

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

2010
Open to Public Inspection

A F	or the	2010 calendar year, or tax year beginning ar	nd ending		
B c	Check if applicable	C Name of organization		D Employer identific	ation number
	Addres change	USAFA ENDOWMENT, INC.		!	
	Name change	Doing Business As		26-0537	053
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Termin		200	719-472	-0300
\vdash	Ameno	City or town, state or country, and ZIP + 4		G Gross receipts \$	20,666,587
\neg	Application			H(a) Is this a group ret	
	pendin	F Name and address of principal officer ERVIN J. ROKKE		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates incli	
IT	rax-exe	mpt status. X 501(c)(3) 501(c) ()	1) or 527	1	ist (see instructions)
		e: WWW.USAFAENDOWMENT.ORG	·	H(c) Group exemption	
K F	orm of	organization: X Corporation Trust Association Other	L Year	' 	State of legal domicile: DE
	art I	Summary	•		
Φ.	1	Briefly describe the organization's mission or most significant activities TO PI	ROVIDE EFFI	CIENT AND	
Activities & Governance		PERPETUAL STEWARDSHIP OF DONATED GIFTS TO THE US AIR FORCE			
ra	2	Check this box 🕨 🔲 if the organization discontinued its operations or dis	posed of more	than 25% of its net ass	sets
ove	l .	Number of voting members of the governing body (Part VI, line 1a)		3	39
Ğ		Number of independent voting members of the governing body (Part VI, line 1b	o)	4	38
Se	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	12
Vİ.		Total number of volunteers (estimate if necessary)		6	0
cţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
٩	ь	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
			1	Prior Year	Current Year
đ)	8	Contributions and grants (Part VIII, line 1h)		2,582,923.	14,575,525.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
eve	ı	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		73,684.	314,818.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-55,238.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	, –	2,656,607.	14,835,105.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		469,219.	11,723,895.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
တ္ခ	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	0)	287,904.	972,985.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		1,195.	126,597.
, the	ь	Total fundraising expenses (Part IX, column (D), line 25)	7,803.		
Ω̈́	17 (Other expenses (Part IX, column (A), lines=1-1a-1-1d, 11f;24f)		340,467.	589,372.
	18	Fotal expenses. Add lines 13-17 (must equal Part-IX column (X) Tipe 25)		1,098,785.	13,412,849.
	ו וא	Revenue less expenses Subtract line 18 from line 12		1,557,822.	1,422,256.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
sets alan	20	Fotal assets (Part X, line 16)		13,216,052.	23,728,782.
t As	21	Fotal liabilities (Part X, line 26)		57,219.	8,999,933.
PE-	22	Net assets or fund balances Subtract line 21 from line 26 M. UT		13,158,833.	14,728,849.
Pa	art II	Signature Block			
Unde	er pena	ties of perjury, I declare that I have examined this return, including accompanying sched	ules and statem	ents, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of	which preparer	has any knowledge.	
// n		Emm White		27 An	ne 11
Sigr	n j	Signature of officer		Date	
≅Her	e	ERVIN J. ROKKE, PRESIDENT			
3		Type or print name and title			
 -		Print/Type preparer's name Preparer's signature		Date Check	PTIN
_ ∑ ⊵Paid		Dorsen Merz Green BMen	× '	t-26-11 self-employed	P00841439
Prep	parer	Firm's name STOCKMAN KAST RYAN & CO, LLP	0	Firm's EIN	
Use	Only	Firm's address 102 N. CASCADE AVENUE, SUITE 400			
Z Z		COLORADO SPRINGS, CO 80903		Phone no. 719	0-630-1186
τMav	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No
0320	01 02-2	LHA For Paperwork Reduction Act Notice, see the separate instruc	ctions.		Form 990 (2010)
21					•

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2010) USAFA ENDOWMENT, INC.	26-0537053	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission.		
	TO PROVIDE EFFICIENT AND PERPETUAL STEWARDSHIP OF DONATED GIFTS TO		
	USAFA ENDOWMENT, INC. FOR THE BENEFIT OF THE UNITED STATES AIR FORCE		···
	ACADEMY SO AS TO ENSURE THEIR PERMANENCY AND EFFICACY IN ACCORDANCE		
	WITH THE DONORS' INTENT.		
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O		LITES LINU
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	į	Yes X No
3	If "Yes," describe these changes on Schedule O	'	res No
4			
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exp		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g	rants and	
4-	allocations to others, the total expenses, and revenue, if any, for each program service reported		
443	(Code:) (Expenses \$ 1,387,944. including grants of \$ 1,380,321.) (Resupport for the Martinson just-in-time teaching program, center for	venue \$	······································
	CHARACTER AND LEADERSHIP DEVELOPMENT PROGRAM, FALCON FOOTBALL, AND		
	OTHER PROGRAMS OF THE UNITED STATES AIR FORCE ACADEMY IN COLORADO		 -
	SPRINGS, COLORADO.		· · · · · · · · · · · · · · · · · · ·
			
		 -	
4b	(Code) (Expenses \$ 10,343,573. including grants of \$ 10,343,573.) (Re	vonue ¢	
	THE USAFA ENDOWMENT, AT THE REQUEST OF THE AIR FORCE ACADEMY, IS	veriue \$	······································
	CONSTRUCTING A REGULATION-SIZED INDOOR ATHLETIC TRAINING FACILITY THE		
	LARGEST PRIVATELY FUNDED CAPITAL PROJECT IN ACADEMY HISTORY, THIS		
	FACILITY WILL SIGNIFICANTLY ENHANCE THE PHYSICAL AND MENTAL DEVELOPMENT		<u> </u>
	OF ALL CADETS, IN ADDITION TO PROVIDING AN ARENA FOR DEVELOPING THEIR		
	LEADERSHIP SKILLS. THE HOLADAY ATHLETIC CENTER MARKS A BOLD STRIDE		
	FORWARD IN BUILDING A CULTURE OF PHILANTHROPY AMONG GRADUATES, PARENTS		
	AND FRIENDS. AS ONE OF THE NATION'S PREMIER PRACTICE VENUES, THIS		
	FACILITY WILL HAVE A PROFOUND IMPACT ON THE ACADEMY'S ABILITY TO		· · · · · · · · · · · · · · · · · · ·
	CONTINUE TO ATTRACT THE BEST AND BRIGHTEST STUDENT-ATHLETES FROM AROUND		
	THE COUNTRY.		
4c	(Code:) (Expenses \$ including grants of \$) (Rev	renue \$)
			·

			· · · · · · · · · · · · · · · · · · ·
		-	
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ► 11,731,517.		
			Form 990 (2010)

032002 12-21-10

Form 990 (2010) USAFA ENDOWMENT, I Part IV Checklist of Required Schedules

	· ·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	F		-
	public office? If "Yes," complete Schedule C, Part I	3	İ	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		<u> </u>	
	during the tax year? If "Yes," complete Schedule C, Part II	4	1	x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	İ	
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	1	х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	L	х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			İ
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	L	х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			ł
	If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	١	,,	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	Х	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	146		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		A .
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	 	-	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	}		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			.,
45	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	45		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.	io		
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Form	990 (2	2010)

Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the 21 United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Х 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 column (A), line 29 If "Yes," complete Schedule I, Parts I and III 22 x Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I х 25a 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 Х 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 Х 26 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 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? 34 If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 X 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? x 35 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 」Yes Ϫ No Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 X 36 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 Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Х Form 990 (2010)

Note. All Form 990 filers are required to complete Schedule O

	990 (2010) USAFA ENDOWMENT, INC. 26-0537053		P	age 🕻
Par				
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 15			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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		Х
b	If "Yes," enter the name of the foreign country. ▶			
	See instructions for 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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		Х
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	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
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			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	4-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			.
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х

Form **990** (2010)

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Eorm	990 (2010) USAFA ENDOWMENT, INC.	•	26-0537	05 3	Б	age 6
_	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough				
Fai	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	_		ora ivo r	espor	ise
	•	OCC 1	instructions			r
	Check if Schedule O contains a response to any question in this Part VI					х
Sec	tion A. Governing Body and Management					_
		ı	ı		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a		39		
b	Enter the number of voting members included in line 1a, above, who are independent	1b_		38		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other	i		
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	ct supervision			Ì
	of officers, directors or trustees, or key employees to a management company or other person?			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	is filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		х
6	Does the organization have members or stockholders?			6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers	s of the			
	governing body?			7a		х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	sons?		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	the year			
	by the following					
а	The governing body?			8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched :	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code.)	1		·
			,		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		х
	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers affiliates.	133		
	and branches to ensure their operations are consistent with those of the organization?	опарс	oro, armatoo,	10b		İ
112	Has the organization provided a copy of this Form 990 to all members of its governing body before file	ina th	e form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	ing tri	c tomi.	110		
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld av	o rico	120		
	to conflicts?	iiu giv	6 1136	12b	х	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "	Vac "	describe	120		 - -
C	In Schedule O how this is done	<i>i</i> 63,	describe	400	x	
40				12c	x	
13	Does the organization have a written whistleblower policy?			13	X	
14	Does the organization have a written document retention and destruction policy?			14	Α.	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approve	ıı by ır	uepenaent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v	1
	The organization's CEO, Executive Director, or top management official			15a	X	
þ	Other officers or key employees of the organization			15b		X
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	_				Ì
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	vith a			١
	taxable entity during the year?			16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval					
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organic	ınızatı	on's			ŀ
_	exempt status with respect to such arrangements?			16b		<u> </u>
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE 0					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(c)(3)s only) availa	able for		
	public inspection Indicate how you make these available. Check all that apply.					
	Own website X Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c	onflict	of interest polic	y, and fina	ncial	
	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books ar	nd rec	ords of the orga	nization.	•	

Form **990** (2010)

DENNIS SCRUGGS, CONTROLLER - 719-472-0300

3116 ACADEMY DRIVE, SUITE 200, USAF ACADEMY, CO 80840

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

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

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

(A)	(B)		41 112,0		C)		1000	(D)	(E)	(F)
Name and Title	Average hours per	(c		Pos all		app	ıly)	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
A. BART HOLADAY										
CHAIRMAN	12.00	X		Х			_	0.	0.	0.
TERRANCE M. DRABANT	ļ									
VICE CHAIRMAN	12.00	Х		Х	<u> </u>	L		0.	0.	0.
WILLIAM E. WECKER								1		
TREASURER	12.00	Х		х		$ldsymbol{f eta}$		0.	0,	0.
WILLIAM W. MAYWHORT					ŀ					
SECRETARY	12.00	х		х				0.	0.	0.
ERVIN J. ROKKE										
PRESIDENT/CEO	24.00	х		х				70,000.	0.	0.
ROBERT P. BARNES										
DIRECTOR	2.00	х						0.	0.	0.
MARK G. BEESLEY										
DIRECTOR	2.00	х			l			0.	0.	0.
GEORGE W. BURCH										
DIRECTOR	2.00	х						0.	0.	0.
JOHN M. FOX										
DIRECTOR	2.00	х						0.	0.	0.
TIMOTHY J. FYDA										
DIRECTOR	2.00	х						0.	0.	0.
FREDERICK D. GREGORY										
DIRECTOR	2.00	х						0.	0.	0.
MAX F. JAMES	1									
DIRECTOR	2.00	x						0.	0.	0.
PAUL G. KAMINSKI	1									
DIRECTOR	2.00	х						0.	0.	0.
J. SCOTT KIRBY		Π				Π				_
DIRECTOR	2.00	x						0.	0.	0.
JACK N. KUCERA										
DIRECTOR	2.00	х					1	0.	0.	0.
NANCY R. KUDLA						Γ				
DIRECTOR	2.00	х				1		0.	0.	0.
P. MICHAEL LEAHY			Π						- '-	
DIRECTOR	2.00	х						0.	0.	0.
032007 12-21-10							-			Form 990 (2010)

C C C C C C C C C C	Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	oyee	s, a	nd l	High	est	Compensated Employ	rees (continued)			
Hours per week (describe hours for related organizations in Schedule O) EDWARD E. LEGASEY DIRECTOR DIRECTOR 2.00 X JOHN M. LOH DIRECTOR 2.00 X JOHN W. MARTIN DIRECTOR 3.00 X JOHN W. MARTIN DIRECTOR 3.00 X JOHN W. MARTIN DIRECTOR 3.00 X JOHN W. MARTIN DIRECTOR 3.00 X JOHN W. MARTIN DIRECTOR 3.00 X JOHN W. MARTIN DIRECTOR 3.00 X JOHN W. MARTIN DIRECTOR 3.00 X JOHN W. MARTIN DIRECTOR 3.00 X JOHN W. MARTIN DIRECTOR 3.00 X JOHN W. MARTIN DIRECTOR 3.00 X JOHN W. MARTIN DIRECTOR 3.00 X JOHN W. MARTIN DIRECTOR 3.00 X JOHN W. MARTIN DIRECTOR 3.00 X JOHN W. MARTIN DIRECTOR 3.00 X JOHN W. MARTIN DIRECTOR 3.00 X JOHN W. MARTIN DIRECTOR 3.00 X JOHN W. MARTIN DIRECTOR 3.00 X JOHN W. MARTIN DIRECTOR 3.00 X JOHN W. MARTIN DIRECTOR 3.00 X JOHN W. MARTIN D		(B)			(0	C)						(F)	
Week (describe hours for related organizations in Schedule Organization in Schedule Orga	Name and title		l						Reportable	Reportable	Est	ımate	ed
Comparisation		1	(CI	heck	all	that	app	ly)	1 '	'			of
EDWARD E. LEGASEY DIRECTOR 2.00 X 0.0.0.0.0. JOHN M. LOH DIRECTOR 2.00 X 0.0.0.0.0. JERROLD T. LUNDQUIST DIRECTOR 2.00 X 0.0.0.0.0.0. PAUL S. MADERA DIRECTOR 2.00 X 0.0.0.0.0.0. AUTHORITY DIRECTOR 2.00 X 0.0.0.0.0.0.0. 0.0.0.0.0.0.0.0.0.0.0		1	į						· ·		i		
EDWARD E. LEGASEY DIRECTOR 2.00 X 0.0.0.0.0. JOHN M. LOH DIRECTOR 2.00 X 0.0.0.0.0. JERROLD T. LUNDQUIST DIRECTOR 2.00 X 0.0.0.0.0.0. PAUL S. MADERA DIRECTOR 2.00 X 0.0.0.0.0.0. AUTHORITY DIRECTOR 2.00 X 0.0.0.0.0.0.0. 0.0.0.0.0.0.0.0.0.0.0		1 '	rdirec				pg.						
EDWARD E. LEGASEY DIRECTOR 2.00 X 0.0.0.0.0. JOHN M. LOH DIRECTOR 2.00 X 0.0.0.0.0. JERROLD T. LUNDQUIST DIRECTOR 2.00 X 0.0.0.0.0.0. PAUL S. MADERA DIRECTOR 2.00 X 0.0.0.0.0.0. AUTHORITY DIRECTOR 2.00 X 0.0.0.0.0.0.0. 0.0.0.0.0.0.0.0.0.0.0		related	stee o	ustee			ensat			(11 2 1000 111100)	F		
EDWARD E. LEGASEY DIRECTOR 2.00 X 0.0.0.0.0. JOHN M. LOH DIRECTOR 2.00 X 0.0.0.0.0. JERROLD T. LUNDQUIST DIRECTOR 2.00 X 0.0.0.0.0.0. PAUL S. MADERA DIRECTOR 2.00 X 0.0.0.0.0.0. AUTHORITY DIRECTOR 2.00 X 0.0.0.0.0.0.0. 0.0.0.0.0.0.0.0.0.0.0		1 -	al tru:	nal tr		loyee	E S		, ,				
EDWARD E. LEGASEY DIRECTOR 2.00 X 0.0.0.0.0. JOHN M. LOH DIRECTOR 2.00 X 0.0.0.0.0. JERROLD T. LUNDQUIST DIRECTOR 2.00 X 0.0.0.0.0.0. PAUL S. MADERA DIRECTOR 2.00 X 0.0.0.0.0.0. AUTHORITY DIRECTOR 2.00 X 0.0.0.0.0.0.0. 0.0.0.0.0.0.0.0.0.0.0			divid	atte	ficer	yemp	ghest	i mer			orgar	nızatı	ons
DIRECTOR		0)	=	=	Ē	2	3 2	1 2		! !			
JOHN M. LOH DIRECTOR DI										_			_
DIRECTOR 2.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		2.00	X				_		0.	0.	ļ		<u> </u>
JERROLD T. LUNDQUIST	•							ļ					
DIRECTOR		2.00	Х	<u> </u>			_	<u> </u>	0.	0.			<u> </u>
PAUL S. MADERA DIRECTOR 2.00 X 0.0.0.0. JOHN W. MARTIN DIRECTOR 2.00 X 0.0.0.0. RICHARD D. MCCONN DIRECTOR 2.00 X 0.0.0.0. GILBERT D. MOOK DIRECTOR 2.00 X 0.0.0.0. 0.0.0.0. MICHAEL PARKINSON DIRECTOR 2.00 X 0.0.0.0.0. MICHAEL PARKINSON DIRECTOR 2.00 X 0.0.0.0.0. 0.0.0.0.0.0. The Sub-total C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1	-						ĺ						
DIRECTOR 2.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		2.00	Х				_		0.	0.			<u> </u>
JOHN W. MARTIN DIRECTOR 2,00 X D. 0. 0. 0. 0. 0. 0. 0.	PAUL S. MADERA												
DIRECTOR 2.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	DIRECTOR	2,00	Х						0.	0.			0.
RICHARD D. MCCONN DIRECTOR 2.00 X 0.0.0.0.0 GILBERT D. MOOK DIRECTOR 2.00 X 0.0.0.0.0 MICHAEL PARKINSON DIRECTOR 2.00 X 0.0.0.0 0.0.0 HARRY J. PEARCE DIRECTOR 2.00 X 0.0.0 0.0.0 1b Sub-total 70,000.0 1 Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1	JOHN W. MARTIN												
DIRECTOR 2.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	DIRECTOR	2,00	Х			<u> </u>	L		0.	0.			0.
GILBERT D. MOOK DIRECTOR 2.00 X 0.0.0.0. MICHAEL PARKINSON DIRECTOR 2.00 X 0.0.0.0.0. HARRY J. PEARCE DIRECTOR 2.00 X 0.0.0.0.0. 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization	RICHARD D. MCCONN		į										
DIRECTOR 2.00 X 0. 0. 0. MICHAEL PARKINSON DIRECTOR 2.00 X 0. 0. 0. 0. HARRY J. PEARCE DIRECTOR 2.00 X 0. 0. 0. 0. 1b Sub-total c Total from continuation sheets to Part VII, Section A 159,500. 0. 31,555. d Total (add lines 1b and 1c) 70,000 in reportable compensation from the organization ► 1	DIRECTOR	2.00	Х						0.	0.			0.
MICHAEL PARKINSON DIRECTOR 2.00 X 0.0.0.0. HARRY J. PEARCE DIRECTOR 2.00 X 0.0.0.0. 0.0.0. 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization	GILBERT D. MOOK		1		İ								
DIRECTOR 2.00 X 0.0.0.0.0. HARRY J. PEARCE DIRECTOR 2.00 X 0.0.0.0.0. 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization	DIRECTOR	2.00	Х		L	L			0.	0.			0.
HARRY J. PEARCE DIRECTOR 2.00 X 0.0.0.0. 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization	MICHAEL PARKINSON												
DIRECTOR 2.00 X 0.0.0.0.0.1 Sub-total Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization	DIRECTOR	2.00	Х						0,	0.			0.
1b Sub-total 70,000. 0. 0. c Total from continuation sheets to Part VII, Section A 159,500. 0. 31,555. d Total (add lines 1b and 1c) 229,500. 0. 31,555. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶	HARRY J. PEARCE		l	'									
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization	DIRECTOR	2.00	Х						0.	0.			0.
d Total (add lines 1b and 1c) 229,500. 0. 31,555. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization	1b Sub-total								70,000.	0.			0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization	c Total from continuation sheets to Part V	II, Section A							159,500.	0.		31,	555.
compensation from the organization 1	d Total (add lines 1b and 1c)								229,500.	0.		31,	555.
	2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wl	no re	eceived more than \$100	,000 in reportable			
Yes No	compensation from the organization								<u> </u>				1
												Yes	No

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RUFFALOCODY LLC, 65 KIRKWOOD NORTH RD SW,		
CEDAR RAPIDS, IA 52406	THIRD-PARTY SOLICITATION	135,772.
ARTHUR SCHWARTZ, 13535 ASHBROOK HGHTS,		
#304, COLO SPRINGS, CO 80921	ACADEMICS - TEACHING	121,980.
		
Total number of independent contractors (including but not limited	d to those listed above) who received more than	

\$100,000 in compensation from the organization

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2010)

Part VII Section A. Officers, Directors (A)	(B)	I	yee	ə, d //	<u>u r</u>	ngii	col	(D)	(E)	(E)
Name and title	(B) Average			(C Posi				(D) Reportable	(E) Reportable	(F) Estimated
name and title	hours	(cl		ros all t			ly)	compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee			Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
		ndividu	Institutii	Officer	Key employee	Highest	Former			
TERRENCE L. PETRZELKA		-	F		_	_				
DIRECTOR	2.00	х						0.	0.	0
CHARLES E. PHILLIPS, JR										
DIRECTOR	2.00	х	1					0.	0.	0
GREGG C. POPOVICH										
DIRECTOR	2.00	х						0.	0.	0
MICHAEL E. RYAN			T						-	
DIRECTOR	2.00	х	L	L				0.	0.	0
HARVEY W. SCHILLER										
DIRECTOR	2.00	х	L					0.	0.	0
RICHARD T. SCHLOSBERG										
DIRECTOR	2.00	х						0.	0.	0
DANIEL J. SCHNEPF										
DIRECTOR	2.00	х						0.	0.	0
JAMES A. SHAW										
DIRECTOR	2,00	х						0.	0.	0
WILLIAM H. SIMPSON										
DIRECTOR	2.00	Х						0.	0.	0
F. KEITH WITHYCOMBE										
DIRECTOR	2,00	х						0.	0.	0
MICHAEL W. WYNNE										
DIRECTOR	2,00	х						0.	0.	0
RONALD W. YATES										
DIRECTOR	2.00	Х						0.	0.	0
R. DAVID YOST										
DIRECTOR	2.00	Х						0.	0.	0
MARK D. HILLE	•							ı		
VP, DEVELOPMENT	40.00			Х		Х		107,250.	0.	22,519
GREGORY KNEDLER										
ASSOC VP, DEVELOPMENT	40.00			х				52,250.	0.	9,036
										
		L								
Total to Part VII, Section A, line 1c								159,500.		31,555

				NDOWMENT, IN	c.			26-0537053	Page 9
Pa	rt V	411	Statement of Rever	nue	· ••				
	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts 1ts	1	а	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts		b	Membership dues	1b					
ts,		С	Fundraising events	1c	41,735.				
<u>iai</u>			Related organizations	1d					
im,			Government grants (contribut						
er s		f	All other contributions, gifts, gran	ł I					
ēŧ			similar amounts not included abo	ve 1f	14,533,790.				
o c		-	Noncash contributions included in lines	s 1a-1f \$	3,107,528.	14 575 505			
0 8		h	Total. Add lines 1a-1f		▶	14,575,525.			
4	_				Business Code				
/ice	2								
Ser		b							
Ner S		c d					 		
Program Service Revenue		e							
Pro		f	All other program service reve	enue					
			Total. Add lines 2a-2f		•				
	3		Investment income (including	dividends, intere	est, and				
			other similar amounts)		>	105,343.			105,343.
	4		Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5		Royalties	<u></u>	▶				
				(ı) Real	(II) Personal				
	6	а	Gross Rents						
		b	Less rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)	F"	•				
	7	а	Gross amount from sales of	(i) Securities	(II) Other				
			assets other than inventory	5,970,861.					
		D	Less cost or other basis	5,761,386.	,				
		_	and sales expenses Gain or (loss)	209,475.					
			Net gain or (loss)		<u>'</u>	209,475.			209,475.
			Gross income from fundraisin	na events (not					,
Other Revenue		_		,735. of					
eve			contributions reported on line	to) See					
<u>بر</u> 50			Part IV, line 18	a	14,794.]		
the		b	Less. direct expenses	b	70,096.				
٠			Net income or (loss) from fund	_		-55,302.			-55,302.
	9	а	Gross income from gaming ad	ctivities See	j				
			Part IV, line 19	а	<u> </u>				
			Less. direct expenses	b	L				
			Net income or (loss) from gan						
	10	а	Gross sales of inventory, less						
			and allowances	a			1		
			Less: cost of goods sold	b				j	
		C	Net income or (loss) from sale		Business Code				
	44	_	Miscellaneous Revenu	je	Business Code 900099	64.			64.
	• •	a b				34.	 		
		C							
			All other revenue						
			Total. Add lines 11a-11d			64.			
	12		Total revenue. See instructions.			14,835,105.	0.	0.	259,580.
03200 12-21)9 - 10								Form 990 (2010)

Part IX | Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	11,723,895.	11,723,895.		
2	Grants and other assistance to individuals in				<u></u>
	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				-
	trustees, and key employees	261,055.		74,222.	186,833
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	542,613.		158,651.	383,962
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	56,406.		11,762.	44,644
9	Other employee benefits	57,382.		10,970.	46,412
10	Payroll taxes	55,529.		17,075.	38,454
11	Fees for services (non-employees)	Ì			
а	Management				
b	Legal	10,739.		10,739.	
C	Accounting	67,096.		67,096.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	126,597.			126,597
f	Investment management fees				
g	Other	2,028.		2,028.	
12	Advertising and promotion	9,627.		6,310.	3,317
13	Office expenses	20,346.		9,177.	11,169
14	Information technology	8,459.		5,286.	3,173
15	Royalties				
16	Occupancy	86,000.		24,152.	61,848
17	Travel	76,584.	75.	8,875.	67,634
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				· · · · · · · · · · · · · · · · · · ·
19	Conferences, conventions, and meetings	56,777.	3,847.	38,363.	14,567
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,228.		7,886.	7,342
23	Insurance	7,899.		7,899.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	PRINTING & COPYING	128,754.		6,422.	122,332
b	POSTAGE & SHIPPING	41,716.		3,383.	38,333
С	BANK CHARGES	22,506.		22,506.	
d	OTHER EXPENSES	20,943.		727.	20,216
е	TICKET PURCHASES	14,670.	3,700.		10,970
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	13,412,849.	11,731,517.	493,529.	1,187,803
26	Joint costs. Check here ▶				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

032010 12-21-10

Form **990** (2010)

Part	<u> </u>	Balance Sheet		(A)		(B)
				Beginning of year		End of year
T	1	Cash · non-interest-bearing			1	
	2	Savings and temporary cash investments	[2,027,035.	2	6,721,586
	3	Pledges and grants receivable, net	ſ	7,064,667.	3	12,368,419
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key	Ţ			
		employees, and highest compensated employees. Complete Part II				
		of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section	ſ			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	g			
		employers and sponsoring organizations of section 501(c)(9) voluntary			. 1	
		employees' beneficiary organizations (see instructions)			6	
Assets	7	Notes and loans receivable, net	[7	
2	8	Inventories for sale or use			8	
1	9	Prepaid expenses and deferred charges		11,608.	9	21,725
	10a	Land, buildings, and equipment cost or other				
1		basis Complete Part VI of Schedule D 10a	85,703.			
	b	Less accumulated depreciation 10b	34,330.	32,127.	10c	51,373
	11	Investments - publicly traded securities	L	3,887,798.	11	4,357,437
1	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11	L		13	
	14	Intangible assets	L		14	
	15	Other assets See Part IV, line 11		192,817.	15	208,242
_	16	Total assets. Add lines 1 through 15 (must equal line 34)		13,216,052.	16	23,728,782
	17	Accounts payable and accrued expenses	L	57,219.	17	2,392,385
	18	Grants payable	1		18	6,607,548
	19	Deferred revenue	-		19	
	20	Tax-exempt bond liabilities	1		20	
ß	21	Escrow or custodial account liability Complete Part IV of Schedule D	1		21	
	22	Payables to current and former officers, directors, trustees, key emplo				
Liabilities		highest compensated employees, and disqualified persons Complete	Part II			
1		of Schedule L	1		22	
- 1	23	Secured mortgages and notes payable to unrelated third parties	-		23	
	24	Unsecured notes and loans payable to unrelated third parties	-		24	
	25	Other liabilities. Complete Part X of Schedule D	-	57.010	25	2 222 222
-	26	Total liabilities. Add lines 17 through 25		57,219.	26	8,999,933
		Organizations that follow SFAS 117, check here	nplete			
Net Assets of rund balances		lines 27 through 29, and lines 33 and 34.		05 220		252 670
	27	Unrestricted net assets	-	95,338.	27	353,670
3	28	Temporarily restricted net assets	-	13,063,495.	28	14,375,179
}	29	Permanently restricted net assets		 	29	
		· · · · · · · · · · · · · · · · · · ·	and			
5		complete lines 30 through 34.	:		20	
	30 24	Capital stock or trust principal, or current funds			30	-
3	31	Paid-in or capital surplus, or land, building, or equipment fund	-		31	
	32	Retained earnings, endowment, accumulated income, or other funds	-	13,158,833.	32	14,728,849
- 1	33	Total net assets or fund balances	-	13,138,833.	33	
	34	Total liabilities and net assets/fund balances		13,210,032.	34	23 , 728 , 782 Form 990 (2010

Form **990** (2010)

Form	1990 (2010) USAFA ENDOWMENT, INC.	26-0537053		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14	,835	<u>,105</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	13	,412	,849.
3	Revenue less expenses Subtract line 2 from line 1	3	1	,422	,256.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13	,158	,833.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		147	,760.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	14	,728	,849.
Pa	rt XII Financial Statements and Reporting	·			
	Check if Schedule O contains a response to any question in this Part XII				<u>x</u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit			
	Act and OMB Circular A-133?		3a		х

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

USAFA ENDOWMENT, INC.

Employer identification number 26-0537053

Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t.) See ins	tructions		
The organ	ization is not a	a private foundation	because it is. (For lines	1 through	11, check	only one b	ox.)			- · · · -
1 🔲	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).		
2 🔲	A school des	scribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)						
з 🔲	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).			
4 🔲	A medical re	search organization	operated in conjunction	with a hos	pıtal desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital's name,
	city, and stat	te								
5 X	-		benefit of a college or ui	niversity ov	wned or op	perated by	a govern	mental uni	t describe	ed in
	_)(b)(1)(A)(iv). (Comple	-	•	•	-	Ū			
6 🗀			ent or governmental uni	t describe	d ın sectio	n 170(b)(1	1)(A)(v).			
7			eives a substantial part					or from the	general r	oublic described in
	J	(b)(1)(A)(vi). (Comple	•			J			1	
в 🗀		. ,, ,, ,, , ,	ection 170(b)(1)(A)(vi).	(Complete	Part II)					
9 🗀	-		eives (1) more than 33			rom contri	butions. n	nembershi	p fees, ar	nd gross receipts from
	-	=	nctions - subject to certa							
		•	axable income (less sect	•	•	•			• •	_
		509(a)(2). (Complete	•		•		•	, ,		,
10 🔲		· · · · · ·	perated exclusively to te	st for publ	c safety S	See sect io	n 509(a)(4	4).		
11	_		perated exclusively for the						y out the	purposes of one or
	_	- ·	ations described in secti							
		,	organization and compl		-		,	`	~ ,	
	a Type			тур			tegrated		d 🗀	Type III - Other
е 🗀			at the organization is not			•	•	r more dis	aualified i	* *
		=	han one or more publicly							
f		•	ten determination from		_				` / /	· ()()
-	•	organization, check th			,		, , ,,,			
g		•	organization accepted ar	nv aift or c	ontribution	from anv	of the foll	owing per	sons?	
3	•		irectly controls, either al							Yes No
			upported organization?	J		•		,,,,,		11g(i)
	•		n described in (i) above?	•						11g(n)
		•	person described in (i)		e?					11g(iii)
h			about the supported or							
		J	• •	_	. ,					
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	rganization	(v) Did you	u notify the	(vi) ls	the	(vii) Amount of
• •	anization	(1.72.11	organization (described on lines 1-9	in col. (i) h	sted in your	organizat	ion in col.	rorganizatio i (i) organiz	ed in the l	support
			above or IRC section	governing document? (i) of your support		r support?	U.S	?	••	
			(see instructions))	Yes	No	Yes	No	Yes	No	
										<u> </u>
]]	
	-									
				<u> </u>			<u> </u>	<u> </u>	l	
		<u>L</u>		<u> </u>			<u>L</u>	L	<u> </u>	
				L		l	[
Total				<u></u>						
LHA For F	Paperwork Re	eduction Act Notice	, see the Instructions f	or				Schedul	e A (Forn	n 990 or 990-EZ) 2010

032021 12-21-10

Form 990 or 990-EZ.

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

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

Sec	ction A. Public Support			-				
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and					-		
	membership fees received (Do not			l				
	ınclude any "unusual grants.")		5,231,892.	6,836,304.	2,582,923.	14,575,525.	29,226,644.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf			ł				
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3		5,231,892.	6,836,304.	2,582,923.	14,575,525.	29,226,644.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly			Ī				
	supported organization) included]					
	on line 1 that exceeds 2% of the							
	amount shown on line 11,		,					
	column (f)			ľ			12,033,313.	
6	Public support. Subtract line 5 from line 4						17,193,331.	
	ction B. Total Support			•		•		
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
7	Amounts from line 4		5,231,892.	6,836,304.	2,582,923.	14,575,525.	29,226,644.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources		2,920.	29,576.	78,294.	105,343.	216,133.	
9	Net income from unrelated business							
_	activities, whether or not the			į				
	business is regularly carried on							
10	Other income Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part IV.)			İ				
11	Total support. Add lines 7 through 10					-	29,442,777.	
	Gross receipts from related activities,	etc (see instructi	ons)	•	-	12		
	First five years. If the Form 990 is for			l, fourth, or fifth ta	x year as a sectio	n 501(c)(3)		
	organization, check this box and stor	here			_		▶ X	
Se	ction C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2010 (line 6, column (f) d	ivided by line 11, co	olumn (f))		14	%	
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	%	
16a	33 1/3% support test - 2010.If the o	rganization did no	t check the box on	line 13, and line 14	4 is 33 1/3% or m	ore, check this box	and	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶	
b	33 1/3% support test - 2009.If the o	rganization did no	t check a box on lin	e 13 or 16a, and l	ine 15 is 33 1/3%	or more, check the	s box	
	and stop here. The organization qual	ifies as a publicly	supported organiza	tion			▶□	
17a	10% -facts-and-circumstances tes	t - 2010. If the org	anization did not ch	eck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,	
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop he	ere. Explain in Pai	rt IV how the organ	ization	
	meets the "facts-and-circumstances"	test The organiza	ation qualifies as a p	oublicly supported	organization		ightharpoons	
E	10% -facts-and-circumstances tes	t - 2009. If the org	anızatıon dıd not ch	eck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or	
	more, and if the organization meets the	he "facts-and-circu	ımstances" test, ch	eck this box and s	top here. Explain	in Part IV how the		
	organization meets the "facts-and-circ	cumstances" test	The organization q	ualifies as a public	ly supported orga	anization		
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a	ind see instructions	<u>, ▶</u> □	
	Schedule A (Form 990 or 990-EZ) 2010							

Scriedule A (FORM 990 or 990-E2) 20 to

Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to
qualify under the tests listed below, please complete Part II.)

Sec	qualify under the tests listed better A. Public Support	elow, please com	piete Part II)				
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(6) 2010	(f) Total
	Gifts, grants, contributions, and	(a) 2000	(0) 2007	(0) 2000	(u) 2009	(e) 2010	(i) iotal
•	membership fees received. (Do not						
	include any "unusual grants ")		1		-		
	Gross receipts from admissions,		 				
2	merchandise sold or services per-						
	formed, or facilities furnished in				1		
	any activity that is related to the						
	organization's tax-exempt purpose					+	
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-			<u> </u>			
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
	ŭ l			-			
	Total. Add lines 1 through 5					+	
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons		1		ļ		
h	Amounts included on lines 2 and 3 received					1	
	from other than disqualified persons that		ł				
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year					 	
	Add lines 7a and 7b				ļ	 	
	Public support (Subtract line 7c from line 6) tion B. Total Support		l	<u> </u>	l		
	ndar year (or fiscal year beginning in)	(=) 200C	(h) 2007	(-) 2000	14,0000	(a) 0010	(6) T-4-1
	Amounts from line 6	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gross income from interest,						
iva	dividends, payments received on						
	securities loans, rents, royalties				Į		
	and income from similar sources Unrelated business taxable income	 				 	
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			[
	' ' '				<u></u>		
	Add lines 10a and 10b Net income from unrelated business					+	
••	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12)	Abo evenestical	S first assessed that			501/-)/2)	
14	First five years. If the Form 990 is for	the organization	s nrst, secona, tnir	a, tourth, or titth ta	ax year as a secti	on 50 r(c)(3) organiz	ation,
Sec	check this box and stop here tion C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2010 (li		-	acluma (fl)		145	
	Public support percentage from 2009	= :	•	Column (i))		15	<u>%</u>
	tion D. Computation of Inves					110 1	
	Investment income percentage for 20			ne 13. column (A)		17	0/
	Investment income percentage from 2			ie 13, column (i))		18	<u>%</u>
	33 1/3% support tests - 2010. If the			on line 14, and line	a 15 is more than	<u> </u>	
	more than 33 1/3%, check this box ar	•				•	, is not
	33 1/3% support tests - 2009. If the	•					and
	line 18 is not more than 33 1/3%, che	•				·	a.iu
			-	•		•	
20	Private foundation. If the organization	i did flot check a	DUX OIT IIITE 14, 19	a, or 190, crieck tr	iis DOX ariu see ir	ISTUUCTIONS	

032023 12-21-10

Schedule A (Form 990 or 990-EZ) 2010

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	USAFA ENDOWMENT, INC.	LE L. Oll. O. T.	26-0537053
Pai			or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	d funds
9	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
6	for charitable purposes and not for the benefit of the donor o		
		is donor advisor, or for any other purpose of	Yes No
Pai	mpermissible private benefit? † II Conservation Easements. Complete if the org	ganization answered "Ves" to Form 990. Pai	- -
Ц			it iv, mie 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e g , recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certific	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a conservation easement on the last
	day of the tax year		<u> </u>
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stri	• •	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the c	organization during the tax
	year >		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements dur	ring the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		•
-	and section 170(h)(4)(B)(ii)?	, , ,	Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense s	statement, and balance sheet, and
•	include, if applicable, the text of the footnote to the organizat		
	conservation easements		3
Par	t III Organizations Maintaining Collections or	f Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" to Form		
	If the organization elected, as permitted under SFAS 116 (AS		ent and balance sheet works of art.
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		, , , , , , , , , , , , , , , , , , , ,
h	If the organization elected, as permitted under SFAS 116 (AS		and halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
		ducation, or rescarent in further affect of publi	ie 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	and the second s	
2	If the organization received or held works of art, historical tre-		Jain, provide
	the following amounts required to be reported under SFAS 1	To (ASC 958) relating to these items:	• •
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

Bart III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3	Sche	dule D (Form 990) 2010 USAFA ENDOV	MENT, INC.						26-0537	053	P	age 2
check all that apply . a	Par	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures,	or Othe	er Sim	lar Asse	ets (con	inued	"
a Public exhibition d	3	.Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	at are a s	ignifican	t use of its	collection	n iten	ns
b Scholarly research e Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be seld to raise funds a maintained say part of the organization collection? Yes No Part IV Scrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV, line 21 1b II "Yes", explain the arrangement in Part XIV and complete the following table 1 C. 2 Beginning balance 2 Bod the organization during the year 1 Ending balance 2 Bod the organization during the year 1 Ending balance 2 Bod the organization during the year 3 Bognining of year balance 4 Administrative expenses 5 Contributions 6 Not investment earnings, gains, and losses 6 Contributions 7 Not investment earnings, gains, and losses 9 End of year balance 9 Prowde the estimated percentage of the year end balance held as: 1 Bod of year balance 9 Prowde the estimated percentage of the year end balance held as: 1 Bod of year balance 9 Prowde the estimated percentage of the year end balance held as: 1 Bod of year balance 9 Prowde the estimated percentage of the year end balance held as: 1 Bod of year balance 9 Prowde the estimated percentage of the year end balance held as: 1 Bod of year balance 1 Contributions 1 If "Yes" to Salid, are the related organizations lested as required on Schedule R? 4 Description of investment 1 (a) Cost or other balance 1 (b) Cost or other balance 1 (c) Accumulated depreciation 1 (d) Book value basis (investment) 1 (a) Cost or other balance 1 (b) Cost or other balance 1 (c) Accumulated 1 (d) Book value 1 (d) Book value 1 (d) Book value 2 (d)		(check all that apply).										
C Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicitor or receive donations of art, historical freasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Secrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table C Beginning balance c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other exponditures for facilities and programs f Administrative expenses g End of year balance b Permanent endowment	а	Public exhibition	c	ا ليا ا	Loan or exc	hange progra	ams					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research	e	, 🗀 (Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as pair of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 Is the organization an apent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following table Amount	С	Preservation for future generations										
To be sold to rase funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explai	n how th	ney further tl	he organizati	on's exe	mpt pur	oose in Pa	rt XIV		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 Is it the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If 'Yes,' explain the arrangement in Part XIV and complete the following table Comparison or Compariso	5	During the year, did the organization solicit of	or receive donations	of art, his	storical trea	sures, or oth	er sımılaı	r assets				
reported an amount on Form 990, Part X, Ime 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, Ime 21? b If "Yes," explain the arrangement in Part XIV Part V Endowment Funds, Complete if the organization answered "Yes" to Form 990, Part IV, line 10 Part V Endowment Funds, Complete if the organization answered "Yes" to Form 990, Part IV, line 10 Amount		to be sold to raise funds rather than to be m	aintained as part of	the orgar	nization's co	ollection?				Yes		<u> No</u>
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered	"Yes" to	Form 99	0, Part IV,	line 9, oi		
on Form 990, Part X? If Yes, "explain the arrangement in Part XIV and complete the following table Ramount Complete		reported an amount on Form 990, Pa	rt X, line 21			<u> </u>						
b If "Yes," explain the arrangement in Part XIV and complete the following table: Amount	1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for o	contribution	ns or other as	sets not	include	<u> </u>	_		_
C Beginning balance 1.1 c 1.2 1		on Form 990, Part X?								_ Yes	L.	No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? Ves	b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing t	table							
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21?										Amour	t	
te Ending balance Ending balance Ending balance Ending balance Describer in Part XIV Fart V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 Table Beginning of year balance Contributions Contri	С	Beginning balance						1c				
If	d	Additions during the year						1d				
Did the organization include an amount on Form 990, Part X, line 21? Yes No b if Yes, explain the arrangement in Part XIV	е	Distributions during the year						1e				
Billower First Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10	f	Ending balance						1f				
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	2a	Did the organization include an amount on F	orm 990, Part X, line	21?					L_	Yes	L	J No
(a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back	_											
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	1						
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶			(a) Current year	(b) Pi	rıor year	(c) Two yea	rs back	(d) Three	years back	(e) Fou	r years	back
C Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	1a	Beginning of year balance							•	ļ		
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	b	Contributions								ļ		
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	С	Net investment earnings, gains, and losses								ļ <u>.</u>		
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Term endowment ▶ % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations b if "Yes" to 3a(ii) ag	d	Grants or scholarships								<u> </u>		
g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	е	Other expenditures for facilities										
g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶		and programs								<u> </u>		
Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	f	Administrative expenses								ļ		
Board designated or quasi-endowment	g									<u>L</u>		
b Permanent endowment % c Term endowment	2		ar end balance held a									
c Term endowment ▶	а			_%								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other												
Yes No			. · ·									
(i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other	3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	nd administe	ered for t	he orgar	iization			r
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (other) basis (other) c Leasehold improvements d Equipment d Equipment d Equipment d Other Other		-								- 1×	Yes	No
b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings c Leasehold improvements d Equipment		-										
4 Describe in Part XIV the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other Other 1a Land 1b Equipment 1b Equipment 1c Leasehold improvements 1c Leasehold improvements 1d Land												<u> </u>
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (investment) (b) Cost or other depreciation (d) Book value 1a Land b Buildings c Leasehold improvements d Equipment 41,757. 9,974. 31,783. e Other		,,,	·							36		<u> </u>
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (a) Book value (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Cost or other basis (other) (f) Accumulated depreciation (g) Accumulated depreciation (h) Cost or other basis (other) (ii) Accumulated depreciation (iii) Book value (iii) Book value (iii) Book value (iii) Accumulated depreciation (iii) Book value (iii) Book value (iii) Book value (iii) Book value (iii) Book value (iii) Book value (iii) Book value (iii) Book value (iii) Book value (iii) Book value (iii) Book value												
basis (investment) basis (other) depreciation 1a Land	Lai					or other	/=\ A		tod	/al\ D = -	le veli:	
1a Land		Description of investment	1 ',							(a) Boo	k valu	E
b Buildings c Leasehold improvements d Equipment 41,757. 9,974. 31,783. e Other 43,946. 24,356. 19,590.	10	land		7								
c Leasehold improvements d Equipment 41,757. 9,974. 31,783. e Other 43,946. 24,356. 19,590.	-											
d Equipment 41,757. 9,974. 31,783. e Other 43,946. 24,356. 19,590.		•							+			
e Other 43,946. 24,356. 19,590.		•	-			41,757		9	974.		31	783.
		• •										
			egual Form 990, Part	X, colun	nn (B), line 1							

Schedule D (Form 990) 2010

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.)		
Part VIII Investments - Program Related	See Form 990, Part X, line 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶	>	
Part IX Other Assets. See Form 990, Part X,	line 15	
	(a) Description	(b) Book valu
(1)	(a) Description	(b) Book valu
	(a) Description	(b) Book valu
(1)	(a) Description	(b) Book valu
(1) (2)	(a) Description	(b) Book valu
(1) (2) (3)	(a) Description	(b) Book valu
(1) (2) (3) (4) (5)	(a) Description	(b) Book valu
(1) (2) (3) (4)	(a) Description	(b) Book valu
(1) (2) (3) (4) (5) (6)	(a) Description	(b) Book valu
(1) (2) (3) (4) (5) (6) (7)	(a) Description	(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8)	(a) Description	(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B)	line 15.)	(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part	line 15.)	(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B)	line 15.) : X, line 25.	(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part	line 15.) : X, line 25.	>
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part . (a) Description of liability	line 15.) : X, line 25.	>
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes	line 15.) : X, line 25.	>
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part . (a) Description of liability (1) Federal income taxes (2)	line 15.) : X, line 25.	>
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3)	line 15.) : X, line 25.	>
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4)	line 15.) : X, line 25.	>
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	line 15.) : X, line 25.	>
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	line 15.) : X, line 25.	>
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	line 15.) : X, line 25.	>
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	line 15.) : X, line 25.	>
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	line 15.) : X, line 25.	>

	dule D (Form 990) 2010 USAFA ENDOWMENT, INC.			26-0537053	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	cial Stat	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		14,835,105.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		13,412,849.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		1,422,256.
4	Net unrealized gains (losses) on investments		4		132,335.
5	Donated services and use of facilities		5		
6	Investment expenses		6		-
7	Prior period adjustments		7		
8	Other (Describe in Part XIV)		8		15,425.
9	Total adjustments (net) Add lines 4 through 8		9		147,760.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar		10		1,570,016.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents with Revei	nue per i	T	
1	Total revenue, gains, and other support per audited financial statements			1	15,052,961.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1			
a	Net unrealized gains on investments	2a	132,335	4 1	
ь	Donated services and use of facilities	2b		4	
С.	Recoveries of prior year grants	2c	05 521	↓ ∤	
d	Other (Describe in Part XIV.)	2d	85,521	┤	212 056
e	Add lines 2a through 2d			2e	217,856.
3	Subtract line 2e from line 1			3	14,835,105.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 4-1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIV) Add lines 4a and 4b	4b		1 . 1	0.
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			4c	14,835,105.
5 Pai	t XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	nses per		14,033,103.
1	Total expenses and losses per audited financial statements	onto With Expe	ооо ро.	1	13,482,945.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			- '	10,100,510.
a	Donated services and use of facilities	2a			
þ	Prior year adjustments	2b		1 1	
c	Other losses	2c		1 1	
d	Other (Describe in Part XIV)	2d	70,096	1	
e	Add lines 2a through 2d			2e	70,096.
3	Subtract line 2e from line 1			3	13,412,849.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	4b		1	
	Add lines 4a and 4b			4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	13,412,849.
Pai	t XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp				
PART	XII, LINE 2D - OTHER ADJUSTMENTS:				
CHAN	GE IN VALUE OF SPLIT INTEREST AGREEMENT: 15,425	15,425.			
RECL	ASSIFICATION OF EVENT EXPENSES	70,096.			
TOTA	L TO SCHEDULE D, PART XII, LINE 2D	85,521.		 	
PART	XIII, LINE 2D - OTHER ADJUSTMENTS:				
RECL	ASSIFICATION OF EVENT EXPENSES	70,096.			
032054 12-20-				Schedule D (F	orm 990) 2010

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

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

Inspection

Name of the organization							Employer ide	ntification number
USAFA ENDO	WMENT, INC.						26-0537053	
Part I Fundraising Activities required to complete this part	- Complete if the organ rt.	ization answe	ered "\	es" to	Form 990, Part IV,	line 17	Form 990-EZ	filers are not
Indicate whether the organization rai	e s f g or oral agreement with a Part VII) or entity in conn lividuals or entities (fund	Solicitat Solicitat Special sny individual anction with p	tion of tion of fundra (includerofess	non-g gover using d ding o ional f	overnment grants nment grants events fficers, directors, trui undraising services?	stees :	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	,	(III) fundr have cr or con contribi	trol of	(iv) Gross receipts from activity	to (or fu	mount paid retained by) undraiser ed in col (i)	(vi) Amount paid to (or retained by) organization
RUFFALOCODY LLC - 65 KIRKWOOD			Yes	No				
NORTH RD SW, CEDAR RAPIDS, IA	SOLICITATION OF DO	ONATIONS		Х	865,298.		135,772.	729,526.
								<u> </u>
								· · · ·
		**	-					
Total 3 List all states in which the organization	on is registered or license	end to solicit		▶	865,298.	1 1 10 0	135,772.	729,526.
or licensing.	on is registered of licens	ed to solicit (CONTRIB	utions	or has been notified	π is ε	exempt from re	gistration
				•••				

032081 01-13-11

Schedule G (Form 990 or 990-EZ) 2010

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SEE PART IV FOR CONTINUATIONS

Pa	ırt l					
	<u></u>	of fundraising event contributions and gre				ots greater than \$5,000
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			COMODORM DINIED	PREGAME- NEW YORK	NONE	(add col (a) through
			SCOWCROFT DINNER (event type)	(event type)	(total number)	col (c))
ЭŬ	ļ		(event type)	(event type)	(total flumber)	
Revenue	1	Gross receipts	47,490.	9,039.		56,529.
Œ		·				
	2	Less Charitable contributions	41,735.			41,735.
	١_		5 755	9,039.		14 704
	3	Gross income (line 1 minus line 2)	5,755.	9,039.		14,794.
	4	Cash prizes				!
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages	39,843.	12,001.		51,844.
	8	Entertainment				
	9	Other direct expenses	7,922.	10,330.		18,252.
	10	•	9 in column (d)	· · · · · · · · · · · · · · · · · · ·	>	(70,096)
		Net income summary Combine line 3, column	n (d), and line 10		<u> </u>	-55,302.
Pa	ırt l	` ` ` `	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a	<u> </u>	(b) Pull tabs/instant		T (4) Tatal sames a fadd
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue						
Æ	1	Gross revenue				
es	2	Cash prizes			··	
ens	_					
찟	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	Ť	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	□ No	□ No	
	ŀ					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		•	(
	8	Net gaming income summary Combine line 1	, column d, and line 7		>	
		ter the state(s) in which the organization opera	· · · -			
		he organization licensed to operate gaming ac		states?		└─ Yes └─ No
Ĺ	31	No," explain	 	<u> </u>	<u> </u>	
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax y	/ear?	Yes No
		Yes," explain.	•			
	_					
	_			· · · · · · · · · · · · · · · · · · ·		
0320	82 0	I-13-11			Schedule G (Fo	rm 990 or 990-EZ) 2010

Schedule G (Form 990 or 990-EZ) 2010 USAFA ENDOWMENT, INC.	<u> 26-0537053</u>		Page 3
11 Does the organization operate gaming activities with nonmembers?		Yes	☐ No
12 Iş the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
to administer charitable gaming?		Yes	☐ No
13 Indicate the percentage of gaming activity operated in.		1	
a The organization's facility	13a	İ	%
b An outside facility	13b		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record			
Name ▶			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	∟_ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amou	nt		
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party.			
Name ▶			
Address ►			
		-	
16 Gaming manager information			
Name			
Gaming manager compensation ▶ \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?		Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	· 		
organization's own exempt activities during the tax year ▶ \$			
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colur			
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also complete this part to provide any additional info	rmation (see i	nstruc	tions)
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(I) NAME OF FUNDRAISER: RUFFALOCODY LLC			
(1) MAND OF FORDERS ROTTALOCOST INC			
(I) ADDRESS OF FUNDRAISER: 65 KIRKWOOD NORTH RD SW, CEDAR RAPIDS, IA 52406	<u>.</u>		
032083 01-13-11 Schedule G	i (Form 990 c	r 990	-EZ) 2010

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

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

▶ Attach to Form 990.

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

2 Employer identification number Schedule I (Form 990) (2010) SENTER FOR CHARACHER AND OF ORGANIZATION TO RAISE THLETIC TRAINING CENTER SUPPORT FOR THE HOLADAY O SUPPORT AGG PROGRAMS EADERSHIP DEVELOPMENT AND GENERAL ASSISTANCE ASSISTANCE AND SUPPORT SENERAL ASSISTANCE TO (h) Purpose of grant THLETIC CENTER, THE SUPPORT FOR FOOTBALL 26-0537053 ROGRAM AND GENERAL SUPPORT FOR HOLADAY or assistance SUPPORT FOUNDATION X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any PROGRAMS recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed ame and address of organization

(b) EIN

(c) IRC section

(d) Amount of cash grant

(e) Amount of valuation (book, rolling assistance)

(a) Amount of cash grant

(b) EIN

(c) IRC section

(d) Amount of cash grant

(e) Amount of cash grant

(f) Method of cash assistance

(g) Description of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash grant

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Amount of cash assistance

(h) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection MEALS, TRAVEL THIRD PARTY CONTRACTOR PAYMENTS, ISTOLS 103,778.FMV Ö ٥. 10,582,157 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 768,718. 148,848 119,390 1,003, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) 501(C)(3) Enter total number of section 501(c)(3) and government organizations 84-0580665 75-6016930 General Information on Grants and Assistance USAFA ENDOWMENT, INC criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization UNITED STATES AIR FORCE ACADEMY-COLORADO SPRINGS, CO 80840-4475 ASSOCIATION OF GRADUATES OF THE UNITED STATES AIR FORCE ACADEMY USAFA - 3116 ACADEMY DRIVE -AFA ATHLETICS - ACADEMY DR -COLORADO SPRINGS, CO 80840 COLORADO SPRINGS, CO 80840 CO 80840 Name of the organization 3116 ACADEMY DRIVE COLORADO SPRINGS, FALCON FOUNDATION ACADEMY DR Parti Part II

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Page 2 (f) Description of non-cash assistance 26-0537053 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant REGULAR CONTACT WITH THE UNITED STATES AIR FORCE ACADEMY SUPERINTENDENT AND THE AIR FORCE ATHLETIC DEPARTMENT BY MAINTAINING REGULAR CONTACT WITH THE 욘 SCHEDULE I, PART I, LINE 2: THE ORGANIZATION MONITORS THE USE OF GRANT THE ORGANIZATION MONITORS THE USE OF THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS PROVIDED FUNDS PROVIDED TO THE UNITED STATES AIR FORCE ACADEMY BY MAINTAINING GRANT FUNDS PROVIDED TO THE FALCON FOUNDATION BY MAINTAINING REGULAR (b) Number of recipients CONTACT WITH THE CHAIRMAN OF THE BOARD OF THE FALCON FOUNDATION. (a) Type of grant or assistance ATHLETIC DIRECTOR AND HIS STAFF. Schedule I (Form 990) (2010) HIS STAFF. Part III

USAFA ENDOWMENT INC.

Schedule ! (Form 990) (2010)

47

032102 01-13-11

Schedule I (Form 990) 2010 USAFA ENDOWMENT, INC.	26-0537053	Page 2
Part IV Supplemental Information		
<u></u>	<u> </u>	
PART II, LINE 1, COLUMN (H):		
NAME OF ORGANIZATION OR GOVERNMENT: UNITED STATES AIR FORCE ACADEMY		
	•	
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR HOLADAY ATHLETIC CENTER,		
THE CENTER FOR CHARACHER AND LEADERSHIP DEVELOPMENT, THE JUST-IN-TIME		
TEACHING PROGRAM AND ALUMNI AND VARIOUS OTHER USAFA PROGRAMS AND		
ACTIVITIES.		
NAME OF ORGANIZATION OR GOVERNMENT:		
UNITED STATES AIR FORCE ACADEMY- AFA ATHLETICS		
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR FOOTBALL PROGRAM AND		
GENERAL ASSISTANCE AND SUPPORT		
OF ORGANIZATION TO RAISE FUNDS FOR USAFA ATHLETICS.		
		
		· - · · · · · · · · · · · · · · · · · ·
		
to the second se		

	·	
	· · · · · · · · · · · · · · · · · · ·	
	<u></u>	

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions**

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

Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

HISAFA ENDOWMENT INC

Employer identification number

26-0537053

Pai	rt I Types of Property	<u> </u>				<u> </u>			
		(a)	(b)	(c)		(d			
		Check if	Number of	Noncash contrit amounts report		Method of d		•	
		applicable	contributions or items contributed	Form 990, Part VII	ea on I. line 1a	noncash contrib	ution a	moun	iS
1	Art - Works of art				·, ····- · · · ·				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods				,				
6	Cars and other vehicles								-
7	Boats and planes				•				
8	Intellectual property	-							
9	Securities - Publicly traded	х	15	2,982	735.	FMV			
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		<u> </u>						
21	Taxidermy								
22	Historical artifacts	<u> </u>							
23	Scientific specimens								
24	Archeological artifacts								
25	Other (CHARTERED AIR)	х	2		, .	PMV			
26	Other (FIREARMS)	х	1		, ,	PMV			
27	Other (HOSTED DINNER)	Х	1		·	PMV			
28	Other OTHER	Х	1		,276.	PMV			
29	Number of Forms 8283 received by the organi								
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement	29			0	
							_	Yes	No
30a	During the year, did the organization receive b	-		·					
	at least three years from the date of the initial	contribution	, and which is not	required to be used	for exen	npt purposes for			
	the entire holding period?						30a		Х
b	If "Yes," describe the arrangement in Part II.								l
31						31	Х	<u> </u>	
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?						32a	Х	<u> </u>
	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) f	or a type of prope	ty for which columi	n (a) is ch	ecked,			ĺ
	describe in Part II						<u></u>		<u> </u>
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule M	(Form	990) (2010)

Schedule I	M (Form 990) (2010) USAFA ENDOWMENT, INC.	26-0537053	Page 2
Part II	Supplemental Information. Complete this part to provide the information required by Par	t I. lines 30b, 32b, and 33	
	Supplemental Information. Complete this part to provide the information required by Par Also complete this part for any additional information	.,	
CCREDIII E	M, LINE 32B: USAFA ENDOWMENT USED RUFFALOCODY, A		
SCHEDURE	H, BINE 52B: USAFA EMDUMENT USED KOFFABOCODI, A		
TELEMARK	ETER, TO SOLICIT CONTRIBUTIONS.		
-		<u> </u>	
		-	
			
			
	<u></u>		.

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Employer identification number Name of the organization 26-0537053 USAFA ENDOWMENT INC FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SO AS TO ENSURE THEIR PERMANENCY AND EFFICACY IN ACCORDANCE WITH THE DONORS' INTENT. FORM 990 PART VI SECTION B, LINE 11: THE ORGANIZATION PROVIDED THE FORM 990 TO THE AUDIT COMMITTEE FOR THEIR REVIEW AND COMMENT BEFORE IT WAS FILED FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY AND ANNUALLY SOLICITS CONFLICT OF INTEREST INFORMATION FROM BOARD MEMBERS AND KEY EMPLOYEES. COMPLIANCE WITH OUR CONFLICT OF INTEREST POLICY IS EMPHASIZED DURING REGULAR BOARD MEETINGS BY THE EXECUTIVE COMMITTEE FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION FOR CEO AND OTHER OFFICERS AND KEY EMPLOYEES IS ANNUALLY DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, AZ, AR, CA, CT, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION SOLICITS CONFLICT OF INTEREST INFORMATION FROM BOARD MEMBERS AND KEY EMPLOYEES DURING REGULAR BOARD MEETINGS. THE ORGANIZATION PROVIDES KEY FINANCIAL, POLICY, AND OTHER INFORMATION TO THE PUBLIC VIA THE WEBSITE WWW.USAFAENDOWMENT.ORG. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010) 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization USAFA ENDOWMENT, INC.	Employer identification number 26-0537053
DOCUMENTS THAT ARE A MATTER OF PUBLIC RECORD AND ARE NOT AVAILABLE ON THE	
WEBSITE ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS-	
NET UNREALIZED GAINS ON INVESTMENTS: 132,335.	
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT: 15,425	
TOTAL TO FORM 990, PART XI, LINE 5 147,760.	
FORM 990, PART XII, LINE 2C, CHANGE IN OVERSIGHT OF THE AUDIT OR SELECTION	
PROCESS OF THE OVERSIGHT COMMITTEE	
NO CHANGES	
	
	· · · · · · · · · · · · · · · · · · ·
	