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Form 990

Return of Organization Exempt From Income Tax

2010

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

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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable

C Name of organization
NATIONAL MILITARY FAMILY ASSOCIATIOND Employer identification number
52-0899384

E Address change

F Name change

G Initial return

H Number and street (or P O box if mail is not delivered to street address)
2500 NORTH VAN DORN STREET

Room/suite

I Terminated

J Amended return

K Application pending

L City or town, state or country, and ZIP + 4
ALEXANDRIA, VA 22302M F Name and address of principal officer
MARY T SCOTT
2500 NORTH VAN DORN STREET 102
ALEXANDRIA, VA 22302N H(a) Is this a group return for affiliates? Yes NoO H(b) Are all affiliates included? Yes No

P If "No," attach a list (see instructions)

Q H(c) Group exemption number ►

R I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

S J Website: ► WWW.MILITARYFAMILY.ORG

T K Form of organization Corporation Trust Association Other ►

U L Year of formation 1969

V M State of legal domicile VA

W Part I Summary

X 1 Briefly describe the organization's mission or most significant activities
TO FIGHT FOR BENEFITS AND PROGRAMS THAT STRENGTHEN AND PROTECT UNIFORMED SERVICES FAMILIES AND
REFLECT THE NATION'S RESPECT FOR THEIR SERVICES

Y 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

Z 3 Number of voting members of the governing body (Part VI, line 1a)

3	23
4	23
5	43
6	212
7a	0
7b	

A 4 Number of independent voting members of the governing body (Part VI, line 1b)

B 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)

C 6 Total number of volunteers (estimate if necessary)

D 7a Total unrelated business revenue from Part VIII, column (C), line 12

E 7b Net unrelated business taxable income from Form 990-T, line 34

F 8 Contributions and grants (Part VIII, line 1h)

G 9 Program service revenue (Part VIII, line 2g)

H 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

I 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

J 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

K 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

L 14 Benefits paid to or for members (Part IX, column (A), line 4)

M 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

N 16a Professional fundraising fees (Part IX, column (A), line 11e)

O 16b Total fundraising expenses (Part IX, column (D), line 25) ► 370,331

P 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)

Q 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

R 19 Revenue less expenses Subtract line 18 from line 12

S 20 Total assets (Part X, line 16)

T 21 Total liabilities (Part X, line 26)

U 22 Net assets or fund balances Subtract line 21 from line 20

V 23 Prior Year

W 24 Current Year

X 25 9,038,007 11,405,210

Y 26 0

Z 27 46,542 50,193

A 28 5,926

B 29 9,084,549 11,461,329

C 30 228,531 410,231

D 31 0

E 32 1,657,303 1,881,118

F 33 188,703

G 34 7,290,018 7,705,824

H 35 9,175,852 10,185,876

I 36 -91,303 1,275,453

J 37 Beginning of Current Year

K 38 End of Year

L 39 5,761,986 7,018,941

M 40 538,684 315,396

N 41 5,223,302 6,703,545

O 42 Part II Signature Block

P 43 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Q 44 Sign Here

R 45 *****

S 46 Signature of officer

T 47 Date 2011-07-28

U 48 MARY T SCOTT CHAIRMAN OF BOARD

V 49 Type or print name and title

W 50 Print/Type preparer's name MARK R FRYE CPA

X 51 Preparer's signature MARK R FRYE CPA

Y 52 Date

Z 53 Check if self-employed

A 54 PTIN

B 55 Firm's name FRYE & WOLCOTT CPAS

C 56 Firm's address 9161 LIBERIA AVE SUITE 304

D 57 Phone no (703) 257-0660

E 58 MANNERAS, VA 20110

F 59 May the IRS discuss this return with the preparer shown above? (see instructions)

G 60 Yes No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1 Briefly describe the organization's mission**

MILITARY FAMILIES SERVE OUR COUNTRY WITH PRIDE, HONOR, AND QUIET DEDICATION THE NATIONAL MILITARY FAMILY ASSOCIATION IS THE LEADING NONPROFIT ORGANIZATION COMMITTED TO STRENGTHENING AND PROTECTING THE FAMILIES OF THE MEN AND WOMEN CURRENTLY SERVING, RETIRED, WOUNDED, OR FALLEN WE PROVIDE FAMILIES OF THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, AND COMMISSIONED CORPS OF THE USPHS AND NOAA WITH INFORMATION, WORK TO GET THEM THE BENEFITS THEY DESERVE, AND OFFER PROGRAMS THAT IMPROVE THEIR LIVES WE WORK INDIVIDUALLY AND WITH OTHERS TO PROMOTE AND PROTECT THE INTERESTS OF MILITARY FAMILIES OUR 41-PLUS YEARS OF SERVICE AND ACCOMPLISHMENTS HAVE MADE US A TRUSTED RESOURCE FOR MILITARY FAMILIES AND THE NATION'S LEADERS MORE THAN 200 VOLUNTEERS AND REPRESENTATIVES LOCATED IN COMMUNITIES WORLDWIDE CONTRIBUTED APPROXIMATELY 14,500 VOLUNTEER HOURS TO OUR ASSOCIATION IN 2010

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 No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 6,924,422 including grants of \$) (Revenue \$)
 YOUTH INITIATIVES THE NATIONAL MILITARY FAMILY ASSOCIATION'S OPERATION PURPLE (R) CAMP PROGRAM PROVIDES MILITARY CHILDREN WITH A TIME FOR HAVING FUN, MAKING FRIENDS, AND A REMINDER THAT THEY ARE THE NATION'S YOUNGEST HEROES THE OPERATION PURPLE (R) PROGRAM WAS CREATED IN 2004 IN RESPONSE TO PARENTS' CALL TO "HELP US HELP OUR KIDS" THE MISSION OF OPERATION PURPLE (R) PROGRAM IS TO EMPOWER MILITARY CHILDREN AND THEIR FAMILIES TO DEVELOP AND MAINTAIN HEALTHY AND CONNECTED RELATIONSHIPS, IN SPITE OF THE CURRENT MILITARY ENVIRONMENT WE DO THIS THROUGH A VARIETY OF MEANS, INCLUDING THE HELPING AND HOLISTIC ASPECT OF THE NATURAL WORLD THE PROGRAM IS JOINT OR "PURPLE" IN THAT IT IS OPEN TO CHILDREN AND FAMILIES OF ACTIVE DUTY, NATIONAL GUARD OR RESERVE SERVICE MEMBERS FROM THE ARMY, NAVY, AIR FORCE, MARINE CORPS, COAST GUARD, OR THE COMMISSIONED CORPS OF THE US PUBLIC HEALTH SERVICE AND NOAA

4b (Code) (Expenses \$ 767,390 including grants of \$) (Revenue \$)
 CIVIC INVOLVEMENT AND ADVOCACY THE NATIONAL MILITARY FAMILY ASSOCIATION IS THE VOICE FOR MILITARY FAMILIES IN WAR AND PEACE OUR WORK AFFECTS MILITARY FAMILIES OF TODAY AND TOMORROW WE STUDY THE ISSUES IMPORTANT TO MILITARY FAMILIES AND SPEAK UP FOR AND REPRESENT THE NEEDS OF MILITARY FAMILIES SWIFTLY AND THOROUGHLY WE MAKE RECOMMENDATIONS AND OFFER HELP BASED ON OUR YEARS OF PERSONAL AND PROFESSIONAL EXPERIENCE AND RESEARCH WE EXPLAIN GOVERNMENT DECISIONS THAT AFFECT FAMILIES AND OFFER RESOURCES TO HELP THEM UNDERSTAND THE IMPACT OF THOSE DECISIONS WE WORK WITH- AND TESTIFY BEFORE- CONGRESS TO FIGHT FOR LEGISLATION IMPORTANT TO MILITARY FAMILIES

4c (Code) (Expenses \$ 564,315 including grants of \$) (Revenue \$)
 COMMUNITY OUTREACH WE HEAR REPEATEDLY FROM MILITARY FAMILIES THAT THEY NEED PEOPLE IN THEIR COMMUNITY TO KNOW WHAT THEY ARE GOING THROUGH THE NATIONAL MILITARY FAMILY ASSOCIATION REACHES OUT TO CIVILIAN COMMUNITIES AND SUPPORTERS OF MILITARY FAMILIES ALIKE TO HELP THEM UNDERSTAND THE NEEDS AND STRENGTHS OF MILITARY FAMILIES IN THEIR MIDST AND GIVE THEM THE TOOLS TO SUPPORT THEM IN 2010, WE REACHED OUT TO BOTH CIVILIAN AND MILITARY ORGANIZATIONS TO PRESENT THE FINDINGS OF A GROUND-BREAKING YEAR-LONG RESEARCH STUDY ON MILITARY CHILDREN AND SPOUSES THE STUDY WAS CONDUCTED FOR US BY THE RAND CORPORATION TO DETERMINE HOW MILITARY KIDS COMPARE WITH CIVILIAN CHILDREN IN TERMS OF EMOTIONAL DIFFICULTIES, FAMILY RELATIONSHIPS, AND SCHOOL ENGAGEMENT RAND EXAMINED WHAT DEPLOYMENT-RELATED ISSUES WERE MOST SIGNIFICANT FOR THE 1,500 CHILDREN AND SPOUSES STUDIED

4d Other program services (Describe in Schedule O)

(Expenses \$ 913,857 including grants of \$ 410,231) (Revenue \$)

4e Total program service expenses \$ 9,169,984

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

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.

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.

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.

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.

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.

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.

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 XI.

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.

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.

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV.

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Parts II and IV.

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Parts III and IV.

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.

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.

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H.

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		No
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b		No
11c		No
11d	Yes	
11e	Yes	
11f		No
12a	Yes	
12b		No
13		No
14a		No
14b		No
15		No
16		No
17	Yes	
18	Yes	
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		23		No
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-24d and complete Schedule K. If "No," go to line 25		24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28c		No
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		29		No
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		30		No
31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		31		No
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		32		No
33	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		33		No
34	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I		34		No
35	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		35		No
a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?				
	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			<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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	13
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	43
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<p>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country ► See 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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	No
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	No
7	Organizations that may receive deductible contributions under section 170(c).	7a	No
a	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?	7b	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	0
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	No
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	No
9	Sponsoring organizations maintaining donor advised funds.	9a	No
a	Did the organization make any taxable distributions under section 4966?	9b	No
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	No
a	Is the organization licensed to issue qualified health plans in more than one state?		
<p>Note. See the instructions for additional information the organization must report on Schedule O</p>			
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	No

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

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year **1a** 23

b Enter the number of voting members included in line 1a, above, who are independent **1b** 23

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? **2** No

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? **3** No

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4** No

5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5** No

6 Does the organization have members or stockholders? **6** Yes

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? **7a** Yes

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? **7b** Yes

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body? **8a** Yes

b Each committee with authority to act on behalf of the governing body? **8b** Yes

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O **9** No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Does the organization have local chapters, branches, or affiliates? **10a** No

b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? **10b** No

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? **11a** Yes

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 **12a** Yes

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12b** Yes

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done **12c** Yes

13 Does the organization have a written whistleblower policy? **13** Yes

14 Does the organization have a written document retention and destruction policy? **14** Yes

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official **15a** Yes

b Other officers or key employees of the organization **15b** Yes

If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? **16a** No

b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? **16b** No

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ► WY , WV , WI , WA , VT , VA , UT , TX , TN , SD , SC , RI , PA , OR , OK , OH , NY , NV , NM , NJ , NH , NE , ND , NC , MT , MS , MO , MN , MI , ME , MD , LA , KY , KS , IN , IL , ID , IA , HI , GA , FL , DE , CT , CO , CA , AZ , AR , AL , AK

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
 JOYCE WESSEL RAEZER
 2500 NORTH VAN DORN ST 102
 ALEXANDRIA, VA 22302
 (703) 931-6632

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

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, 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.

• 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.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer or director or individual trustee	Institutional Trustee	Office	Key employee	Highest compensated employee			
(1) TOM STANNERS GOVERNOR	14.00	X					0	0	0
(2) TOM SIMS GOVERNOR	1.00	X					0	0	0
(3) SUE MANDRY GOVERNOR	2.00	X					0	0	0
(4) SHEILA CASEY GOVERNOR	2.00	X					0	0	0
(5) PHYLLIS TOLLIVER GOVERNOR	1.00	X					0	0	0
(6) PENNY COPPOLA GOVERNOR	1.00	X					0	0	0
(7) PAUL ARCARI Secretary	8.00	X		X			0	0	0
(8) NANCY ALSHEIMER GOVERNOR	3.00	X					0	0	0
(9) MARY T SCOTT Executive Direc	15.00	X		X			0	0	0
(10) MARY LYNN STEVENS GOVERNOR	4.00	X					0	0	0
(11) MARTHA BIOTY GOVERNOR	4.00	X					0	0	0
(12) KENNETH NIDIFFER GOVERNOR	3.00	X					0	0	0
(13) JOYCE WESSEL RAEZER Executive Direc	40.00			X			92,037	0	0
(14) JOAN RESAU GOVERNOR	1.00	X					0	0	0
(15) JEANINE HAYDEN GOVERNOR	5.00	X					0	0	0
(16) JANET LEWIN GOVERNOR	3.00	X					0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	
(17) JAIME FAZICA GOVERNOR	3 00	X						0	0
(18) FRANK CUMBERLAND GOVERNOR	1 00	X						0	0
(19) DIANE ALtenBURG GOVERNOR	2 00	X						0	0
(20) DAVID FEE Treasurer	9 00	X		X				0	0
(21) DAVID A SMITH GOVERNOR	2 00	X						0	0
(22) CONNIE MOORE GOVERNOR	1 00	X						0	0
(23) CLIFF WARFIELD GOVERNOR	6 00	X						0	0
(24) CHERYL GLANG VICE CHAIRMAN	2 00	X		X				0	0
(25) BRITT HETHERINGTON CFO	25 00				X			59,601	0
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							151,638		

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 **►0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WARD CIRCLE STRATEGIES INC 4320 45TH ST NW WASHINGTON, DC 20016	FUNDRAISING CONSULT	278,000
MOUNT ROYAL PRINTING 6310 BLAIR HILL LANE BALTIMORE, MD 21209	PRINTING & DESIGN	102,780
MACMANNES INC 6400 GOLDSBORO RD SUITE 350 BETHESDA, MD 20817	PROMOTIONAL MATERIAL	185,195
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►3		

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 98,801						
	b Membership dues	1b 873,870						
	c Fundraising events	1c 145,500						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f 10,287,039						
	g Noncash contributions included in lines 1a-1f \$							
	h Total. Add lines 1a-1f	► 11,405,210						
Program Service Revenue		Business Code						
	2a							
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f	► 0						
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)	► 57,748						
	4 Income from investment of tax-exempt bond proceeds	► 0						
	5 Royalties	► 0						
		(I) Real	(II) Personal					
	6a Gross Rents							
	b Less rental expenses							
	c Rental income or (loss)							
	d Net rental income or (loss)	► 0						
Other Revenue	7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other					
		31,291						
	b Less cost or other basis and sales expenses	38,846						
	c Gain or (loss)	-7,555						
	d Net gain or (loss)	► -7,555						
	8a Gross income from fundraising events (not including \$ 145,500 of contributions reported on line 1c) See Part IV, line 18							
	b Less direct expenses	b 12,691						
	c Net income or (loss) from fundraising events	► -12,691						
9a Gross income from gaming activities See Part IV, line 19								
b Less direct expenses	b							
c Net income or (loss) from gaming activities	► 0							
10a Gross sales of inventory, less returns and allowances								
b Less cost of goods sold	b							
c Net income or (loss) from sales of inventory	► 0							
Miscellaneous Revenue	Business Code							
11a MISCELLANEOUS INCOME			18,617	18,617				
b								
c								
d All other revenue								
e Total. Add lines 11a-11d	► 18,617							
12 Total revenue. See Instructions	► 11,461,329		18,617			37,502		

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).**

Do not include amounts reported on lines 6b, 7b, 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	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	410,231	410,231		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	151,638	85,145	43,672	22,821
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	1,560,253	1,098,626	375,891	85,736
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,375	4,351	1,180	1,844
9 Other employee benefits	27,188	16,084	4,244	6,860
10 Payroll taxes	134,664	82,705	36,420	15,539
a Fees for services (non-employees) Management	0			
b Legal	0			
c Accounting	6,580	6,580		
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	188,703			188,703
f Investment management fees	9,705	3,882	4,464	1,359
g Other	525,340	525,307	33	
12 Advertising and promotion	218,280	210,180	8,100	
13 Office expenses	20,976	19,136	1,455	385
14 Information technology	0			
15 Royalties	0			
16 Occupancy	165,367	153,653	7,649	4,065
17 Travel	574,568	568,224	5,547	797
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,908	1,908		
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	31,875	15,181	16,480	214
23 Insurance	0			
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)				
a Printing and Publications	68,813	43,705	22,244	2,864
b OUTSIDE SERVICES	215,096	137,839	55,165	22,092
c GRAPHICS, ART & PHOTOS	92,301	91,337		964
d COMMUNICATION	116,809	115,649	1,063	97
e CAMP CONTRACT COST	5,468,364	5,468,364		
f All other expenses	189,842	111,897	61,954	15,991
25 Total functional expenses. Add lines 1 through 24f	10,185,876	9,169,984	645,561	370,331
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 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				

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	1	0
	2 Savings and temporary cash investments	4,345,110	4,120,688
	3 Pledges and grants receivable, net	100,000	80,000
	4 Accounts receivable, net	4	70,000
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L	6	0
	7 Notes and loans receivable, net	7	0
	8 Inventories for sale or use	8	0
	9 Prepaid expenses and deferred charges	5,534	19,854
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	216,829
	b Less accumulated depreciation	10b	146,746
		102,792	10c
		102,792	10c
	11 Investments—publicly traded securities	1,003,857	1,653,804
	12 Investments—other securities See Part IV, line 11	12	0
	13 Investments—program-related See Part IV, line 11	13	0
	14 Intangible assets	14	0
	15 Other assets See Part IV, line 11	204,693	1,004,512
	16 Total assets. Add lines 1 through 15 (must equal line 34)	5,761,986	16
		5,761,986	16
Liabilities	17 Accounts payable and accrued expenses	484,852	295,416
	18 Grants payable	18	
	19 Deferred revenue	19	
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	24 Unsecured notes and loans payable to unrelated third parties	53,832	24
	25 Other liabilities Complete Part X of Schedule D	25	19,980
	26 Total liabilities. Add lines 17 through 25	538,684	26
		538,684	26
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	4,553,075	27
	28 Temporarily restricted net assets	670,227	28
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	5,223,302	33
	34 Total liabilities and net assets/fund balances	5,761,986	34
		5,761,986	34
		5,761,986	34
		5,761,986	34

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,461,329
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,185,876
3	Revenue less expenses Subtract line 2 from line 1	3	1,275,453
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,223,302
5	Other changes in net assets or fund balances (explain in Schedule O)	5	204,790
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	6,703,545

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? <input type="checkbox"/>	2a	No
2b Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/>	2b	Yes
2c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O <input type="checkbox"/>	2c	Yes
2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? <input type="checkbox"/>	3a	No
3b 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 <input type="checkbox"/>	3b	No

SCHEDULE A(Form 990 or
990EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support****Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**► **Attach to Form 990 or Form 990-EZ. ► See separate instructions.****2010****Open to Public
Inspection**Name of the organization
NATIONAL MILITARY FAMILY ASSOCIATION**Employer identification number**

52-0899384

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)

10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar 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 include any "unusual grants")	3,431,861	3,771,949	10,603,034	9,038,007	11,405,210	38,250,061
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	3,431,861	3,771,949	10,603,034	9,038,007	11,405,210	38,250,061
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,666,156
6 Public Support. Subtract line 5 from line 4						29,583,905

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	3,431,861	3,771,949	10,603,034	9,038,007	11,405,210	38,250,061
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	63,961	113,083	93,298	57,326	50,193	377,861
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					18,617	18,617
11 Total support (Add lines 7 through 10)						38,646,539
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						►

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	76 550 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	86 340 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		►✓
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		►
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		►

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.)

Section A. Public Support

Calendar 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 include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►	
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ►	

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

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

2010

**Open to Public
Inspection**

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization

NATIONAL MILITARY FAMILY ASSOCIATION

Employer identification number

52-0899384

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2** Political expenditures
- 3** Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group
B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

(a) Filing Organization's Totals	(b) Affiliated Group Totals
----------------------------------	-----------------------------

b Total lobbying expenditures to influence a legislative body (direct lobbying)

7,805

c Total lobbying expenditures (add lines 1a and 1b)

7,805

d Other exempt purpose expenditures

10,315,753

e Total exempt purpose expenditures (add lines 1c and 1d)

10,323,558

f Lobbying nontaxable amount Enter the amount from the following table in both columns

666,178

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

166,545

h Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	363,092	612,782	608,793	666,178	2,250,845
b Lobbying ceiling amount (150% of line 2a, column(e))					3,376,268
c Total lobbying expenditures	161	8,575	6,911	7,805	23,452
d Grassroots non-taxable amount	90,773	153,196	152,198	166,545	562,712
e Grassroots ceiling amount (150% of line 2d, column (e))					844,068
f Grassroots lobbying expenditures		425	192		617

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)	
	Yes	No	Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If "Yes," describe in Part IV				
j Total lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 11. Also, complete this part for any additional information

Identifier	Return Reference	Explanation

SCHEDULE D

(Form 990)

Supplemental Financial Statements**2010****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

Name of the organization

NATIONAL MILITARY FAMILY ASSOCIATION

Employer identification number

52-0899384

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a Public exhibition d Loan or exchange programs
 b Scholarly research e Other
 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 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? Yes No

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.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	1,051,473				
b Contributions	374,652				
c Investment earnings or losses	235,336				
d Grants or scholarships	7,657				
e Other expenditures for facilities and programs	1,653,804				
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► 89 000 %

b Permanent endowment ►

c Term endowment ► 11 000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
3a(i) unrelated organizations		No
3a(ii) related organizations		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 Investments—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
1a Land					
b Buildings					
c Leasehold improvements		1,605		1,605	
d Equipment		160,600		99,858	60,742
e Other		54,624		45,283	9,341
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)					70,083

Part VII Investments—Other Securities. See Form 990, Part X, line 12

(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		
Other		

Total. (Column (b) should equal Form 990, Part X, col (B) line 12)

Part VIII Investments—Program Related. See Form 990, Part X, line 13

Total. (Column (b) should equal Form 990, Part X, col (B) line 13)

Part IX Other Assets. See Form 990, Part X, line 15

Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)

Part X Other Liabilities. See Form 990, Part X, line 25

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,461,329
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,185,876
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,275,453
4	Net unrealized gains (losses) on investments	4	204,790
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	204,790
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,480,243

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	11,805,121
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	204,790
b	Donated services and use of facilities	2b	126,311
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	12,691
e	Add lines 2a through 2d	2e	343,792
3	Subtract line 2e from line 1	3	11,461,329
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	11,461,329

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	10,324,878
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	126,311
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	12,691
e	Add lines 2a through 2d	2e	139,002
3	Subtract line 2e from line 1	3	10,185,876
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	10,185,876

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	DIRECT FUNDRAISING EVENTS EXPENSE \$12691
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	DIRECT FUNDRAISING EVENTS EXPENSE \$12691
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	THE OPERATING RESERVES ENDOWMENT WAS ESTABLISHED TO PROVIDE FINANCIAL STABILITY OF THE ASSOCIATION AND TO PROVIDE FOR PROGRAM ADMINISTRATIVE SUPPORT. THE SCHOLARSHIP ENDOWMENT WAS ESTABLISHED TO PROVIDE FINANCIAL STABILITY AND INCOME TO SUPPORT THE ASSOCIATION'S SCHOLARSHIP AND GRANT PROGRAMS

SCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2010

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

Name of the organization

NATIONAL MILITARY FAMILY ASSOCIATION

Employer identification number

52-0899384

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply

a <input checked="" type="checkbox"/> Mail solicitations	e <input checked="" type="checkbox"/> Solicitation of non-government grants
b <input checked="" type="checkbox"/> Internet and e-mail solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BIG DUCK INC BROOKLYN, NY 11201	FUNDRAISER		No	432,925	45,000	387,925
WARD CIRCLE STRATEGIES WASHINGTON, DC 20016	FUNDRAISER		No	260,000	138,000	122,000
Total				692,925	183,000	509,925

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

WY, WI, WV, WA, VA, VT, UT, TX, TN, SD, SC, RI, PA, OR, OK, OH, ND, NC, NY, NM, NJ, NH, NV, NE, MT, MO, MS, MN, MI, MA, MD, ME, LA, KY, KS, IA, IN, IL, ID, HI, GA, FL, DC, DE, CT, CO, CA, AR, AZ, AK, AL

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		LUNCHEON (event type)			
1	Gross receipts . . .	145,500			145,500
2	Less Charitable contributions . . .	145,500			145,500
3	Gross income (line 1 minus line 2) . . .				
4	Cash prizes . . .				
5	Non-cash prizes . . .				
6	Rent/facility costs . . .	1,016			1,016
7	Food and beverages . . .	11,675			11,675
8	Entertainment . . .				
9	Other direct expenses . . .				
10	Direct expense summary Add lines 4 through 9 in column (d)				► 12,691
11	Net income summary Combine lines 3 and 10 in column (d)				► -12,691

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
1	Gross revenue				
2	Cash prizes				
3	Non-cash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d)				►
8	Net gaming income summary Combine lines 1 and 7 in column (d)				►

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

13a	
13b	

a The organization's facility

b An outside facility

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address

Name ►

Address ►

16 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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

**Schedule I
(Form 990)**

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

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

► Attach to Form 990

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL MILITARY FAMILY ASSOCIATION

Employer identification number

52-0899384

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	482	410,231		CASH	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		ALL SELECTED SCHOLARSHIP RECIPIENT MUST FURNISH A COPY OF THEIR MILITARY FAMILY MEMBER ID CARD, SHOWING THEY ARE A MILITARY SPOUSE AND THUS ELIGIBLE FOR THE SCHOLARSHIP. THEY MUST ALSO FURNISH THE COMPLETE ADDRESS AND CONTRACT INFORMATION FOR THEIR SCHOOL'S BURSAR OR FINANCE OFFICE, AS WELL AS THEIR STUDENT ID NUMBER. THE SCHOLARSHIP CHECKS ARE MADE OUT TO THE INSTITUTION OF HIGHER LEARNING AND MUST BE USED WITHIN A 12 MONTH PERIOD. FUNDS ARE RETURNED IF THEY ARE NOT FULLY USED OR IF RECIPIENT DOES NOT REGISTER.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

2010**Open to Public
Inspection****Name of the organization**

NATIONAL MILITARY FAMILY ASSOCIATION

Employer identification number

52-0899384

Identifier	Return Reference	Explanation
	YOUTH INITIATIVES	THE NATIONAL MILITARY FAMILY ASSOCIATION'S OPERATION PURPLE (R) CAMP PROGRAM PROVIDES MILITARY CHILDREN WITH A TIME FOR HAVING FUN, MAKING FRIENDS, AND A REMINDER THAT THEY ARE THE NATION'S YOUNGEST HEROES. THE OPERATION PURPLE (R) PROGRAM WAS CREATED IN 2004 IN RESPONSE TO PARENTS' CALL TO "HELP US HELP OUR KIDS." THE MISSION OF OPERATION PURPLE (R) PROGRAM IS TO EMPOWER MILITARY CHILDREN AND THEIR FAMILIES TO DEVELOP AND MAINTAIN HEALTHY AND CONNECTED RELATIONSHIPS, IN SPITE OF THE CURRENT MILITARY ENVIRONMENT. WE DO THIS THROUGH A VARIETY OF MEANS, INCLUDING THE HELPING AND HOLISTIC ASPECT OF THE NATURAL WORLD. THE PROGRAM IS JOINT OR "PURPLE" IN THAT IT IS OPEN TO CHILDREN AND FAMILIES OF ACTIVE DUTY, NATIONAL GUARD OR RESERVE SERVICE MEMBERS FROM THE ARMY, NAVY, AIR FORCE, MARINE CORPS, COAST GUARD, OR THE COMMISSIONED CORPS OF THE US PUBLIC HEALTH SERVICE AND NOAA. THE OPERATION PURPLE (R) PROGRAM ALSO INCLUDES FAMILY RETREATS AT NATIONAL PARKS TO HELP FAMILIES RECONNECT AFTER THE SERVICE MEMBER RETURNS FROM DEPLOYMENT, AS WELL AS CAMPS AND FAMILY RETREATS GEARED TO ADDRESS THE NEEDS OF CHILDREN AND FAMILIES OF OUR NATION'S WOUNDED SERVICE MEMBERS.

Identifier	Return Reference	Explanation
	COMMUNITY OUTREACH	<p>WE HEAR REPEATEDLY FROM MILITARY FAMILIES THAT THEY NEED PEOPLE IN THEIR COMMUNITY TO KNOW WHAT THEY ARE GOING THROUGH THE NATIONAL MILITARY FAMILY ASSOCIATION REACHES OUT TO CIVILIAN COMMUNITIES AND SUPPORTERS OF MILITARY FAMILIES ALIKE TO HELP THEM UNDERSTAND THE NEEDS AND STRENGTHS OF MILITARY FAMILIES IN THEIR MIDST AND GIVE THEM THE TOOLS TO SUPPORT THEM IN 2010, WE REACHED OUT TO BOTH CIVILIAN AND MILITARY ORGANIZATIONS TO PRESENT THE FINDINGS OF A GROUND-BREAKING YEAR-LONG RESEARCH STUDY ON MILITARY CHILDREN AND SPOUSES THE STUDY WAS CONDUCTED FOR US BY THE RAND CORPORATION TO DETERMINE HOW MILITARY KIDS COMPARE WITH CIVILIAN CHILDREN IN TERMS OF EMOTIONAL DIFFICULTIES, FAMILY RELATIONSHIPS, AND SCHOOL ENGAGEMENT RAND EXAMINED WHAT DEPLOYMENT-RELATED ISSUES WERE MOST SIGNIFICANT FOR THE 1,500 CHILDREN AND SPOUSES STUDIED BASELINE FINDINGS WERE PUBLISHED IN THE JANUARY ISSUE OF THE JOURNAL "PEDIATRICS" WE USED THE FINDINGS, NOT ONLY TO GUIDE OUR OWN PROGRAMS, BUT ALSO TO SHARE WITH A VARIETY OF MILITARY AND CIVILIAN EDUCATION, HEALTH CARE, AND SUPPORT ORGANIZATIONS TO ASSIST THEM IN DEVELOPING THEIR OUTREACH AND SUPPORT TO MILITARY FAMILIES WE GATHERED MILITARY AND CIVILIAN EXPERTS IN THE AREAS OF MATERNAL AND CHILD WELL-BEING, RESILIENCE, AND FAMILY SUPPORT AT A SUMMIT TO DEVELOP RESEARCH-BASED RECOMMENDATIONS ON HOW TO ADDRESS MILITARY FAMILIES' NEEDS THE FIRST LADY PROVIDED THE SUMMIT KEY NOTE ADDRESS, EMPHASIZING THE NEED FOR BOTH GOVERNMENT AND COMMUNITY ACTION TO SUPPORT FAMILIES OUR FAMILY AWARD PROGRAM RECOGNIZES MILITARY FAMILIES THAT EXEMPLIFY THE BEST OF MILITARY LIFESTYLE AND PROVIDE THE OPPORTUNITY TO INFORM MILITARY LEADERS AND FAMILIES ABOUT THE PROGRAMS AND INFORMATION WE MAKE AVAILABLE WE ALSO CALL TOGETHER SENIOR MILITARY SPOUSES FROM ALL SERVICES AND COMPONENTS TO HEAR FROM THEM OF THE ISSUES AFFECTING THE FAMILIES THEY SERVE OUR WEB SURVEYS SEEK INFORMATION FROM MILITARY FAMILIES ABOUT ISSUES IMPORTANT TO THEIR LIVES</p>

Identifier	Return Reference	Explanation
	CIVIC INVOLVEMENT AND ADVOCACY	<p>THE NATIONAL MILITARY FAMILY ASSOCIATION IS THE VOICE FOR MILITARY FAMILIES IN WAR AND PEACE OUR WORK AFFECTS MILITARY FAMILIES OF TODAY AND TOMORROW WE STUDY THE ISSUES IMPORTANT TO MILITARY FAMILIES AND SPEAK UP FOR AND REPRESENT THE NEEDS OF MILITARY FAMILIES SWIFTLY AND THOROUGHLY WE MAKE RECOMMENDATIONS AND OFFER HELP BASED ON OUR YEARS OF PERSONAL AND PROFESSIONAL EXPERIENCE AND RESEARCH WE EXPLAIN GOVERNMENT DECISIONS THAT AFFECT FAMILIES AND OFFER RESOURCES TO HELP THEM UNDERSTAND THE IMPACT OF THOSE DECISIONS WE WORK WITH- AND TESTIFY BEFORE- CONGRESS TO FIGHT FOR LEGISLATION IMPORTANT TO MILITARY FAMILIES WE BELIEVE ALL MILITARY FAMILIES DESERVE COMPREHENSIVE CHILD CARE, ACCESSIBLE HEALTH CARE, SPOUSE EMPLOYMENT OPTIONS, GREAT SCHOOLS, CARING COMMUNITIES, A SECURE RETIREMENT, AND SUPPORT FOR WIDOWS AND WIDOWERS- WE FIGHT FOR THESE INTERESTS AND MORE WE ALSO HELP MILITARY FAMILIES RECOGNIZE THEIR POTENTIAL TO BE ADVOCATES FOR THEMSELVES AND THEIR CHILDREN OUR VOLUNTEERS CORPS- MORE THAN 200 STRONG- WORKS IN THEIR COMMUNITIES ON BEHALF OF OUR ASSOCIATION AND MILITARY FAMILIES AND HELPS US REMAIN RESPONSIVE TO THEIR LOCAL NEEDS WE PARTNER WITH THE ASSOCIATION FOR FINANCIAL COUNSELING AND PLANNING EDUCATION (AFCPE) TO SELECT MILITARY SPOUSE FELLOWSHIP RECIPIENTS TO BECOME CERTIFIED FINANCIAL COUNSELORS THIS TRAINING PROGRAM HAS A VOLUNTEER SERVICE REQUIREMENT THAT HAS RESULTED IN INCREASED VOLUNTEER SUPPORT FOR FINANCIAL COUNSELING SERVICES IN MILITARY COMMUNITIES</p>

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	THE GOVERNING DOCUMENTS, APPLICATION FOR EXEMPTION, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND FORM 990 ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AND ARE ALSO READILY AVAILABLE ON OUR WEBSITE AND VARIOUS OTHER PUBLIC INTEREST WEBSITES

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	A SPECIAL COMMITTEE OF THE BOARD OF GOVERNORS PERIODICALLY CONDUCTS A COMPENSATION STUDY COMPARING CURRENT JOB TITLES AND DESCRIPTIONS WITH THOSE OF SIMILAR ORGANIZATIONS, LOCAL PAY PRACTICES, FEDERAL GOVERNMENT PAY RATES, AND IN LIGHT OF ANNUAL BUDGETARY CONSTRAINTS EACH EMPLOYEE IS ASSIGNED A GRADE AND EACH GRADE IS LINKED TO A FEDERAL GOVERNMENT PAY AND GRADE SCHEDULE USING NATIONAL RATES. JOB PERFORMANCE IS REVIEWED AND RATED ANNUALLY WITH ANNUAL PAY INCREASES LINED TO THE EMPLOYMENT COST INDEX, WHICH IS ALSO USED BY THE FEDERAL GOVERNMENT

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	THE ASSOCIATION HAS A DETAILED CONFLICT OF INTEREST POLICY COVERING THE BOARD OF GOVERNORS ANNUALLY A DISCLOSURE STATEMENT MUST BE FILED BY EACH GOVERNOR THE HUMAN RESOURCES DIRECTOR MONITORS COMPLIANCE AND REMINDS GOVERNORS WHO MAY HAVE FAILED TO FILE THEIR STATEMENT IN ADDITION, CONFLICT OF INTEREST POLICIES ARE INCLUDED IN THE PERSONNEL HANDBOOK WHICH EACH EMPLOYEE AND VOLUNTEER MUST CERTIFY HAS BEEN READ

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	THE FORM 990 IS REVIEWED BY THE FINANCE AND AUDIT COMMITTEES OF THE BOARD OF GOVERNORS, THE EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER, AND BY THE ENTIRE BOARD OF GOVERNORS PRIOR TO FILING

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	THE GENERAL MEMBERSHIP, BY BALLOT, ELECTS THE OFFICERS AND GOVERNORS. THE MEMBERSHIP IS NOTIFIED OF THE CANDIDATES ALONG WITH THE PERTINENT BIOGRAPHICAL DATA AT LEAST 30 DAYS PRIOR TO THE ELECTION DATE. ELECTION IS BY A PLURALITY OF THOSE VOTING

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	MEMBERSHIP IN THE ASSOCIATION IS OPEN TO ALL PERSONS WHO, THROUGH THE MAKING OF A SPECIFIED CONTRIBUTION OF THE PERFORMANCE OR A SPECIFIED LEVEL OF VOLUNTEER SERVICE, EXPRESS AN INTEREST IN THE QUALITY OF LIFE OF THE FAMILIES AND MEMBERS OF THE UNIFORMED SERVICES OF THE UNITED STATES, EACH MEMBER IS ENTITLED TO ONE VOTE UPON ANY MATTER SUBMITTED TO ASSOCIATION MEMBERS FOR A VOTE

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	<p>OTHER PROGRAM SERVICES 4 MILITARY SPOUSE SCHOLARSHIPS THE NATIONAL MILITARY FAMILY ASSOCIATION RECOGNIZES THE UNIQUE CHALLENGES TODAY'S MILITARY SPOUSES FACE IN PURSUING ADDITIONAL TRAINING OR EDUCATION FREQUENT MOVES MAKE IT DIFFICULT TO COMPLETE PROGRAMS AND ESTABLISH A CAREER WE HELP TO EASE THE FINANCIAL OBSTACLES THAT ACCOMPANY PURSUING HIGHER EDUCATION THAT WILL LEAD TO BETTER EMPLOYMENT AND CAREER OPPORTUNITIES FOR MILITARY SPOUSES OUR JOANNE HOLBROOK PATTON MILITARY SPOUSE SCHOLARSHIPS ARE AWARDED TO SPOUSES OF ALL UNIFORMED SERVICE MEMBERS ACTIVE DUTY, NATIONAL GUARD AND RESERVE, AND RETIREES WE ADMINISTER A SPECIAL SCHOLARSHIP FUND FOR SPOUSES OF THE WOUNDED, ILL, INJURED, OR FALLEN SCHOLARSHIPS CAN BE USED FOR VOCATIONAL OR TECHNICAL PROGRAMS, ENGLISH-AS-A-SECOND-LANGUAGE (ESL) CLASSES, AND ASSOCIATES, BACHELORS, AND GRADUATE DEGREE PROGRAMS OTHER PROGRAM SERVICES 5 CIVIC INVOLVEMENT AND ADVOCACY THE NATIONAL MILITARY FAMILY ASSOCIATION IS THE VOICE FOR MILITARY FAMILIES IN WAR AND PEACE OUR WORK AFFECTS MILITARY FAMILIES OF TODAY AND TOMORROW WE STUDY THE ISSUES IMPORTANT TO MILITARY FAMILIES AND SPEAK UP FOR AND REPRESENT THE NEEDS OF MILITARY FAMILIES SWIFTLY AND THOROUGHLY WE MAKE RECOMMENDATIONS AND OFFER HELP BASED ON OUR YEARS OF PERSONAL AND PROFESSIONAL EXPERIENCE AND RESEARCH WE EXPLAIN GOVERNMENT DECISIONS THAT AFFECT FAMILIES AND OFFER RESOURCES TO HELP THEM UNDERSTAND THE IMPACT OF THOSE DECISIONS WE WORK WITH- AND TESTIFY BEFORE- CONGRESS TO FIGHT FOR LEGISLATION IMPORTANT TO MILITARY FAMILIES</p>