390,004	1,202,140	157,683	30,181
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	allocation of Plant Ope	4,163,600	3,767,038	301,987	94,575
b	Food Service	1,383,498	1,383,498		
С	Contracted services	1,322,372	704,241	618,131	
d	Bad debts	1,002,000		1,002,000	
e	Uniforms	804,819	804,819		_
f	All other expenses	664,048			21,058
25	Total functional expenses. Add lines 1 through 24f	27,661,851	21,286,706	· · ·	685,450
26	Joint costs. Check here ► ☐ If following SOP 98-2  Complete this line only if the organization reported in column (B) joint costs from a combined educational	2.,301,031	22,200,700	3,533,633	333,130
	campaign and fundraising solicitation				

highest compensated employees Comples Schedule L	937,908	1 2 3 4 5	(B) End of year  1,502  1,630,227  4,188,876  561,402
2 Savings and temporary cash investments 3 Pledges and grants receivable, net	937,908 4,366,428 455,839 errs, directors, trustees, key employees, and ete Part II of 600 ons (as defined under section 4958(f)(1)) and (B) Complete Part II of 600 ons (as defined under section 4958(f)(1)) and (B) Complete Part II of 600 ons (as defined under section 4958(f)(1)) and (B) Complete Part II of 600 ons (as defined under section 4958(f)(1)) and (B) Complete Part II of 600 ons (as defined under section 4958(f)(1)) and (B) Complete Part II of 600 ons (as defined under section 4958(f)(1)) and (B) Complete Part II of 600 ons (B) Complete Part II of Complete Pa	2 3 4 5 6 7	1,630,227 4,188,876
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former office highest compensated employees Comples Schedule L 6 Receivables from other disqualified person persons described in section 4958(c)(3) Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or contents.	4,366,428 455,839  cers, directors, trustees, key employees, and ete Part II of ons (as defined under section 4958(f)(1)) and (B) Complete Part II of 213,473	3 4 5 6 7	4,188,876
4 Accounts receivable, net	455,839  cers, directors, trustees, key employees, and ete Part II of  ons (as defined under section 4958(f)(1)) and (B) Complete Part II of	5 6 7	
Frequency of Schedule D  Receivables from current and former office highest compensated employees. Comples Schedule L	cers, directors, trustees, key employees, and ete Part II of ons (as defined under section 4958(f)(1)) and (B) Complete Part II of 213,473	5 6 7	561,402
highest compensated employees Comples Schedule L	ete Part II of	6 7	
Receivables from other disqualified persons described in section 4958(c)(3) Schedule L	(B) Complete Part II of	6 7	
persons described in section 4958(c)(3) Schedule L	(B) Complete Part II of	7	
7 Notes and loans receivable, net	213,473 	7	
10a Land, buildings, and equipment cost or of Part VI of Schedule D	213,473         877,273	-+	
10a Land, buildings, and equipment cost or of Part VI of Schedule D	877,273		4,989,178
10a Land, buildings, and equipment cost or of Part VI of Schedule D		8	140,550
Part VI of Schedule D	other basis Complete 41,783,684	9	804,770
	10a		
<b>b</b> Less accumulated depreciation	<b>10b</b> 24,501,625 18,012,632	10c	17,282,059
11 Investments—publicly traded securities		11	
12 Investments—other securities See Part	IV, line 11	12	8,736,059
13 Investments—program-related See Part	IV, line 11	13	
14 Intangible assets		14	
15 Other assets See Part IV, line 11		15	0
16 Total assets. Add lines 1 through 15 (mu	ıst equal line 34)	16	38,334,623
17 Accounts payable and accrued expenses	1,881,122	17	2,593,393
18 Grants payable		18	
19 Deferred revenue	2,741,124	19	2,085,822
20 Tax-exempt bond liabilities	6,500,000	20	6,400,000
21 Escrow or custodial account liability <i>Con</i>	nplete Part IV of Schedule D	21	
21 Escrow or custodial account liability <i>Con</i> 22 Payables to current and former officers, of employees, highest compensated employ persons <i>Complete Part II of Schedule L</i> .			
persons Complete Part II of Schedule L .		22	1,048,601
23 Secured mortgages and notes payable to	unrelated third parties 1,791,512	23	12,646
24 Unsecured notes and loans payable to ur	nrelated third parties 2,000,000	24	
25 Other liabilities Complete Part X of Scho	edule D	25	148,439
26 Total liabilities. Add lines 17 through 25	15,081,906	26	12,288,901
Organizations that follow SFAS 117, check through 29, and lines 33 and 34.	ck here ▶   and complete lines 27		_
Unrestricted net assets	3,813,769	27	10,845,218
through 29, and lines 33 and 34.  Unrestricted net assets  Temporarily restricted net assets	4,955,892	28	5,795,146
29 Permanently restricted net assets .	8,936,834	29	9,405,358
Permanently restricted net assets .  Organizations that do not follow SFAS 1	17, check here ▶ ☐ and complete		
lines 30 through 34.	·		
	nt funds	30	
31 Paid-in or capital surplus, or land, building 32 Retained earnings, endowment, accumula	ng or equipment fund	31	
	ated income, or other funds	32	
Total net assets or fund balances		33	
34 Total liabilities and net assets/fund balar	17,706,495		26,045,722

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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			
	▼ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

Name of the organization VALLEY FORGE MILITARY ACADEMY FOUNDATION

OMB No 1545-0047

Inspection

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

**Employer identification number** 

23-1178880

									23-11/000			
	rt I			olic Charity Stat						tructions		
he o	organı:			foundation because					x )			
1	Г	A churc	h, conventio	n of churches, or as:	sociation of o	churches <b>s</b>	ection 170(b)	)(1)(A)(i).				
2	굣			ın <b>section 170(b)(1)</b>			•					
3	Г	A hospi	tal or a coop	erative hospital serv	/ice organiza	atıon descri	bed in <b>sectio</b> i	n 170(b)(1)	(A)(iii).			
4	Γ		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the nospital's name, city, and state									
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
_	_	section 170(b)(1)(A)(iv). (Complete Part II)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
0	<u> </u>											
7	'	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)										
8	Г			described in <b>section</b>		.)(vi) (Con	nplete Part II	)				
9	Г	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross										
		receipts	from activit	ties related to its ex	empt functio	ns—subjec	t to certain ex	ceptions, a	nd (2) no more	than 331/3%	of	
		ıts supp	ort from gro	ss investment incom	ne and unrela	ated busine	ss taxable ind	ome (less s	section 511 ta	x) from busin	esses	
		acquire	d by the orga	anızatıon after June 3	30,1975 Se	e <b>section</b> 5	<b>509(a)(2).</b> (Co	omplete Par	t III )			
10	Γ	An orga	nization orga	anızed and operated	exclusively	to test for p	oublic safety	See <b>section</b>	509(a)(4).			
11 e	Г Г	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h  a										
f g		section If the or check tl Since A	509(a)(2) rganization r his box ugust 17, 20	on managers and other eceived a written de 206, has the organiz	termination f	rom the IR	S that it is a T	ype I, Type	lI or Type III			
			g persons? rson who dire	ectly or indirectly co	ntrols aitha	ralone ort	ogether with r	arsons das	cribed in (ii)		Yes	No
				overning body of the	•			/C130113 uC3	cribed iii (ii)	11g(i)	163	140
			_	r of a person describ		_	1011			11g(ii)		
			•	ed entity of a person	, ,		hove?			11g(iii)		
h				g information about t						9()	1	<u> </u>
				g		g <u>-</u>	( . ,					
	(i) Name suppo rganız	e of rted	(ii) EIN	(iii)  Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	ion in ted in rning	(v) Did you no organiza col (i) o suppo	otify the tion in f your	(vi) Is th organizat col (i) org in the U	e ion in anized	A m	vii) ount of oport?
				instructions))	Yes	No	Yes	No	Yes	No		
-												

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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						
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) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b></b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averagest	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> 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						
3	purpose Gross receipts from activities that				+		
3	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				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third, fourth, or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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As Filed Data

DLN: 93493122005591

OMB No 1545-0047

Open to Public Inspection

# 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.

Name of the organization **Employer identification number** VALLEY FORGE MILITARY ACADEMY FOUNDATION 23-1178880 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 🛌	
Number of states where property subject to conservation easement is located ►	
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	- No
Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🛌	
A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🟲 \$	
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	- No
In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	
	Number of states where property subject to conservation easement is located  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  \$\frac{1}{2}\$  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

**▶**\$\_\_\_\_\_

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D

Schedule D (Form 990) 2009

Par	Organizations Maintaining Co	ollections of Art	, Hist	orical Tre	<u>eası</u>	ires, or (	<u> </u>	r Similar	ASS	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of the	e following th	nat ar	e a signific	ant u	ise of its co	llectio	n	
а	Public exhibition		d	┌ Loan o	rexc	hange prog	rams				
Ь	Scholarly research		e	┌ Other							
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ın how	they further	the	organızatıo	n's ex	xempt purpo	ose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than							nılar	Г	Yes	Г No
Pa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					n answere	ed "Y	es" to For	m 990	0,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other interme	diary 1	for contribut	ions	or other as:	sets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	followi	ng table		Γ			A mo	unt	
c	Beginning balance						1c		71110	4114	
d							1d				
	Additions during the year										
e _	Distributions during the year						1e				
f	Ending balance					ļ	1f				
2a	Did the organization include an amount on F		e 217						,	Yes	No
b	If "Yes," explain the arrangement in Part XI\				"	Fa 000	D	at TV Land	10		
P C	rt V Endowment Funds. Complete	If the organization (a)Current Year		<u>wered "Yes</u> Prior Year		wo Years Bac		TT IV, IINE Three Years		<b>≘)</b> Four Ye	ars Back
La	Beginning of year balance	7,561,355	(5)	9,591,096	<b>├</b> `	Wo Tears Bac	, (4	Jimee rears	Back (		ars back
ь	Contributions										
c	Investment earnings or losses	952,898		-1,522,441							
d	Grants or scholarships										
e	Other expenditures for facilities and programs	506,898		507,300							
f	Administrative expenses										
g	End of year balance	8,007,355		7,561,355							
2	Provide the estimated percentage of the yea	r end balance held a	is								
а	Board designated or quasi-endowment 🕨	0 %									
ь	Permanent endowment - 86.180 %										
c	Term endowment ▶ 13.820 %										
3a	Are there endowment funds not in the posse	ssion of the organiz	atıon tl	hat are held	and a	admınıstere	d for	the			
	organization by							,		Yes	No
	(i) unrelated organizations				•		•		3a(i)	Yes	
	(ii) related organizations						•		3a(ii)		N o
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the						•		3b		
	rt VI Investments—Land, Building				10 D	art V lino	10				
	Description of investment	<del>s, una Equipme</del>	111. 30	(a) Cost or o basis (investm	ther	(b)Cost or o	ther	(c) Accumu depreciati		( <b>d</b> ) Boo	k value
 1a	Land					2 57	1,602		$\dashv$		2,571,602
	Buildings		_			35,24			52,170		3,388,262
	Leasehold improvements		·			33,24	., IJZ	21,0	,_,	1.	.,550,202
	Equipment		[ ]			3 96	9,145	2 64	19,455		.,319,690
	Other		_			· · · · · · · · · · · · · · · · · · ·	2,505	· ·	. 5, 155		2,505
_							_,	1	- 1		2,500

17,282,059

Part VII Investments—Other Securities. See (a) Description of security or category			d of valuation
(including name of security)	(b)Book value		f-year market value
Financial derivatives  Closely-held equity interests			
Other			_
CASH EQUIVALENTS	190,888		F_
EQUITY SECURITIES	3,661,753		F
FIXED INCOME FUNDS	2,776,638		F
Interest in perpetual trust	2,106,780		F
Theoretic in perpendicular	2,100,100		<u> </u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	, ,		
Part VIII Investments—Program Related. See			d of valuation
(a) Description of investment type	(b) Book value		f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip			(b) Book value
(a) beschip			(D) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5,)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X			
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability			
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. ( <b>b)</b> A mount		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. ( <b>b)</b> A mount		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. ( <b>b)</b> A mount		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. ( <b>b)</b> A mount		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. ( <b>b)</b> A mount		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. ( <b>b)</b> A mount		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. ( <b>b)</b> A mount		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. ( <b>b)</b> A mount	<b>.</b>	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. ( <b>b)</b> A mount		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	, line 25. ( <b>b)</b> A mount		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	, line 25. ( <b>b)</b> A mount		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	, line 25. ( <b>b)</b> A mount		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	34,501,703
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	27,661,85
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,839,852
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,499,37!
9	Total adjustments (net) Add lines 4 - 8	9	1,499,37!
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	8,339,223
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	28,432,487
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	192,129
3	Subtract line <b>2e</b> from line <b>1</b>	3	28,240,358
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	6,261,34!
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	34,501,703
art	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	21,782,539
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV)	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	192,129
3	Subtract line <b>2e</b> from line <b>1</b>	3	21,590,410
4	A mounts 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		
b	Other (Describe in Part XIV) 4b 6,071,441	]	
С	Add lines <b>4a</b> and <b>4b</b>	4c	6,071,44
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	27,661,85
D	t XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

<b>Ident if ier</b>	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		Unrealized gain/loss on investments 1067719 Unrealized gain/loss on perpetual t 431656
Part XII, Line 2d - Other Adjustments		FACILITIES RENTAL EXPENSES 192129
Part XII, Line 4b - Other Adjustments		FINANCIAL AID 6071441 REALIZED GAIN IN SECURITIES 189904
Part XIII, Line 2d - Other Adjustments		FACILITY RENTAL EXPENSES 192129
Part XIII, Line 4b - Other Adjustments		FINANCIAL AID 6071441

**Employer identification number** 

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

VALLEY FORGE MILITARY ACADEMY FOUNDATION

# **Schools**

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

	23-1178880			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		V	
_	other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"		100	
	please explain	3	Yes	
	ADVERTISING INCLUDES THE REQUIRED STATEMENTS REGARDING OUR RACIAL NON-DISCRIMINATORY POLICY IN BOTH PRINT AND RADIO			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
	SCHOLARSHIPS AND FINANCIAL AID ASSISTANCE ARE AWARDED ON THE BASIS OF NEED EXCEPT FOR BAND AND ATHLETICS (BASED ON MERIT)			
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a		Νo
Ь	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		Νo
e	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		Νo
	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) #  Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	7	Yes	

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DLN: 93493122005591

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

# **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Internal Revenue Service Name of the organization Employer identification number VALLEY FORGE MILITARY ACADEMY FOUNDATION 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and e-mail solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Did fundraiser have (v) A mount paid to (vi) A mount paid to (i) Name of individual (iv) Gross receipts (or retained by) custody or (ii) Activity (or retained by) or entity (fundraiser) fundraiser listed in control of from activity organization contributions? col (i) No Yes

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

			(a) Event #1 VARIOUS	<b>(b)</b> Event #2	(c) O ther Events	(d) Total E (Add col (a) col (c		
			FUNDRAISING EVENTS	(event type)	(total number)		(=)/	
ds			(event type)					
Revenue	1 2	Gross receipts Less Charitable contributions	189,12	1			189,	,121
	3	Gross income (line 1 minus line 2)	189,12	1			189,	,121
	4	Cash prizes						
မှာ	5	Non-cash prizes						
Expenses	6	Rent/facility costs						
ă	7	Food and beverages						
Direct	8	Entertainment						
ឨ	9	Other direct expenses .	183,13	5			183,	,135
	10	Direct expense summary Add lin	es 4 through 9 ın columr	n(d)			183,	,135
	11	Net income summary Combine li	nes 3, column d, and line	10			5,	,986
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more	e than	
Revenue			(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add col	al gamır (a) thro (c))	
~	1	Gross revenue						
<u>့</u>								
s S	2	Cash prizes						
benses	2	Cash prizes						
ct Expenses		·						
Direct Expenses	3	Non-cash prizes						
Direct Expenses	3 4 5	Non-cash prizes	Г Yes	Г Yes	Г Yes			
Direct Expenses	3 4 5	Non-cash prizes  Rent/facility costs  Other direct expenses	□ No	Гио				
Direct Expenses	3 4 5	Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	S 2 through 5 in column i	Г No	Г No			
Direct Expenses	3 4 5 6 7 8	Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	S 2 through 5 in column on the state of the	「 N o	Г No		Yes	No
වැයෙ වැස	3 4 5 6 7 8 Entt	Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add line  Net gaming income summary Com  ter the state(s) in which the organization licensed to operate	No s 2 through 5 in column in the second of	Mo (d)	Г No	· 9a	Yes	No
Pired Exp	3 4 5 6 7 8 Entt	Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add line  Net gaming income summary Com	No s 2 through 5 in column in the second of	Mo (d)	Г No	· 9a	Yes	No
ora Exp	3 4 5 6 7 8 Ent Is 1 If "	Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add line  Net gaming income summary Com  ter the state(s) in which the organization licensed to operate  No," Explain	No s 2 through 5 in column of a libine lines 1, column d, a lation operates gaming ac gaming activities in eac	T No  (d)	Γ No		Yes	No
e e Direct Exp	3 4 5 6 7 8 Ent Is if "	Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add line  Net gaming income summary Com  ter the state(s) in which the organization licensed to operate	No s 2 through 5 in column of a libine lines 1, column d, a lation operates gaming ac gaming activities in eac	T No  (d)	Γ No	· 9a	Yes	No
ga b Piled Even	3 4 5 6 7 8 Ent Is if "	Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add line  Net gaming income summary Com  ter the state(s) in which the organization dicensed to operate No," Explain	No s 2 through 5 in column of a libine lines 1, column d, a lation operates gaming ac gaming activities in eac	T No  (d)	Γ No		Yes	No

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	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?	,	
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		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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DLN: 93493122005591 OMB No 1545-0047

Department of the Treasury

Schedule I

(Form 990)

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

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

Open to Public

lame of the organization						Employer identifica	ntion number
ALLEY FORGE MILITARY A	CADEMY FOUNDA	TION				23-1178880	
Part I General Infor	mation on Gra	nts and Assistance					
L Does the organization m	ed to award the gra	nts or assistance?					√ Yes ┌
Form 990, Part	IV, line 21 for ai	e to Governments and ny recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	no one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
		d government organizations				•	
B Enter total number of oth	iei organizations .		· · · · · · ·			<u> </u>	

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

(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
453	6,071,441			
	recipients	recipients cash grant	recipients cash grant non-cash assistance	recipients cash grant non-cash assistance (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.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 VF awards internal merit scholarships based on the cadet's grades (GPA) from his / her previous school and based on financial need. There is a matrix used to determine the amount to be awarded to each cadet.

DLN: 93493122005591

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

VAL	LEY FORGE MILITARY ACADEMY FOUNDATION					
			23-1178880			
Pa	rt I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u></u>	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orgreimbursement orprovision of all the expenses descr			1b	Yes	
2	Did the organization require substantiation prior to reofficers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the Compensation committee Independent compensation consultant Form 990 of other organizations	at appl	•			
4	During the year, did any person listed in Form 990, Por a related organization	art VI	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	aymer	nt?	4a		Νo
b	Participate in, or receive payment from, a supplemen	tal nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must For persons listed in form 990, Part VII, Section A, I compensation contingent on the revenues of	-				
а	The organization?			5a		Νο
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, I compensation contingent on the net earnings of	ıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νο
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," defined in lines 6 and			7	Yes	
8	Were any amounts reported in Form 990, Part VII, posubject to the initial contract exception described in in Part III			8		No
9	If "Yes" to line 8 did the organization also follow the	rehutt	able presumption procedure described in Regulations			1

section 53 4958-6(c)?

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compens (i) Base (ii) Bonus & (iii) Other		(iii) Other	(C) Retirement and other deferred	( <b>D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(ı)-(D)	reported in prior	
		(i) Base compensation	incentive compensation	reportable compensation	compensation			Form 990 or Form 990-EZ	
	(I) (II)	195,004 0	0	0	22,215 0	9,846 0	227,065 0		
	(I) [II)	158,080 0	0	1	<b>4,16</b> 0 0	10,888 0	173,128 0		

#### Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
	Part I, Line 1a	The social club dues are for a membership to the Overbrook Golf Club for the President in the amount of \$2,014
		Pursuant to the employment agreement between the Foundation and the Foundation's President, the President can become eligible to earn an annual bonus upon timely achieving of mutually agreed upon goals

Schedule J (Form 990) 2009

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Schedule K

(Form 990)

DLN: 93493122005591

OMB No 1545-0047

(h) O n

## **Supplemental Information on Tax Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a, Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number VALLEY FORGE MILITARY ACADEMY FOUNDATION 23-1178880 **Bond Issues** (g) Defeased (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose

Behalf of Issuer Yes No Yes No PA HIGHER EDUCATIONAL cAPitAL PROJEcTS FACILITIES AUTHORITY 23-2243852 70917NC44 03-01-2004 4,000,000 Χ Χ (cONSTRUCTION)

Pa	rt III Proceeds	·	_			<u>.</u>
		A	В	С	D	E
1	Total proceeds of issue	4,200,000				
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds					
5	Issuance costs from proceeds	200,000				
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	4,000,000				
-	Year of substantial completion	3005		•	•	•

8	Year of substantial completion	20	2005								
		Yes	Yes No		No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?		х								
10	Were the bonds issued as part of an advance refunding issue?		Х								
11	Has the final allocation of proceeds been made?	х									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	Х									
Dar	Part III Private Business Use										

Pa	Part III Private Business Use												
		A			В	(	С		D		E		
		Yes	No										
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		х										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		x										

Par	t III Private Business Use (Continued)											
				\	E	3		С		D		E
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to financed property which may result in private business use?	the		Х								
3b	Are there any research agreements with respect to the financed which may result in private business use?	l property		Х								
3с	Does the organization routinely engage bond counsel or other o counsel to review any management or service contracts or rese agreements relating to the financed property?			х								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government			0 %				•		·		
5				0 %								
6	Total of lines 4 and 5			0 %								
7	Has the organization adopted management practices and proce ensure the post-issuance compliance of its tax-exempt bond lia		х									
Pai	rt IV Arbitrage								•		•	
		,	A		В		С			)		Ē
		Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X									

Par	11 V Arbitrage										
			A	E	3		C	Г	)		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x								
2	Is the bond issue a variable rate issue?	Х									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		х								
ь	Name of provider	NA	N A								
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?		Х								
ь	Name of provider	NA									
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		х								
6	Did the bond issue qualify for an exception to rebate?		х								

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DLN: 93493122005591

OMB No 1545-0047

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#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Transactions with Interested Persons** ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

Name of the organization
VALLEY FORGE MILITARY ACADEMY FOUNDATION

**Employer identification number** 

							2:	3-117888	30		
Part I Excess Benefit Trai											
Complete if the organizat				90, P	art IV, line 25a or	25b, c	or Form	990-EZ, F	art V , line		rrected?
1 (a) Name of disq	ualıfıed	person			<b>(b)</b> Descr	iption	of trans a	action		Yes	No
										1.05	1.0
											+
										-	
2 Enter the amount of tax impos	ed on th	ne orga	nızatıon manager	s or	disqualified perso	ns duri	na the v	ear under		•	•
section 4958									\$		
3 Enter the amount of tax, If any	, on line	2, abo	ve, reimbursed b	y the	e organization .			🕨	\$		
Part II Loans to and/or I		Intore	stad Darson								
Part II Loans to and/or I Complete if the organiz					. Part IV. line 26.	or For	n 990-E	Z. Part V	. line 38a		
		oan to			, ,			(f)			
(a) Name of interested person and	or fro		(c)O riginal		( DD	(e)		Approv		(g)Writt	
purpose	organiz	zation?	principal amou	ınt	(d)Balance due	ueia	efault? by board or committee?			greeme	111.7
	То	From				Yes	No	Yes	No	Yes	No
See Additional Data Table											
									1		
									+ +		
Total			🕨	\$	1,048,601		- 1				
Part IIII Grants or Assistar											
Complete if the orga	nızatıc						27.				
(a) Name of interested pers	on	(			en interested pers janization	on	( <b>c)</b> A m	ount of gr	ant or type	ofassıs	tance
				3	,						
Part IV Business Transact	ione I	involv	ing Interests	ad D	Parsons						
Complete if the orga						line 2	28a, 28	b, or 28c	<u>.</u>		
<u> </u>			Relationship		, ,		•			(e) Sh	naring of
(a) Name of interested persor	1		een interested		(c) A mount of	(c	l) Descr	ıptıon of tı	ransaction	1 -	ızatıon's ınues?
			rson and the organization		transaction					Yes	No
RICHARD HOCKER		OFFIC	ER OF A FIRM		12,19	6 ТНЕ	FOUND	DATION		1	No
			BUSINESS		·			S CERTAI			
		WITH TO REAL	IHE NIZATION					NT ACCO IANCIAL	SERVICES		
						FIR	M OF WI	HICH RIC	HARD		
								S AN OFFI IOCKER I			
									EY FORGE		
								A CA DEM			
						1			tment fees al services		
						firm	for man	agement o			
						Inve	stment	portfolio		+	
						+				+	
										1	

# Software ID: Software Version:

**EIN:** 23-1178880

Name: VALLEY FORGE MILITARY ACADEMY FOUNDATION

Form 990, Schedule L, Part II - Loans to and from Interested Persons

Form 990, Schedule L, Part II					_		1,			
(a) Name of interested person and purpose	or fro	oan to om the zation?	(c)O riginal principal amount \$	<b>(d)</b> Balance due \$		) In ault?	by bo	proved ard or nittee?		ritten ment?
	То	From			Yes	No	Yes	No	Yes	No
FREDERICK BREITENFELD JR SHORT TERM LOAN - CASH BRIDGE FOR ORGANIZATION UNTIL SALE OF SOUTH CAMPUS	x		5,000	5,071		No	Yes		Yes	
NILES DALLY SHORT TERM LOAN - CASH BRIDGE FOR ORGANIZATION UNTIL SALE OF SOUTH CAMPUS	x		5,000	5,070		No	Yes		Yes	
WILLIAM R FLOYD JR SHORT TERM LOAN - CASH BRIDGE FOR ORGANIZATION UNTIL SALE OF SOUTH CAMPUS	x		200,000	202,867		No	Yes		Yes	
J KENT MCNEW SHORT TERM LOAN - CASH BRIDGE FOR ORGANIZATION UNTIL SALE OF SOUTH CAMPUS	X		5,000	5,069		No	Yes		Yes	
CONRAD E MUHLY IV SHORT TERM LOAN - CASH BRIDGE FOR ORGANIZATION UNTIL SALE OF SOUTH CAMPUS	x		200,000	202,496		No	Yes		Yes	
IVAN R SABEL SHORT TERM LOAN - CASH BRIDGE FOR ORGANIZATION UNTIL SALE OF SOUTH CAMPUS	х		20,000	283		No	Yes		Yes	
GEORGE H SCHILDGE SHORT TERM LOAN - CASH BRIDGE FOR ORGANIZATION UNTIL SALE OF SOUTH CAMPUS	x		200,000	202,833		No	Yes		Yes	
ROBERT A BACINE ESQ SHORT TERM LOAN - CASH BRIDGE FOR ORGANIZATION UNTIL SALE OF SOUTH CAMPUS	x		5,000	5,058		No	Yes		Yes	
RICHARD A HOCKER SHORT TERM LOAN - CASH BRIDGE FOR ORGANIZATION UNTIL SALE OF SOUTH CAMPUS	x		200,000	202,333		No	Yes		Yes	
WESTLEY MOORE SHORT TERM LOAN - CASH BRIDGE FOR ORGANIZATION UNTIL SALE OF SOUTH CAMPUS	x		5,000	5,037		No	Yes		Yes	
MICHAEL A NOLEN SHORT TERM LOAN - CASH BRIDGE FOR ORGANIZATION UNTIL SALE OF SOUTH CAMPUS	х		200,000	202,400		No	Yes		Yes	
DANIEL J REAVY SHORT TERM LOAN - CASH BRIDGE FOR ORGANIZATION UNTIL SALE OF SOUTH CAMPUS	х		5,000	5,023		No	Yes		Yes	
CHRIS ROUSSOS SHORT TERM LOAN - CASH BRIDGE FOR ORGANIZATION UNTIL SALE OF SOUTH CAMPUS	х		5,000	5,061		No	Yes		Yes	

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Name of the organization VALLEY FORGE MILITARY ACADEMY FOUNDATION **Employer identification number** 

Da	rt I Types of Property	23-1178880   Property											
Pa	TELL Types of Property	(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	<b>(d)</b> Method of de reven	etermi	nıng						
	A	applicable		1 g									
	Art—Works of art												
	Art—Historical treasures												
	Art—Fractional Interests												
	Books and publications												
	Clothing and household goods												
6	Cars and other vehicles	X	2	19,925	FAIR MARKET VAL	UE							
	Boats and planes												
8	Intellectual property												
9	Securities—Publicly traded .	X	1	17,776	FAIR MARKET VAL	UE							
10	Securities—Closely held stock .												
11	Securities—Partnership, LLC, or trust interests												
12	Securities—Miscellaneous												
13	Qualified conservation contribution—Historic structures												
14	Qualified conservation contribution—Other												
15	Real estate—Residential .												
16	Real estate—Commercial												
17	Real estate—Other												
18	Collectibles												
19	Food inventory												
20	Drugs and medical supplies .												
21	Taxidermy												
22	Historical artifacts												
23	Scientific specimens												
24	Archeological artifacts												
25	Other ► ( HORSES )	X	7	78,498	Fair Market Value								
	AUCTION												
26	Other ► ( ITEMS )	X	37	18,483	FAır Market Value								
	OTHER VARIOUS												
27	Other ► (ITEMS )	X	25	27,265	faır Market Value								
28	Other ► ()												
29	Number of Forms 8283 received	by the org	anızatıon durıng the tax yea	ar for contributions									
	for which the organization compl	eted Form 8	3283, Part IV , Donee Ackn	owledgement	29								
							Yes	No					
30a	During the year, did the organiza												
	must hold for at least three year			on, and which is not require	d to be used								
	for exempt purposes for the enti	re holding p	eriod?			30a		No					
b													
31	Does the organization have a gif	tacceptand	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes						
32a	Does the organization hire or us contributions?	e third part • • •	es or related organizations	to solicit, process, or sell i	non-cash	32a		Νο					
b	If "Yes," describe in Part II												
33	If the organization did not report	revenuesı	n column (c) for a type of p	roperty for which column (a	) is checked,								
	describe in Part II		, , , , , , , , , , , , , , , , , , ,		,								

Page 2

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Software ID:

**Software Version: EIN:** 23-1178880

Name: VALLEY FORGE MILITARY ACADEMY FOUNDATION

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As Filed Data -

DLN: 93493122005591

OMB No 1545-0047

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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.

Name of the organization

VALLEY FORGE MILITARY ACADEMY FOUNDATION

**Employer identification number** 

23-1178880

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The organization receives a copy of the 990 from the accounting firm preparing the return. The Controller reviews the 990, followed by the CFO. After review by the Controller and CFO, the form is presented to the Budget, Audit and Finance (BAF) Committee for its review, approval and recommendation. Then, the BAF Committee presents the form to the full Board of Trustees for its review, and approval.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		An annual questionnaire is sent to all Board members and senior staff members documenting whether they are involved in any business with the Foundation that could be construed as giving rise to a potential conflict of interest. These questionnaires are signed by each Board member and senior staff member and returned to the Foundation's CFO.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		WWW GUIDESTAR ORG

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C	THE ORGANIZATION DOES	NO CHANGE FROM PRIOR YEAR

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**Depreciation and Amortization** 

(Including Information on Listed Property)

DLN: 93493122005591

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

Form 4562

See separate instructions.

Attach to your tax return.

Sequence No 67

Name(s) shown on return Identifying number Business or activity to which this form relates VALLEY FORGE MILITARY ACADEMY FOUNDATION 23-1178880 Form 990 Page 10 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. **1** Maximum amount See the instructions for a higher limit for certain businesses 1 250,000 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 . . . . 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 **15** Property subject to section 168(f)(1) election . . . . . . . **16** Other depreciation (including ACRS) . . . . MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more .▶□ Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method period deduction property service use only-see instructions) 19a 3-year property **b** 5-year property **c** 7 - year property **d** 10-year property **e** 15-year property **f** 20-year property S/L g 25-year property ММ h Residential rental 27 5 yrs S/L property ΜМ S/L ΜМ S/L i Nonresidential real 39 yrs property ΜМ S/I Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System **20a** Class life **b** 12-year 12 yrs S/L c 40-year 40 yrs ΜМ S/L Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0 21 Listed proper **Summary** (see instructions) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 0 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the

23

Part V
Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

compl	ete <b>only</b>	24a, 24b, colui	mns (a	) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectioi	n B, a	nd Se	ction (	C if ap	oplicat	ile.
Section A—Deprec																
<b>24a</b> Do you have evidenc	e to support	the business/investi	ment use	claime	d? ┌ Yes	. ⊢ <sub>No</sub>			<b>24b</b> If	"Yes," ı	s the ev	/ idence	written?		sГNo	)
										1						
(a) Type of property (list Distorbicles first)	( <b>b)</b> Pate placed II service	(c) Business/ In investment use percentage	(d) Cost or ot basıs	ther	(busines	(e) deprecia s/investr e only)	- 11	(f) Recove period		<b>(g)</b> Method/ conventio		<b>(h</b> Deprec deduc	ation/		(i) Elected section 1 cost	
25Special depreciation allow 50% in a qualified busine			olaced in s	service (	during the	tax year	and u	sed mo	re tha	in 25						
<b>26</b> Property used more	•	•	ıness u:	s e							- 1					
		%														
		%									_					
	orless in a		ssuse													
		%							S/L	-						
		%							S/L					]		
20 0 dd		%	7 5-4			21		4	S/L		_			+-		
28 Add amounts in col		_				ne 21,	page .	1 .	•		8		20	+		
29 Add amounts in col	umn (I), IIr				mation	·	· ·	• Va	biol	•			29			
Complete this section f	or vehicle:										r relat	ed per	son			
f you provided vehicles to y	our employe	es, first answer the q	uestions	ın Sectio	on C to see	ıf you n	neet ar	exce	otion t	o comple	ting this	section	for thos			
<b>30</b> Total business/inve		-	the _	-	a) icle 1	V e hı	•	V	(c) ehic		V e h i	d) cle 4	<b>V</b> ehı	-	V e hı	f) cle 6
<b>31</b> Total commuting m	ıles drıven	during the year	.  -													
32 Total other persona	ıl(noncomr	muting) miles driv	en													
33 Total miles driven o	during the	year Add lines 3	。													
through 32			·  _													
<b>34</b> Was the vehicle ava	aılable for	personal use		Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
during off-duty houi	rs? .													<u> </u>		<u> </u>
<b>35</b> Was the vehicle use owner or related pe	rson?	· · · · ·	5%													
<b>36</b> Is another vehicle a	avaılable f	or personal use?														
<b>Section</b> Answer these questions 5% owners or related p	s to detern										-				not moi	re tha
<b>37</b> Do you maintain a vemployees?		•	t prohib	ıts all	personal •	use of	vehic	les,ı	nclud	ling cor	nmutir	ig, by y	our •	Y	es	No
<b>38</b> Do you maintain a vemployees? See the																
<b>39</b> Do you treat all use	ofvehicle	s by employees a	as perso	nal us	e? .											
40 Do you provide mor vehicles, and retain	e than five	vehicles to your	•			rmatio	n fron	n your	r emp	loyees	about	the us	e of the	e 🗀		
<b>41</b> Do you meet the red			· Ified aut	 tomobı	le demor	- nstratio	n use	? (Se	e ins	tructio	ns)		· 		-+	
Note: If your answe	r to 37, 38	3, 39, 40, or 41 is	s "Yes,"	do no	t comple	te Sect	ion B	for th	ne co	vered v	ehicle:	S				
Part VI Amortiz		<u> </u>													I	
		(b)		(0	-)			(d)		(e	:)			(f)		
(a)		Date		A mort	-			ode		A morti			A mo	rtızatı	on for	
Description of co	STS	amortization begins		amo	unt		se	ction		perio percei			t	hıs yea	ar	
<b>42</b> A mortization of cos	ts that be		2009 ta:	x year	(see ins	truction	ns)				<u> </u>					
<b>43</b> A mortization of cos	ts that be	gan before your 2	009 tax	year						•	43					

44 Total. Add amounts in column (f) See the instructions for where to report . .

44

# Software ID: Software Version:

**EIN:** 23-1178880

Name: VALLEY FORGE MILITARY ACADEMY FOUNDATION

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average	(C) Position (check all that apply)						(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per week	Individual trustee or director	a Institutional Trustee	Officei		Highest compensated employee	Former	compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations
Charles A McGeorge president & NON-VOTING BOA	40 00	Х		х				195,004	0	32,061
RO Bert Bacıne Vıce Chairman	1 00	х						0	0	0
N GINO BANCO board Member	1 00	×						0	0	0
RIChard Hocker board Member	1 00	х						0	0	0
FREDERICK BREITENFELD JR Board Member	1 00	х						0	0	0
NILES DALLY Board Member	1 00	Х						0	0	0
ANTOINETTE IADAROLA Board Member	1 00	Х						0	0	0
WALTER J LEHMAN JR Board Member	1 00	Х						0	0	0
J KENT MCNEW Board Member	1 00	х						0	0	0
Westley Moore board Member	1 00	х						0	0	0
Conrad Muhly board Member	1 00	х						0	0	0
Daniel Reavy board Member	1 00	Х						0	0	0
CHRIS ROUSSOS BOARd Member	1 00	Х						0	0	0
Ivan Sabel Board Member	1 00	Х						0	0	0
George Schildge board Member	1 00	Х						0	0	0
JESSICA L WRIGHT board Member	1 00	Х						0	0	0
William Floyd CHAirman/PRESIDENT	1 00	Х		х				0	0	0
James J Doyle Superintendent	40 00			х				129,575	0	12,370
vinceNT vuono cfo	40 00			х				158,080	0	15,048
Kathleen Anderson VP Academic DEVELOPMENT	40 00					х		104,500	0	2,931

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Tuition and Fees	611,600	21,957,017	21,957,017		
Summer Camp Program	611,600	848,701	848,701		
HOUSING RENTALS	611,600	297,517	297,517		
MISC INCOME	611,600	43,221	43,221		
Cavalry	713,990	7,458		7,458	

### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
allocation of Plant Ope	4,163,600	3,767,038	301,987	94,575
Food Service	1,383,498	1,383,498		
Contracted services	1,322,372	704,241	618,131	
Bad debts	1,002,000		1,002,000	
Uniforms	804,819	804,819		