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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2010Open to Public
Inspection**A** For the 2010 calendar year, or tax year beginning , 2010, and ending , 20**B** Check if applicable

☐	Address change
☐	Name change
☐	Initial return
☐	Terminated
☐	Amended return
☐	Application pending

C Name of organization

ASSOCIATION OF THE UNITED STATES ARMY

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

2425 WILSON BLVD

Room/suite

City or town, state or country, and ZIP + 4

ARLINGTON, VA 22201

F Name and address of principal officer

GORDON R. SULLIVAN

SAME AS LINE C ABOVE

D Employer identification number

53-0193361

E Telephone number

(703) 841-4300

G Gross receipts \$ 54,434,995.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☒ No

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

H(c) Group exemption number ▶**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) 4947(a)(1) or 527**J** Website: ▶ WWW.AUSA.ORG**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation 1950 **M** State of legal domicile VA**Part I** Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities AUSA IS A PRIVATE, NON-PROFIT EDUCATIONAL ORGANIZATION COMMITTED TO SUPPORTING AMERICA'S ARMY--ACTIVE, NATIONAL GUARD, RESERVE, CIVILIANS, RETIREES, AND FAMILY MEMBERS.		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	28.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	27.	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	109.	
	6	Total number of volunteers (estimate if necessary)	1,182.	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	3,199,218.	
7b	Net unrelated business taxable income from Form 990-T, line 34	351,088.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,671,071.	1,824,840.
	9	Program service revenue (Part VIII, line 2g)	32,673,945.	35,521,103.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-454,328.	1,967,959.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,966,882.	2,511,563.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,857,570.	41,825,465.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,258,018.	979,717.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,788,323.	9,938,481.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	1,270,602.	
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-14g)	22,956,435.	25,557,369.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	34,002,776.	36,475,567.
	19	Revenue less expenses Subtract line 18 from line 12	1,854,794.	5,349,898.
	20	Total assets (Part X, line 16)	59,232,670.	65,575,816.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	14,062,720.	12,946,566.
	22	Net assets or fund balances Subtract line 21 from line 20	45,169,950.	52,629,250.

Part II Signature Block

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

Sign Here	Signature of officer	THOMAS G. RHAME	Date	MAY 13, 2011
	Type or print name and title	VIA PRES, FINANCE & ADMINISTRATION	THOMAS G. RHAME	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	Firm's name	DAVID TRIMMER	5-11-2011		
	Firm's address	ARGY, WILTSE & ROBINSON, P.C.	Firm's EIN	703-893-0600	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

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

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ **X** 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 ☒ **X** No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code) (Expenses \$ 1,705,537. including grants of \$) (Revenue \$ 5,708,355.)

WINTER SYMPOSIUM: HELD EACH YEAR IN FEBRUARY, IN FT. LAUDERDALE, FLORIDA. IT ALSO HAS A STRONG EDUCATIONAL COMPONENT AND EXHIBIT SPACE IS SOLD TO AUSA SUSTAINING MEMBER COMPANIES. AVERAGE ATTENDANCE IS 5,500 VISITORS.

4b (Code) (Expenses \$ 4,816,735. including grants of \$) (Revenue \$ 10,883,439.)

ANNUAL MEETING: ANNUALLY HELD IN OCTOBER IN D.C. IT CONSISTS OF A STRONG EDUCATIONAL COMPONENT AND A LARGE EXHIBIT/EXPOSITION DISPLAY. ENTRANCE FOR INDIVIDUALS IS FREE AND IS RESTRICTED TO MEMBERS OF AUSA AND MEMBERS OF THE ARMED FORCES AND THE FEDERAL GOVERNMENT. EXHIBIT SPACE IS SOLD TO SUSTAINING MEMBER COMPANIES OF AUSA IN ADVANCE OF THE MEETING. AVERAGE ATTENDANCE 33,000 REGISTERED GUESTS.

4c (Code) (Expenses \$ 2,363,820. including grants of \$) (Revenue \$ 3,621,465.)

EUROSATORY SYMPOSIUM: HELD EVERY SECOND YEAR IN PARIS FRANCE AND IS OUR LARGEST INTERNATIONAL EVENT. THE SHOW CONSISTS OF EXHIBITS TO DISPLAY DEFENSE ARTICLES FROM US COMPANIES. AUSA SELLS EXHIBIT SPACE AND MANAGES THE US PAVILLION. THE SHOW HAS A SMALLER EDUCATIONAL COMPONENT.

4d Other program services (Describe in Schedule O)

(Expenses \$ 20,161,013. including grants of \$ 979,717.) (Revenue \$ 12,671,612.)

4e Total program service expenses ► 29,047,105.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	☒	☐
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	☒	☐
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 X	☒	☐
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 United States? 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 United States? 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 statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	☐	☒

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21 X	
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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23 X	
24 a 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25 a 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? <i>If "Yes," complete Schedule L, Part I.</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>	26 X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	X
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
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? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> ☐ Yes ☒ No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	X
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? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
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 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 86		
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		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 109		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country ▶ KUWAIT 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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
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?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
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		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 28		
b Enter the number of voting members included in line 1a, above, who are independent 1b 27		
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		X
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		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Does the organization have members or stockholders? 6		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates? 10a	X	
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	X	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a		X
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	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
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	X	
13 Does the organization have a written whistleblower policy? 13	X	
14 Does the organization have a written document retention and destruction policy? 14		X
15 Did the process for determining compensation of the following persons include a review and 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	X	
b Other officers or key employees of the organization 15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		X
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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► CA, IN, VA,

18 Section 6104 requires an organization to make its Forms 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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► HELEN HEGYI, 2425 WILSON BLVD, ARLINGTON, VA 22201
 703-907-2649

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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. 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GORDON R. SULLIVAN PRESIDENT	37.50	X		X				555,000.	0.	130,505.
(2) VALERIE L. BALDWIN TRUSTEE	1.00	X						0.	0.	0.
(3) NICHOLAS D. CHABRAJA TRUSTEE	1.00	X						0.	0.	0.
(4) HON RUDY DELEON TRUSTEE	1.00	X						0.	0.	0.
(5) MG PATRICIA HICKERSON, USA RET TRUSTEE	1.00	X						0.	0.	0.
(6) LINDA HUDSON TRUSTEE	1.00	X						0.	0.	0.
(7) LTG LARRY JORDAN, USA RET TRUSTEE	1.00	X						0.	0.	0.
(8) CHRISTOPHER E. KUBASIK TRUSTEE	1.00	X						0.	0.	0.
(9) CSM WILLIAM MIXON, USA RET TRUSTEE	1.00	X						0.	0.	0.
(10) DENNIS A. MUILENBURG TRUSTEE	1.00	X						0.	0.	0.
(11) GEN DENNIS REIMER, USA RET TRUSTEE	1.00	X						0.	0.	0.
(12) DANIEL L. SMITH TRUSTEE	1.00	X						0.	0.	0.
(13) GEN CARL VUONO, USA RET TRUSTEE	1.00	X						0.	0.	0.
(14) THOMAS W. RABAUT DEPUTY CHAIRMAN AND CEO	1.00	X						0.	0.	0.
(15) LTG JULIUS BECTON, JR, USA RET VICE CHAIRMAN	1.00	X						0.	0.	0.
(16) SMA ROBERT HALL, USA RET VICE CHAIRMAN	1.00	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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) MG ANSEL STROUD, JR, LAARNG RET VICE CHAIRMAN	1.00	X						0.	0.	0.
(18) LTG DAVID OHLE, USA RET VICE CHAIRMAN	1.00	X						0.	0.	0.
(19) GEORGE T. SINGLEY, III VICE CHAIRMAN	1.00	X						0.	0.	0.
(20) NORMAN D. HARKINS TRUSTEE	1.00	X						0.	0.	0.
(21) RONALD W. JOHNSON TRUSTEE	1.00	X						0.	0.	0.
(22) COL JOHN ROGERS, USA RET TRUSTEE	1.00	X						0.	0.	0.
(23) LTG DONALD JONES, USA RET TRUSTEE	1.00	X						0.	0.	0.
(24) COL ROBERT ULIN, USA RET TRUSTEE	1.00	X						0.	0.	0.
(25) COL GEORGE LANNING, USA RET TRUSTEE	1.00	X						0.	0.	0.
(26) COL DAVID BOOZE, USA RET TRUSTEE	1.00	X						0.	0.	0.
(27) LTC LAWRENCE BETHEL, II, USA RET TRUSTEE	1.00	X						0.	0.	0.
(28) COL DAVID R. ELLIS, USA RET TRUSTEE	1.00	X						0.	0.	0.
1b Sub-total								555,000.	0.	130,505.
c Total from continuation sheets to Part VII, Section A ATTACHMENT 2								1,685,048.	0.	422,712.
d Total (add lines 1b and 1c)								2,240,048.	0.	553,217.

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 **11**

- 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
- 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
- 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

	Yes	No
3		X
4	X	
5		X

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
ATTACHMENT 3		

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 **4**

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				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,824,840.			
	g	Noncash contributions included in lines 1a-1f \$		35,000.			
h	Total. Add lines 1a-1f			1,824,840.			
Program Service Revenue			Business Code				
	2a	ADVERTISING	541800	3,199,218.	0.	3,199,218.	
	b	SYMPOSIA & OTHER MEETINGS	900099	15,333,423.	15,333,423.		
	c	ANNUAL MEETING	900099	10,825,167.	10,825,167.		
	d	MEMBERSHIP DUES	900099	6,033,295.	6,033,295.		
	e	ALLOWANCE TO REGIONS	900099	130,000.	130,000.		
	f	All other program service revenue					
g	Total. Add lines 2a-2f			35,521,103.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		711,249.			711,249.
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		215,450.			215,450.
			(i) Real (ii) Personal				
	6a	Gross Rents	1,535,286.				
	b	Less rental expenses	863,341.				
	c	Rental income or (loss)	671,945.				
	d	Net rental income or (loss)		671,945.			671,945.
			(i) Securities (ii) Other				
	7a	Gross amount from sales of assets other than inventory	11,854,112.	18,000.			
	b	Less cost or other basis and sales expenses	10,615,402.	0.			
	c	Gain or (loss)	1,238,710.	18,000.			
	d	Net gain or (loss)		1,256,710.			1,256,710.
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	2,154,016.			
	b	Less direct expenses	b	1,092,834.			
	c	Net income or (loss) from fundraising events		1,061,182.			1,061,182.
	9a	Gross income from gaming activities See Part IV, line 19	a				
b	Less direct expenses	b					
c	Net income or (loss) from gaming activities		0.				
10a	Gross sales of inventory, less returns and allowances	a	46,386.				
b	Less cost of goods sold	b	37,953.				
c	Net income or (loss) from sales of inventory		8,433.	8,433.			
	Miscellaneous Revenue	Business Code					
11a	OTHER	900099	554,553.	554,553.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		554,553.				
12	Total revenue. See instructions			41,825,465.	32,884,871.	3,199,218.	3,916,536.

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 . . .	586,073.	586,073.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	393,644.	393,644.		
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	1,961,397.	643,400.	1,317,997.	0.
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.	0.	0.	0.
7 Other salaries and wages	6,308,832.	5,832,998.	63,442.	412,392.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	423,076.	0.	423,076.	0.
9 Other employee benefits	711,867.	711,867.	0.	0.
10 Payroll taxes	533,309.	0.	533,309.	0.
11 Fees for services (non-employees)				
a Management	0.	0.	0.	0.
b Legal	48,924.	0.	48,924.	0.
c Accounting	85,477.	0.	85,477.	0.
d Lobbying	0.	0.	0.	0.
e Professional fundraising services See Part IV, line 17	0.			0.
f Investment management fees	171,734.	85,867.	85,867.	0.
g Other	382,923.	281,177.	34,327.	67,419.
12 Advertising and promotion	614,269.	213,805.	2,660.	397,804.
13 Office expenses	1,688,287.	1,219,836.	327,932.	140,519.
14 Information technology	1,702,178.	1,236,142.	344,516.	121,520.
15 Royalties	0.	0.	0.	0.
16 Occupancy	566,972.	427,658.	96,243.	43,071.
17 Travel	721,355.	594,936.	110,786.	15,633.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19 Conferences, conventions, and meetings	11,556,728.	11,556,728.	0.	0.
20 Interest	3,000.	0.	3,000.	0.
21 Payments to affiliates	3,032,735.	3,032,735.	0.	0.
22 Depreciation, depletion, and amortization	163,249.	145,200.	3,769.	14,280.
23 Insurance	173,203.	112,406.	60,797.	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 PUBLICATION COSTS	1,259,659.	1,239,536.	0.	20,123.
b CREDIT CARD FEES	398,340.	358,807.	3,557.	35,976.
c DUES & SUBSCRIPTIONS	1,333,998.	71,597.	1,261,246.	1,155.
d BAD DEBT EXPENSE	783,743.	0.	783,743.	0.
e MISCELLANEOUS	870,595.	302,693.	567,192.	710.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	36,475,567.	29,047,105.	6,157,860.	1,270,602.
26 Joint Costs. Check here ☐ 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	7,971,479.	1	6,637,246.
	2 Savings and temporary cash investments	3,747,744.	2	7,449,701.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,989,098.	4	2,574,256.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	600,000.	5	600,000.
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	204,720.	8	124,076.
	9 Prepaid expenses and deferred charges	1,975,484.	9	3,028,101.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 20,211,246.		
	b Less accumulated depreciation	10b 9,450,607.		
		9,903,093.	10c	10,760,639.
	11 Investments - publicly traded securities	31,841,052.	11	34,401,797.
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	59,232,670.	16	65,575,816.	
Liabilities	17 Accounts payable and accrued expenses	1,702,306.	17	1,310,757.
	18 Grants payable		18	
	19 Deferred revenue	12,246,613.	19	11,522,008.
	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		24	
	25 Other liabilities Complete Part X of Schedule D	113,801.	25	113,801.
	26 Total liabilities. Add lines 17 through 25	14,062,720.	26	12,946,566.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	44,826,557.	27	52,273,688.
	28 Temporarily restricted net assets	343,393.	28	355,562.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ 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	45,169,950.	33	52,629,250.
34 Total liabilities and net assets/fund balances	59,232,670.	34	65,575,816.	

Part XI Reconciliation of Net Assets

Check 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	41,825,465.
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,475,567.
3	Revenue less expenses Subtract line 2 from line 1	3	5,349,898.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	45,169,950.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,109,402.
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	52,629,250.

Part XII Financial Statements and Reporting

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

☐

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

Form **990** (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

ASSOCIATION OF THE UNITED STATES ARMY

Employer identification number

53-0193361

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 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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
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 a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10%-facts-and-circumstances test - 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.")	694,855.	912,331.	1,147,237.	1,671,071.	1,824,840.	6,250,334.
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	34,357,068.	28,351,453.	30,085,565.	31,584,476.	32,922,824.	157,301,386.
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	35,051,923.	29,263,784.	31,232,802.	33,255,547.	34,747,664.	163,551,720.
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.)						163,551,720.

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.	35,051,923.	29,263,784.	31,232,802.	33,255,547.	34,747,664.	163,551,720.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,167,959.	2,791,352.	2,212,624.	2,386,885.	2,461,985.	16,020,805.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	973,741.	928,280.	812,324.	470,734.	356,280.	3,541,359.
c Add lines 10a and 10b	7,141,700.	3,719,632.	3,024,948.	2,857,619.	2,818,265.	19,562,164.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					1,061,182.	1,061,182.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)		468,374.	0.	0.	0.	468,374.
13 Total support. (Add lines 9, 10c, 11, and 12.)	42,193,623.	33,451,790.	34,257,750.	36,113,166.	38,627,111.	184,643,440.
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	88.58%
16 Public support percentage from 2009 Schedule A, Part III, line 15.	16	85.06%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	17	10.59%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	14.31%

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 ☒ **X**

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

EXPLANATION OF OTHER INCOME

FORM 990, SCHEDULE A, PART III, LINE 12

OTHER INCOME NOT REGULARLY CARRIED ON.

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service**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.

OMB No 1545-0047

2010**Open to Public
Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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 organization	Employer identification number
ASSOCIATION OF THE UNITED STATES ARMY	53-0193361

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 on behalf of or in opposition to candidates for public office 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 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.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	221.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	2,235.													
c	Total lobbying expenditures (add lines 1a and 1b)	2,456.													
d	Other exempt purpose expenditures	33,625,073.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	33,627,529.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		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		
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)	250,000.													
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
2 a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	2,022.	4,461.	18,563.	2,456.	27,502.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	0.	2,304.	245.	221.	2,770.

Schedule C (Form 990 or 990-EZ) 2010

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 1j)?			
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. Add lines 1c through 1i			
2 a	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?		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		

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) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2 a	
b	Carryover from last year	2 b	
c	Total	2 c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

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 1i. Also, complete this part for any additional information.

Part IV Supplemental Information *(continued)*

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

ASSOCIATION OF THE UNITED STATES ARMY

Employer identification number

53-0193361

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 can 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 education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 acquisition, 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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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 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	19,266,965.	18,118,707.	25,542,628.		
b Contributions	82,615.	84,877.	91,178.		
c Net investment earnings, gains, and losses	3,598,807.	3,944,371.	-4,631,425.		
d Grants or scholarships					
e Other expenditures for facilities and programs	2,573,827.	2,854,984.	2,855,508.		
f Administrative expenses	31,470.	26,006.	28,166.		
g End of year balance	20,343,090.	19,266,965.	18,118,707.		

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

- a Board designated or quasi-endowment ▶ 100.0000 %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		455,285		455,285.
b Buildings		12,158,282	4,417,274	7,741,008.
c Leasehold improvements		398,479	352,094	46,385.
d Equipment		5,266,295	3,267,197	1,999,098.
e Other		1,932,905	1,414,042	518,863.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).				10,760,639.

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		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

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

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) TENANT DEPOSITS	113,801.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	
	113,801.

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 Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	41,825,465.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	36,475,567.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,349,898.
4	Net unrealized gains (losses) on investments	4	2,109,400.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-459,016.
9	Total adjustments (net) Add lines 4 through 8	9	1,650,384.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	7,000,282.

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	39,663,423.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	2,109,400.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	2,109,400.
3	Subtract line 2e from line 1	3	37,554,023.
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	3,000.
b	Other (Describe in Part XIV)	4b	4,268,442.
c	Add lines 4a and 4b	4c	4,271,442.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	41,825,465.

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

1	Total expenses and losses per audited financial statements	1	32,663,141.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	1,994,128.
e	Add lines 2a through 2d	2e	1,994,128.
3	Subtract line 2e from line 1	3	30,669,013.
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	3,000.
b	Other (Describe in Part XIV)	4b	5,803,554.
c	Add lines 4a and 4b	4c	5,806,554.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	36,475,567.

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, line 2, 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.

SEE PAGE 5

Part XIV Supplemental Information (continued)

RECONCILIATION OF REVENUE

FORM 990, SCHEDULE D, PART XII, LINE 4B

REVENUE FROM UNAUDITED DIVISIONS OF ENTITY	6,262,570
COST OF GOODS SOLD	-37,953
COST OF SPECIAL EVENTS	-1,092,834
RENTAL EXPENSES	-863,341
TOTAL PART XII LINE 4B	4,268,442

OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

FORM 990, SCHEDULE D, PART XIII, LINE 2D

RENTAL EXPENSE	863,341
COST OF GOODS SOLD	37,953
COST OF SPECIAL EVENTS	1,092,834
TOTAL PART XIII LINE 2B	1,994,128

OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

FORM 990, SCHEDULE D, PART XIII, LINE 4B

EXPENSES FROM UNAUDITED DIVISIONS OF ENTITY	5,803,554
---	-----------

OTHER RECONCILING ITEMS

FORM 990, SCHEDULE D, PART XI, LINE 8

REVENUE FROM UNAUDITED DIVISION	-6,262,570
EXPENSES FROM UNAUDITED DIVISION	5,803,554
TOTAL PART XI LINE 8 AMOUNTS	-459,016

Part XIV Supplemental Information (continued)

FIN 48 AUDIT FOOTNOTE

FORM 990, SCHEDULE D, PART X, LINE 2

IN ACCORDANCE WITH AUTHORITATIVE GUIDANCE ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD (THE FASB), THE ASSOCIATION RECOGNIZES TAX LIABILITIES WHEN, DESPITE THE MANAGEMENT'S BELIEF THAT TAX RETURN POSITIONS ARE SUPPORTABLE, THE ASSOCIATION BELIEVES THAT CERTAIN POSITIONS MAY NOT BE FULLY SUSTAINED UPON REVIEW BY TAX AUTHORITIES. BENEFITS FROM TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT. TO THE EXTENT THAT THE FINAL TAX OUTCOME OF THESE MATTERS IS DIFFERENT THAN THE AMOUNTS RECORDED, SUCH DIFFERENCES IMPACT INCOME TAX EXPENSE IN THE PERIOD IN WHICH SUCH DETERMINATION IS MADE. INTEREST AND PENALTIES, IF ANY, RELATED TO ACCRUED LIABILITIES FOR POTENTIAL TAX ASSESSMENTS ARE INCLUDED IN INCOME TAX EXPENSE. WITH FEW EXCEPTIONS, THE ASSOCIATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS ENDED DECEMBER 31, 2006 AND PRIOR. MANAGEMENT HAS EVALUATED THE ASSOCIATION'S TAX POSITIONS AND HAS CONCLUDED THAT THE ASSOCIATION HAS TAKEN NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

Part XIV Supplemental Information *(continued)*

USE OF ENDOWMENT FUNDS

FORM 990, SCHEDULE D, PART V, LINE 4

THE INSTITUTE OF LAND WARFARE WAS ESTABLISHED AS A DESIGNATED FUND FOR
THE RESEARCH, PUBLICATION, AND DISTRIBUTION OF INFORMATION ON NATIONAL
DEFENSE ISSUES IN ACCORDANCE WITH THE ASSOCIATION'S CHARTER AND BY-LAWS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

Name of the organization

ASSOCIATION OF THE UNITED STATES ARMY

Employer identification number

53-0193361

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE	0.	0.	FUNDRAISING	SEE PART V	58,235.
(2) CENTRAL AMERICA/CARIBBEAN	0.	0.	FUNDRAISING	SEE PART V	1,551.
(3) EAST ASIA AND THE PACIFIC	0.	0.	FUNDRAISING	SEE PART V	17,362.
(4) MIDDLE EAST AND NORTH AFRICA	0.	0.	FUNDRAISING	SEE PART V	118,841.
(5) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	SEE PART V	634,790.
(6) EUROPE	0.	0.	PROGRAM SERVICES	SEE PART V	2,283,976.
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total,	0.	0.			3,114,755.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0.	0.			3,114,755.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who 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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ☐

3 Enter total number of other organizations or entities ☐

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2010

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with respect to Certain Foreign Corporations (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U S Persons with respect to Certain Foreign Partnerships (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) ☒ Yes ☐ No

Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PROGRAM SERVICE DESCRIPTION

FORM 990, SCHEDULE F, PART I, LINE 3E

SPECIFIC TYPES OF PROGRAM SERVICES INCLUDED EDUCATION, NEW MEMBER

RECRUITING, MEMBER RETENTION AND ANNUAL MEETINGS.

ACCOUNTING METHOD

FORM 990, SCHEDULE F, PART I, LINE 3F

THE ACCOUNTING METHOD USED TO ACCOUNT FOR EXPENDITURES IS THE ACCRUAL
METHOD OF ACCOUNTING.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

ASSOCIATION OF THE UNITED STATES ARMY

Employer identification number

53-0193361

Part I

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

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

- | | |
|--|---|
| a ☐ Mail solicitations | e ☐ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ 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.

(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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		GOLF (event type)	RECEPTION (event type)	73. (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	131,847.	66,100.	1,956,069.	2,154,016.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2).	131,847.	66,100.	1,956,069.	2,154,016.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	87,571.	31,965.	973,298.	1,092,834.
	10 Direct expense summary Add lines 4 through 9 in column (d)				(1,092,834.)
	11 Net income summary Combine line 3, column (d), and line 10				1,061,182.

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 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
7 Direct expense summary Add lines 2 through 5 in column (d)				(_____)
8 Net gaming income summary Combine line 1, column d, and line 7				

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 _____

10 a 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
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ 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 of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ASSOCIATION OF THE UNITED STATES ARMY

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 ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	USASOC SOLDIER, FAMILY & COMMAND SPT ASSOC. FAYETTEVILLE, NC 28304	26-4285570	501 (C) (3)	15,000.				ORG SUPPORT
(2)	MARSHALL LEGACY FOUNDATION ARLINGTON, VA 22201	54-1853093	501 (C) (3)	20,000.				ORG SUPPORT
(3)	FISHER HOUSE FOUNDATION ROCKVILLE, MD 20850	11-3158401	501 (C) (3)	16,603.				ORG SUPPORT
(4)	THE OLD GUARD SHARON, PA 16146	26-246281	501 (C) (3)	15,000.				ORG SUPPORT
(5)	CGSC FOUNDATION FORT LEAVENWORTH, KS 66027	20-4254979	501 (C) (3)	40,000.				ORG SUPPORT
(6)	ARMY FISHER HOUSE FT. SAM HOUSTON, TX 78234	75-1744396	501 (C) (3)	30,000.				DONATION
(7)	MILITARY CHILD EDUCATION COALITION HARKER HEIGHTS, TX 76548	74-2889416	501 (C) (3)	22,500.				EDUCATION SUPPORT
(8)	THE MARSHALL LEGACY INSTITUTE ARLINGTON, VA 22201	54-1853093	501 (C) (3)	10,000.				ORG SUPPORT
(9)	OUR MILITARY KIDS MCLEAN, VA 22101	56-2483648	501 (C) (3)	7,500.				EDUCATION SUPPORT
(10)	US ARMY WAR COLLEGE FOUNDATION CARLISLE, PA 17013	23-2034407	501 (C) (3)	45,000.				ORG SUPPORT
(11)	MADISON COUNTY VETERANS MEMORIAL FOUNDATION HUNTSVILLE, AL 35801	47-0865053	501 (C) (3)	10,000.				ORG SUPPORT
(12)	DISCOVERY OF FLIGHT FOUNDATION WARRENTON, VA 20188	54-1942551	501 (C) (3)	25,000.				ORG SUPPORT

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

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.

Employer identification number

53-0193361

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

**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.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

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 ☐ Yes ☐ No

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 ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	MOUNT ST. ALBAN SCHOOL WASHINGTON, DC 20016	53-0196604	501 (C) (3)	5,200.				ORG SUPPORT
(2)	THE PENFED FOUNDATION ALEXANDRIA, VA 22314	54-2062271	501 (C) (3)	35,500.				ORG SUPPORT
(3)	AMERICAN FREEDOM FOUNDATION RIVERVIEW, FL 33579	05-0605633	501 (C) (3)	6,500.				ORG SUPPORT
(4)	NATIONAL ARMOR AND CAVALRY HERITAGE FOUNDATION COLUMBUS, GA 31901	27-0776714	501 (C) (3)	35,000.				DONATION
(5)	REFLECTION PARK MEMORIAL COMMITTEE FT. LEWIS, WA 98433	80-0191117	501 (C) (3)	10,000.				ORG SUPPORT
(6)	GIRL SCOUTS OF THE JERSEY SHORE TOMS RIVER, NJ 08753	13-1624016	501 (C) (3)	6,000.				ORG SUPPORT
(7)	BOY SCOUTS OF AMERICA, MONMOUTH IRVING, TX 75038	22-1576300	501 (C) (3)	6,000.				ORG SUPPORT
(8)	DISABILITY RIGHTS ADVOCATES FOR TECHNOLOGY ST. LEWIS, MO 63131	55-0877645	501 (C) (3)	10,000.				ORG SUPPORT
(9)	13TH COSCOM ASSOCIATION FT. HOOD, TX 76544	71-0978700	501 (C) (3)	7,000.				ORG SUPPORT
(10)	FORT HOOD LIVING MEMORIAL GARDEN KILLEEN, TX 76540	74-6001504	501 (C) (3)	15,000.				ORG SUPPORT
(11)	TAPS WASHINGTON, DC 20006	92-0152268	501 (C) (3)	15,120				ORG SUPPORT
(12)	SPECIAL OPERATIONS WARRIOR FOUNDATION TAMPA, FL 33681	52-1183585	501 (C) (3)	11,000.				ORG SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations ☐
- 3 Enter total number of other organizations ☐

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

**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.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Employer identification number

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 ☐ Yes ☐ No

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 ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	US ARMY ARLINGTON, VA 22201		US ARMY	10,000.				EVENT SUPPORT
(2)	US ARMY MWR ARLINGTON, VA 22201		US ARMY	20,000.				EVENT SUPPORT
(3)	RAFES, WTU ARLINGTON, VA 22201		US ARMY	20,000				EVENT SUPPORT
(4)	JAMES A. HALEY VA HOSPITAL TAMPA, FL 33681		US ARMY	11,000.				ORG SUPPORT
(5)	FT. MONMOUTH MWR FT. MONMOUTH, NJ 7703		US ARMY	8,000.				ORG SUPPORT
(6)	FT. HOOD MWR FT. HOOD, TX 76544		US ARMY	5,500.				ORG SUPPORT
(7)	MARRIOTT RANCH HUME, VA 22639	52-1886690		7,041.				EVENT SUPPORT
(8)	WATERMARK CRUISES ANNAPOLIS, MD 21403	52-0950175		5,389.				EVENT SUPPORT
(9)	TASKER LANDSCAPING LOUDON, NH 3307	53-0193361		13,150.				EVENT SUPPORT
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated 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 VICTIM SUPPORT	7.	74,925.			
2 GRANT TO WRITE TRILOGY ON THE ARMY	1.	5,000.			
3 SCHOLARSHIPS	279.	313,719.			
4					
5					
6					
7					

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

GRANTS AND OTHER ASSISTANCE

FORM 990, SCHEDULE I, LINE 2

AUSA ONLY MONITORS GRANTS GIVEN FOR EDUCATIONAL PURPOSES FROM ITS

SCHOLARSHIP FUNDS. BASED ON VARIOUS CRITERIA AND THE APPLICANT'S CV, A

COMMITTEE CONSISTING OF AUSA OFFICERS DECIDES WHO DESERVES AND RECEIVES

SCHOLARSHIP FUNDING.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach** to Form 990. ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

ASSOCIATION OF THE UNITED STATES ARMY

Employer identification number

53-0193361

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- ☒ First-class or charter travel
☐ Travel for companions
☐ Tax indemnification and gross-up payments
☐ Discretionary spending account

- ☐ Housing allowance or residence for personal use
☐ Payments for business use of personal residence
☒ Health or social club dues or initiation fees
☐ Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- ☒ Compensation committee
☒ Independent compensation consultant
☐ Form 990 of other organizations

- ☒ Written employment contract
☒ Compensation survey or study
☒ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GORDON R. SULLIVAN	(i) 430,000.	125,000.	0.	34,400.	96,105.	685,505.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2 THOMAS G. RHAME	(i) 200,000.	61,000.	0.	16,000.	44,700.	321,700.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3 THEODORE G. STROUP	(i) 200,000.	61,000.	0.	16,000.	44,700.	321,700.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
4 ANNE E. BELYEA	(i) 91,245.	7,231.	27,500.	7,300.	20,393.	153,669.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
5 HELEN I. HEGYI	(i) 113,850.	8,719.	0.	9,108.	25,445.	157,122.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
6 ROGER G. THOMPSON, JR.	(i) 200,000.	61,000.	0.	16,000.	44,700.	321,700.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
7 GEORGE COAN	(i) 114,480.	9,336.	0.	9,158.	25,586.	158,560.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
8 JOHN E. DAVIES	(i) 114,480.	9,336.	19,125.	9,158.	25,586.	177,685.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
9 NORMAN H. CAMPBELL	(i) 128,675.	10,401.	0.	10,294.	28,759.	178,129.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
10 MARY BLAKE CROUCH	(i) 117,300.	8,961.	0.	9,384.	26,217.	161,862.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
11 WILLIAM LOPER	(i) 112,765.	8,644.	0.	9,021.	25,203.	155,633.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
12							
13							
14							
15							
16							

Schedule J (Form 990) 2010

Part III Supplemental Information

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

EXPLANATION OF TRAVEL AND DUES

FORM 990, SCHEDULE J, PART I, LINE 1A

FIRST-CLASS OR CHARTER TRAVEL: THE PRESIDENT AND THREE VICE PRESIDENTS

USE FIRST CLASS AIR TRAVEL. EMPLOYEES CAN ALSO TRAVEL FIRST CLASS IF THE

TRIP GOES BEYOND TWO CONTINENTS (P.EX. TO KUALA LUMPUR).

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES: THE PRESIDENT BELONGS TO

SEVERAL OFFICER CLUBS, WHICH ARE USED FOR BUSINESS PURPOSES.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

ASSOCIATION OF THE UNITED STATES ARMY

Employer identification number

53-0193361

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1) GORDON R. SULLIVAN INSURANCE POLICY		X	600,000.	600,000.		X	X		X	
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total ▶ \$				600,000.						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Schedule L (Form 990 or 990-EZ) 2010

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

ASSOCIATION OF THE UNITED STATES ARMY

Employer identification number

53-0193361

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1.	35,000.	SALE OF COMPARABLE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0.

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

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

Schedule M (Form 990) (2010)

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

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

ASSOCIATION OF THE UNITED STATES ARMY

Employer identification number

53-0193361

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

AUSA'S FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE. THE CHAIRMAN OF
THIS COMMITTEE GIVES AN ACCOUNT OF THE TAX RETURN AND ITS IMPLICATIONS TO
THE COUNCIL OF TRUSTEES ALONG WITH THE ORGANIZATION'S FINANCIAL
POSITION.

DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15

FOR ALL OFFICERS (INCLUDING THE PRESIDENT): COMPENSATION COMMITTEE
CHAired BY THE CHAIRMAN OF THE COUNCIL OF TRUSTEES DETERMINES THE
OFFICER'S COMPENSATION.

AVAILABILITY OF OTHER DOCUMENTS

FORM 990, PART VI, LINE 19

BYLAWS, TAX RETURN, ORGANIZATION STRUCTURE AND BUDGET ARE AVAILABLE UPON
REQUEST.

CONFLICTS OF INTEREST

FORM 990, PART VI, LINE 12C

IT IS THE RESPONSIBILITY OF ALL DIRECTORS, OFFICERS AND EMPLOYEES TO
REPORT ETHICS VIOLATIONS OR SUSPECTED VIOLATIONS WITHOUT ADVERSE
CONSEQUENCES TO THE COMPLIANCE OFFICER OR THEIR SUPERVISOR. THE
COMPLIANCE OFFICER IS RESPONSIBLE TO INVESTIGATE ALL COMPLAINTS AND

Name of the organization

ASSOCIATION OF THE UNITED STATES ARMY

Employer identification number

53-0193361

ALLEGATIONS AND WILL ADVISE AT HIS/HER DISCRETION TO THE AUSA CEO OR THE FINANCE/AUDIT COMMITTEE. REPORTS ARE KEPT CONFIDENTIAL TO THE EXTENT POSSIBLE AND ALL REPORTS ARE INVESTIGATED AND CORRECTED IF NEEDED.

ELECTION OF GOVERNING BODY

FORM 990, PART VI, LINE 7A

THE CHAIRMAN APPOINTS A 3 MEMBER NOMINATING COMMITTEE FROM AMONG THE COUNCIL OF TRUSTEES FOR THE PURPOSE OF PROVIDING A SLATE OF NOMINEES FOR VACANT POSITIONS ON THE COUNCIL. THE NOMINATING COMMITTEE SUBMITS A SLATE SELECTED FROM MEMBERSHIP OF AT LEAST ONE NOMINEE FOR EACH VACANT POSITION. AFTER PUBLICATION OF THE SLATE IN AUSA NEWS, ADDITIONAL CANDIDATES MAY BE NOMINATED, IF THEY COMPLIED WITH THE CONDITIONS. BALLOTS WILL BE COUNTED UNDER THE DIRECTION OF THE COUNCIL OF TRUSTEES BY OFFICIAL TELLERS.

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES INCLUDE: ARMY MAGAZINE, CORPORATE MEMBERS, PUBLIC AFFAIRS, GOVERNMENT AFFAIRS, AUSA NEWS, MEMBERSHIP FULFILLMENT, ARMY SUSTAINMENT SYMPOSIUM, DATA PROCESSING INSIGNIA AND INSURANCE.

NEW SIGNIFICANT PROGRAM SERVICES

FORM 990, PART III, LINE 2

AUSA SUPPORTED SOFEX IN AMMAN, JORDAN FOR THE FIRST TIME IN 2010. SOFEX IS THE WORLD'S LEADING SPECIAL OPERATIONS AND HOMELAND SECURITY EXHIBITION. AUSA PROVIDED THE US PAVILION TO DEMONSTRATE AND SHOW US

Name of the organization

ASSOCIATION OF THE UNITED STATES ARMY

Employer identification number

53-0193361

PRODUCTS TO INTERNATIONAL VISITORS.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 5

NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS: 2,109,402

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE ASSOCIATION'S OBJECTIVE IS TO BE WHOLLY EDUCATIONAL, LITERARY,
AND SCIENTIFIC. IT FOSTERS ESPRIT DE CORPS AND REPRESENTS EVERY
AMERICAN SOLDIER BY BEING A VOICE FOR ALL OF THE ARMY COMPONENTS. IT
FOSTERS PUBLIC SUPPORT OF THE ARMY'S ROLE IN NATIONAL SECURITY,
PROVIDES PROFESSIONAL AND INFORMATIONAL PROGRAMS, AND SUPPORTS AND
PROMOTES THE READINESS AND TRANSFORMATION OF THE ARMY COMPONENTS FOR
THE 21ST CENTURY.

ATTACHMENT 2

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

	(A) NAME AND TITLE	(B) HOURS	(C) POSITION					COMPENSATION FROM			
			(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL. ORG.	(F) OTHER
29	THOMAS G. RHAME										
	VP, FINANCE & ADMINISTRATION	37.50			X				261,000.	0.	60,700.
30	THEODORE G. STROUP										
	VP, EDUCATION	37.50			X				261,000.	0.	60,700.
31	ANNE E. BELYEA										
	SECRETARY	37.50			X				125,976.	0.	27,693.
32	HELEN I. HEGYI										
	CONTROLLER	37.50			X				122,569.	0.	34,553.
33	ROGER G. THOMPSON, JR.										
	VP, MEETINGS	37.50			X				261,000.	0.	60,700.
34	GEORGE COAN										
	DIRECTOR, NATIONAL SECURITY	37.50				X			123,816.	0.	34,744.
35	JOHN E. DAVIES										
	DIRECTOR, REGIONAL ACTIVITIES	37.50				X			142,941.	0.	34,744.
36	NORMAN H. CAMPBELL										
	DIRECTOR, INFORMATION SYSTEMS	37.50				X			139,076.	0.	39,053.
37	MARY BLAKE CROUCH										

Name of the organization

ASSOCIATION OF THE UNITED STATES ARMY

Employer identification number

53-0193361

ATTACHMENT 2 (CONT'D)

EDITOR, ARMY MAGAZINE	37.50	X	126,261.	0.	35,601.
38 WILLIAM LOPER					
DIRECTOR, GOVERNMENT AFFAIRS	37.50	X	121,409.	0.	34,224.

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ALEX BROWN INVESTMENT MANAGEMENT 217 EAST REDWOOD STREET, SUITE 1400 BALTIMORE, MD 21202	INVESTMENT ADVISOR	171,733.
MGL MANAGEMENT, LLC 11654 PLAZA AMERICA DRIVE SUITE 184 RESTON, VA 20190	CONSULTING	319,455.
TMA RESOURCES, INC. 1919 GALLOWS ROAD SUITE 400 VIENNA, VA 22182	CONSULTING	1,161,333.
INFORMATION TECHNOLOGY ADVISORY GROUP 6852 SIGNATURE CIRCLE ALEXANDRIA, VA 22310	CONSULTING	176,030.
TOTAL COMPENSATION		<u>1,828,551.</u>

Form **5713**

(Rev December 2010)

Department of the Treasury
Internal Revenue Service**International Boycott Report**For tax year beginning 01/01/2010
and ending 12/31/2010▶ **Controlled groups, see instructions.**

OMB No 1545-0216

Attachment
Sequence No. 123Paper filers must file in
duplicate (see When and
Where to File in the instructions)Name ASSOCIATION OF THE UNITED STATES ARMY Identifying number 53-0193361

Number, street, and room or suite no If a P O box, see instructions

2425 WILSON BLVD

City or town, state, and ZIP code

ARLINGTON VA 22201

Address of service center where your tax return is filed

OGDEN, UT

Type of filer (check one)

☐ Individual ☐ Partnership ☒ Corporation ☐ Trust ☐ Estate ☐ Other**1 Individuals** - Enter adjusted gross income from your tax return (see instructions)**2 Partnerships and corporations:****a Partnerships** - Enter each partner's name and identifying number.**b Corporations** - Enter the name and employer identification number of each member of the controlled group (as defined in section 993(a)(3)). Do not list members included in the consolidated return; instead, attach a copy of Form 851. List all other members of the controlled group not included in the consolidated return.

If you list any corporations below or if you attach Form 851, you must designate a common tax year. Enter on line 4b the name and employer identification number of the corporation whose tax year is designated.

Name

Identifying number

If more space is needed, attach additional sheets and check this box ☐**c** Enter principal business activity code and description (see instructions)

Code	Description
813000	MILITARY EDUCATION ASSOCIATION

d IC-DISCs - Enter principal product or service code and description (see instructions)**3 Partnerships** - Each partnership filing Form 5713 must give the following information**a** Partnership's total assets (see instructions)**b** Partnership's ordinary income (see instructions)**4 Corporations** - Each corporation filing Form 5713 must give the following information**a** Type of form filed (Form 1120, 1120-FSC, 1120-IC-DISC, 1120-L, 1120-PC, etc)990**b** Common tax year election (see instructions)

(1) Name of corporation ▶

(2) Employer identification number

(3) Common tax year beginning 20 , and ending 20**c** Corporations filing this form enter(1) Total assets (see instructions) 65,575,816.(2) Taxable income before net operating loss and special deductions (see instructions) 351,088.**5 Estates or trusts** - Enter total income (Form 1041, page 1)**6** Enter the total amount (before reduction for boycott participation or cooperation) of the following tax benefits (see instructions)**a** Foreign tax credit NONE**b** Deferral of earnings of controlled foreign corporations NONE**c** Deferral of IC-DISC income NONE**d** FSC exempt foreign trade income NONE**e** Foreign trade income qualifying for the extraterritorial income exclusion NONE**Please
Sign
Here**

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete

Signature [Signature]Date May 13, 2011Title Vice Pres Finance & Admin

- 7a** Are you a U.S. shareholder (as defined in section 951(b)) of any foreign corporation (including a FSC that does not use the administrative pricing rules) that had operations reportable under section 999(a)? ☐ Yes ☒ No
- b** If the answer to question 7a is "Yes," is any foreign corporation a controlled foreign corporation (as defined in section 957(a))? ☐ Yes ☐ No
- c** Do you own any stock of an IC-DISC? ☐ Yes ☒ No
- d** Do you claim any foreign tax credit? ☐ Yes ☒ No
- e** Do you control (within the meaning of section 304(c)) any corporation (other than a corporation included in this report) that has operations reportable under section 999(a)? ☐ Yes ☒ No
If "Yes," did that corporation participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year? ☐ Yes ☐ No
- f** Are you controlled (within the meaning of section 304(c)) by any person (other than a person included in this report) who has operations reportable under section 999(a)? ☐ Yes ☒ No
If "Yes," did that person participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year? ☐ Yes ☐ No
- g** Are you treated under section 671 as the owner of a trust that has reportable operations under section 999(a)? ☐ Yes ☒ No
- h** Are you a partner in a partnership that has reportable operations under section 999(a)? ☐ Yes ☒ No
- i** Are you a foreign sales corporation (FSC) (as defined in section 922(a), as in effect before its repeal)? ☐ Yes ☒ No
- j** Are you excluding extraterritorial income (defined in section 114(e), as in effect before its repeal) from gross income? ☐ Yes ☒ No

Part I Operations in or Related to a Boycotting Country (see instructions)

- 8 Boycott of Israel** - Did you have any operations in or related to any country (or with the government, a company, or a national of that country) associated in carrying out the boycott of Israel which is on the list maintained by the Secretary of the Treasury under section 999(a)(3)? (See **Boycotting Countries** in the instructions) ☒ Yes ☐ No

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box ☐ **SEE STATEMENT 1.**

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only - Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				
n				
o				

9 Nonlisted countries boycotting Israel - Did you have operations in any nonlisted country which you know or have reason to know requires participation in or cooperation with an international boycott directed against Israel? . . .

Yes	No
	X

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box ☐

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only - Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				

10 Boycotts other than the boycott of Israel - Did you have operations in any other country which you know or have reason to know requires participation in or cooperation with an international boycott other than the boycott of Israel? . . .

Yes	No
	X

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box ☐

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only - Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				

11 Were you requested to participate in or cooperate with an international boycott? . . .

Yes	No
	X

If "Yes," attach a copy (in English) of any and all such requests received during your tax year. If the request was in a form other than a written request, attach a separate sheet explaining the nature and form of any and all such requests. (See instructions.)

12 Did you participate in or cooperate with an international boycott? . . .

Yes	No
	X

If "Yes," attach a copy (in English) of any and all boycott clauses agreed to, and attach a general statement of the agreement. If the agreement was in a form other than a written agreement, attach a separate sheet explaining the nature and form of any and all such agreements. (See instructions.)

Note: If the answer to either question 11 or 12 is "Yes," you must complete the rest of Form 5713. If you answered "Yes" to question 12, you must complete Schedules A and C or B and C (Form 5713).

FORM 5713, PART I LINE 8 BOYCOTT OF ISRAEL
=====

NAME OF COUNTRY (1)	ID OF PERSON HAVING OPERATIONS		RELATED CORP ID	PRINCIPAL BUSINESS ACTIVITY		IC-DISC (5)
	(2)	RELATED FOREIGN CORPORATION		CODES (3)	DESCRIPTION (4)	
----- KU	----- 53-0193361	----- N/A	----- N/-A	----- 813000	----- MILITARY EDUCATION ASSN	----- N/A