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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.

Open to Public Inspection

OMB No 1545-0047

<u>A</u>	For the	2010 calendar year, or tax year beginning $$	ending J	UN 30, 2011	· · · · · · · · · · · · · · · · · · ·
В	Check if applicable	C Name of organization Association of Graduates of the United	d.	D Employer identification	ation number
Γ	Address				
Ē	Name change	Doing Business As		84-05	80665
	Initial		Room/suite	E Telephone number	
	Termin- ated	3116 Academy Drive		(719)	472-0300
	Amende return			G Gross receipts \$	6,162,517.
	Application			H(a) Is this a group ret	urn
	pending		on	for affiliates?	Yes X No
		same as C above		H(b) Are all affiliates inclu	ıded? Yes No
1	Tax-exer	mpt status X 501(c)(3) \Box 501(c)() \triangleleft (insert no) \Box 4947(a)(1) c	or 527	If "No," attach a li	st (see instructions)
J	Website	:▶ www.usafa.org		H(c) Group exemption	number >
K	Form of a	rganization X Corporation	L Year	of formation 1968 M	State of legal domicile CO
	art I	Summary			
9	1 B	riefly describe the organization's mission or most significant activities: ${ ext{TO}}$	ursue	our vision a	and to
Activities & Governance	5	serve and support the United States of Ar	ne rica	, the United	States
Î.	2 0	heck this box 🕨 🔲 if the organization discontinued its operations of dispos	sed of more	than 25% of its net ass	
Š	3 1	lumber of voting members of the governing body (Rart VI, line 1a)	မ္က	3	13
প্ৰ প্ৰ	4 N	lumber of independent voting members of the governing body (நிகு) (நிகு 1b)	ğ	4	13
es	5 T	otal number of individuals employed in calendar year 2010 (Part V, line 2a)	劉	5	42
Ĭ		otal number of volunteers (estimate if necessary)	53	6	1
Acti 6	7aT	otal unrelated business revenue from Part VIII, column @ine 12:00	المحيية	7a	316,269.
š	b N	let unrelated business taxable income from Form 990-1, line 34	· · ·	7b	-508,344.
•	-			Prior Year	Current Year
, a	8 0	Contributions and grants (Part VIII, line 1h)		4,981,744.	4,106,782.
Revenue	9 P	rogram service revenue (Part VIII, line 2g)	<u> </u>	179,021.	207,980.
- é	10 lr	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	476,708.	500,085.
	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ļ	1,010,419.	1,145,430.
불	12 T	otal revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,647,892.	5,960,277.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1·3)	ļ	6,213,789.	3,366,730.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S €	15 S	salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,009,272.	2,069,803.
eus	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	., <u> </u>	0.	<u> </u>
ال Expenses	b⊺	otal fundraising expenses (Part IX, column (D), line 25)	89.	1 (51 520	1 442 561
_	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,651,529.	1,443,561.
		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	ļ	9,874,590. -3,226,698.	6,880,094. -919,817.
	19 F	Revenue less expenses. Subtract line 18 from line 12			
t Assets or			Re	ginning of Current Year 33,628,153.	End of Year 37,342,303.
SSE	20 T	otal assets (Part X, line 16)		9,740,708.	10,146,169.
Net A		otal liabilities (Part X, line 26)	-	23,887,445.	27,196,134.
		let assets or fund balances. Subtract line 21 from line 20		23,007,443.	27,170,134.
		Signature Block les of perjury, I declare that I have examined this return, including accompanying schedule	e and etatem	ente and to the heet of my	knowledge and helief it is
		and complete. Declaration of preparer (other than officer) is based on all information of wh			kilowicago alia beliel, it is
true	e, correct,	William T "Shompson	non preparer	Thas arry knowledge	
Sig		Signature of officer		Date	
He		William "T" Thompson, President and C	EO	2/6/	12
110	'	Type or print name and title			
	- 1	Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Pai		Greg Papineau, CPA	, 0	02/01/12 self-employed	1
		Firm's name BiggsKofford, P.C.	V-V-	Firm's EIN	
	· -	Firm's address 630 Southpointe Court, Suite 20	0		
	.	Colorado Springs, CO 80906		Phone no 7 1	19.579.9090
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Form **990** (2010)

6,060,960.

Form **990** (2010)

Association of Graduates of the United

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		Х
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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			.,
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?		1,7	
	If "Yes," complete Schedule D, Part V	10	Х	ļ
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.			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	_X_	
b			v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d		444		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_ <u> </u>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	x	
_	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
J	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	15		Х
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	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	L_	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u></u>	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b				1
	operate one or more hospitals must attach audited financial statements (see instructions)	20ь	<u> </u>	
		_	$\alpha \alpha \alpha$	

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Pa	t 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			1
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete	}	l	
	Schedule L, Part III	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36	<u></u>	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? If "Yes," complete Schedule R, Part VI	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	
		Form	990	(2010

Part V

Statements Regarding Other IRS Filings and Tax Compliance

84-0580665

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Check if Schedule O contains a response to any question in this Part V Yes No 6 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 42 filed for the calendar year ending with or within the year covered by this return Х 2b 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) Х 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х 3ь b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Х 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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 Х any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Х 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 7b b If "Yes." did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7¢ Х to file Form 8282? 7d d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting 8 organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a 9b **b** Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter 11 11a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a 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. b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand Х 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Form 990 (2010)

Association of Graduates of the United

States Air Force Academy 84-0580665 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 Section A. Governing Body and Management No Yes 13 1a Enter the number of voting members of the governing body at the end of the tax year b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors or trustees, or key employees to a management company or other person? X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the Х governing body? 7a X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No Х 10a 10a Does the organization have local chapters, branches, or affiliates? 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 Х 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this is done Х 13 Does the organization have a written whistleblower policy? Х 14 Does the organization have a written document retention and destruction policy? 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? Х a The organization's CEO, Executive Director, or top management official 15a Х 15b **b** Other officers or key employees of the organization 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 Х taxable entity during the year? 16a 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 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CO, SC 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. X Upon request X Own website Another's website 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

CO

80840-4475

Alton Parrish - 719-472-0300

3116 Academy Drive, USAF Academy,

Association of Graduates of the United States Air Force Academy

Form 990 (2010). States Air Force Academy

84-0580665

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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.

(A)	(B)	Ī		((ted any current officer, o	(E)	(F)
Name and Title	Average			Pos		ı		Reportable	Reportable	Estimated
	hours per	(c	heck	all	hat	арр	ly)	compensation	compensation	amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Gary Howe										
Executive Vice President	40.00	X		Х				82,363.	0.	4,418.
Corrie Grubbs										
Vice President	40.00	X		Х		L		50,001.	0.	2,775.
William T. Thompson										
President and CEO	40.00	X		Х	Х	X		233,946.	0.	24,360.
Alton E. Parrish										
SVP and CFO	40.00	X		X				77,372.	0.	8,744.
Martin Marcolongo									_	
Senior Vice President	40.00	X		Х				73,355.	0.	3,251.
Robert McAllister										
Senior Vice President	40.00	X		X	L.		<u> </u>	74,805.	0.	2,958.
Terry Storm			1			ļ				
Director	4.00	X					<u> </u>	0.	0.	0.
Brian Binn	1 00									0
Director	1.00	X				<u> </u>	<u> </u>	0.	0.	0.
Bob Munson	1 00								0	^
Director	1.00	X					_	0.	0.	0.
Jack Fry	1 00	X						0.	0.	0.
Director	1.00					<u> </u>	<u> </u>			
Rip Blaisdell	1.00	X			ļ			0.	0.	0.
Director Vic Andrews	1.00	^		-		├-				
Director	1.00	X						0.	0.	0.
Roger Carleton	1.00	A	-			-	<u> </u>			
Director	1.00	x			}	}		0.	0.	0.
Frank Schmuck	1.00	1				\vdash	_			
Director	1.00	X	ļ					0.	0.	0.
Steve Beasley										
Director	1.00	X		l				0.	0.	0.
Mark Rosenow		T -	T .			ļ	_	<u> </u>		
Director	1.00	X	1					0.	0.	0.
Mayrita O'Neil										
Director	1.00	V X	J]	J	j	l	0.	0.	0.

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Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	nplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average				itior			Reportable	Reportable		Estu	mated	b
	hours per week	(C	heck	all	that	арр	ly)	compensation	compensation			unt o	ıf
	(describe	çç					ļ	from the	from related organization		compe	ther ensat	lon
	hours for	l die			ĺ	gg		organization	(W-2/1099-MIS	- 1		n the	
	related	92gg	truste			bens		(W-2/1099-MISC)	,	<i>'</i>	orgar	nizatio	วท
	organizations	thal th	tonal		a Sold	15 ag	L					relate	
	In Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme			İ	organ	ızatıo	ns
Kathleen Rock	,				 -	 							
Director	1.00	Х					ļ	0.	ı	0.			0.
Bruce Wright													
Director	1.00	Х						0.		0.			0.
			_										
	·-						-		<u></u>				
						-	-						
						├	-						
							_		<u></u>				
1b Sub-total								591,842.	· · · · · · · · · · · · · · · · · · ·	0.	46	,50	<u>)6.</u>
c Total from continuation sheets to Part VI	I, Section A							591,842.		0.	16	,50	16
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n			م د م	ام اس	h a	2) 104			000 in reportable		40	, 50	,
compensation from the organization	ot ilmited to tr	iose	iiste	eu ai	DOV	e) wi	101	eceived more than \$100	,000 in reportabl	e			1
		_									Y	'es	No
3 Did the organization list any former officer,	director or tru	stee	, key	en en	olqr	yee,	or I	highest compensated er	nployee on				
line 1a? If "Yes," complete Schedule J for s											3		<u>X</u>
4 For any individual listed on line 1a, is the su	•							•	the organization			x	
and related organizations greater than \$150											4	^	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	-						eiai	ted organization or indiv	dual for services	1	5	1	Х
Section B. Independent Contractors	piete <u>Scriedur</u>	- 0 1	01 30	1011	pers	5011							 -
Complete this table for your five highest co	mpensated in	depe	ende	nt c	ont	racto	ors 1	that received more than	\$100,000 of con	npensa	ation fro	m	
the organization.									 ,				
(A) Name and business	address							(B) Description of s	enuces	C	(C) ompens	etion	
Gerald H. Phipps, Inc, 59		nr	200	<u>.</u>			_	Description of s	ervices				
Plaza Blvd Ste 100, Green	$MOOQ M_{\odot}$;]]	lac	10	. (ഹ		Construction			642	- 57	70.
Publication Printers, 200								CONSCIUCTION			012	, , ,	<u> </u>
Drive, Denver, CO 80223)					• • •		Printing			163	. 64	14.
Colorado Springs Marriott	5580	Te	ech	1								•	
Center Drive, Colorado Sp					919	9		Hotel Accomm	odations		120	,76	53.
Amb. Roger Harrison		-						USAFA Person					
3116 Academy Drive, USAF	Academy	7,	CC) (30	840)	Service Agre	ement		120	,00	00.
												-	

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization

Form **990** (2010)

States Air Force Academy

					(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	b c d e f	Fundraising events Related organizations Government grants (contributions, gifts, grants) similar amounts not included above	ts, and ve 1f 3,	616,426.	4,106,782.			
	•		D	Business Code	·	207.000		
Program Service Revenue	2 a b c d			900099	207,980.	207,980.		
Pro	e	All other program service reve	nue.			·		
1	ď		ilue		207,980.			
	3	Investment income (including other similar amounts)		>	500,085.			500,085.
ĺ	4 5	Income from investment of tax Royalties	x-exempt bond	proceeds	292,251.			292,251.
	Ū	Hoyanico	(ı) Real	(II) Personal			.,	
	6 a	Gross Rents						
	b	Less. rental expenses						
	c	Rental income or (loss)	L	L				
		Net rental income or (loss)	(t) Securition	(u) Othor				
	/ a	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other	•			
	ь	Less cost or other basis			{			
		and sales expenses						
	c	: Gain or (loss)						
	c	Net gain or (loss)		<u> </u>				
enne/	8 a	Gross income from fundraisin including \$	of					
Other Reven		contributions reported on line Part IV, line 18 Less: direct expenses	a b					
_		: Net income or (loss) from fund	-		<u> </u>			
	9 a	 Gross income from gaming ac Part IV, line 19 	ctivities. See a			1		
	ŀ	Less: direct expenses	t			1		
		: Net income or (loss) from garr		>	1			
		Gross sales of inventory, less	returns					
		and allowances	а	291,944. 202,240.	-			
		Less cost of goods sold		202,240.	00 704	00 704		
ŀ		Net income or (loss) from sale		<u> </u>	89,704.	89,704.		
	44	Miscellaneous Revenu Other Income	lė	Business Code 90009	447,206.	447,206.	1	
		Public Advertis	sing	511190	316,269.	11//2000	316,269.	
					1 220,200.			
		All other revenue						
		Total. Add lines 11a-11d		•	763,475.			
	12	Total revenue See instructions		>	5,960,277.	744,890.	316,269.	792,336.

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)

	All other organizations must com			(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	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	3,366,730.	3,366,730.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the US				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				26 222
	trustees, and key employees	597,099.	428,326.	132,475.	36,298.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 100 007		064 645	70 F1F
7	Other salaries and wages	1,192,827.	855,667.	264,645.	72,515.
8	Pension plan contributions (include section 401(k)		20 252	10 100	2 016
	and section 403(b) employer contributions)	55,917.	39,969.	12,132.	3,816. 6,094.
9	Other employee benefits	78,036.	63,592.	8,350.	6,094.
10	Payroll taxes	145,924.	90,335.	46,919.	8,670.
11	Fees for services (non-employees).				
а	Management			146	
b	Legal	146.		146.	<u>.</u>
С	Accounting	25,975.		25,975.	
d	Lobbying	.,,			
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	28,310.	100 (10	28,310.	1 070
9	Other	122,132.	102,643.	18,419.	1,070.
12	Advertising and promotion	71,916.	55,416.	16,500.	
13	Office expenses	27,301.	26,624.	677.	
14	Information technology				
15	Royalties				
16	Occupancy		41 457	11 006	706
17	Travel	54,049.	41,457.	11,806.	786.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		01 071	6 706	
19	Conferences, conventions, and meetings	98,657.	91,871.	6,786.	
20	Interest	· · · · · · · · · · · · · · · · · · ·			
21	Payments to affiliates	207 100		207 400	
22	Depreciation, depletion, and amortization	327,422.	10 507	327,422.	
23	Insurance	41,709.	12,507.	29,202.	
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 0)				
а	Printing & Reproduction	222,522.	217,879.	3,207.	1,436.
b	Postage	106,385.	89,464.	12,062.	4,859.
c	Repairs & Maintenance	102,482.	11,962.	90,520.	
d	Semi-Annual Admin Fees	55,358.	55,358.		
e	Utilities	48,204.	292.	47,912.	
	All other expenses	110,993.	510,868.	-448,020.	48,145.
25	Total functional expenses Add lines 1 through 24f	6,880,094.	6,060,960.	635,445.	183,689.
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				
					Earm 000 (2010)

Part X Balance Sheet (A) End of year Beginning of year 2,556,950. 2,026,982. 1 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 660,225. 1,302,737. 3 3 Pledges and grants receivable, net 276,558. 229,732. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L 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 6 employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net 70,584. 61,597. 8 Inventories for sale or use 72,047. 70,122. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 9,555,563. 10a basis. Complete Part VI of Schedule D 4,993,035. 3,812,393. 10c 4,562,528. 10b b Less: accumulated depreciation 23,220,325. 26,060,879. Investments - publicly traded securities 11 2,032,271. 2,236,890. 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 845,642. 871,994. 15 15 Other assets. See Part IV, line 11 33,628,153. 37,342,303. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 241,978. 204,973. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 7,404,781. 7,600,458. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 2,093,949. 2,340,738. 25 25 Other liabilities. Complete Part X of Schedule D 9,740,708. 10,146,169. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 10,231,950. 7,090,022. 27 27 Unrestricted net assets 12,679,420. 12,841,302. Temporarily restricted net assets 28 4,122,882. 4,118,003. Permanently restricted net assets Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 27,196,134. 23,887,445. 33 Total net assets or fund balances 37,342,303. 33,628,153.

Total liabilities and net assets/fund balances

Association of Graduates of the United

84-0580665 Form 990 (2010) States Air Force Academy Page 12 Part XI Reconciliation of Net Assets X Check if Schedule O contains a response to any question in this Part XI 5,960,277. 1 Total revenue (must equal Part VIII, column (A), line 12) 6,880,094. 2 Total expenses (must equal Part IX, column (A), line 25) 2 -919,817. Revenue less expenses. Subtract line 2 from line 1 3 23,887,445. 4 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4,228,506. 5 Other changes in net assets or fund balances (explain in Schedule O) 5 27,196,134. Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes No Accounting method used to prepare the Form 990: ___ Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? X **b** Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

За

Х

separate basis, consolidated basis, or both: X Separate basis Consolidated basis

Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Association of Graduates of the United States Air Force Academy

Employer identification number 84-0580665

Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions				
The	organi	zation is not a	private foundation	because it is: (For lines 1	through 1	11, check o	only one b	ox.)					
1		A church, cor	nvention of churche	s, or association of churc	ches desci	rıbed ın se	ction 170	(b)(1)(A)(i)					
2		A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3		A hospital or	a cooperative hospi	tal service organization o	described	n section	170(b)(1)(A)(iii).					
4		A medical res	earch organization	operated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter the	e hospital'	s nam	e,
		city, and state	e:										
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governr	mental unr	t described	nı b		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	te, or local governm	ent or governmental unit	t described	d in sectio	n 170(b)(1)(A)(v).					
7		An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general pu	ublic desci	rıbed ır	า
		section 170(b)(1)(A)(vi). (Comple	ete Part II)									
8		A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	X	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fr	om contri	butions, m	nembershi	p fees, and	d gross red	eipts f	from
			•	nctions · subject to certa									
		income and i	ınrelated busıness t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	ınızatıon af	ter June 3	0, 197	5
			509(a)(2). (Complete	•									
10	\sqsubseteq			perated exclusively to te									
11	Ш			perated exclusively for th									or
				ations described in section				e). See sec	ction 509(a)(3). Chec	k the box	that	
			· · · · —	organization and compl									
		a Type I		• •	Тур						Type III - C		
е	Ш			at the organization is not									n
_				han one or more publicly						9(a)(1) or se	ection 509	(a)(2).	
f		_		tten determination from t	the IRS tha	atitisa iy	pe I, Type	II, or Type	e III				
			rganization, check th					6.0 · 6.0		0			
9	ľ			organization accepted ar								Yes	Na
				irectly controls, either al	one or tog	etner with	persons c	iescribea i	ın (II) and (iii) below,	44 =/3	res	No
		-		upported organization?							11g(i)		
		•	•	n described in (i) above?		-0					11g(ii)		
				a person described in (i) o							11g(iii)		
h	1	Provide the f	ollowing information	about the supported or	ganization	(S).							
			(-) FIN	(III) Type of	(iv) Is the c	organization	(v) Did you	i notify the	(vi) is	the	(viı) An	acunt o	
(1)		of supported anization	(II) EIN	organization		sted in your			organizati (i) organiz	on in col		port	
	orga	11112411011		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	US	2	044	,,,,,	
				(see instructions))	Yes	No	Yes	No	Yes	No			
					<u> </u>								
			-										
									<u> </u>	 			
								1					
					<u> </u>			ļ	ļ	 -			

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

Schedule A (Form 990 or 990-EZ) 2010

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 Total. Add lines 1 through 3 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 (e) 2010 (f) Total Calendar year (or fiscal year beginning in) (d) 2009 (a) 2006 **(b)** 2007 (c) 20087 Amounts from line 4 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources 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) 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 % 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 15 % 15 Public support percentage from 2009 Schedule A, Part II, line 14 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

Schedule A (Form.990 or 990-EZ) 2010 States Air Force Academy

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

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

Sec	ction A. Public Support						,
Cale	ndar 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.")	9360487.	6603805.	8470482.	4981744.	4106782.	33523300.
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	1874801.	1260306.	472.588.	432,649.	499,924.	4540268.
2	Gross receipts from activities that	10,10010	1200000	1,2,000			
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				_		
6	Total. Add lines 1 through 5	11235288.	7864111.	8943070.	5414393.	4606706.	38063568.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	3002772.	1020398.	3745333.	2402500.	2631750.	12802753.
t	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						0.
	Add lines 7a and 7b	3002772.	1020398.	3745333.	2402500.	2631750.	12802753.
	Public support (Subtract line 7c from line 6)						25260815.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	11235288.	7864111.	8943070.	5414393.	4606706.	38063568.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	278,822.	294,596.	701,521.	704,634.	764,026.	2743599.
t	Unrelated business taxable income			!			
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	278,822.	294,596.	701,521.	704,634.	764,026.	2743599.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is	90,820.	110,015.	93,108.	234,555.	316,269.	844,767.
12	regularly carried on Other income. Do not include gain	30,020.	110,013.	73,100.	234/333.	310,203.	01177074
	or loss from the sale of capital assets (Explain in Part IV.)	370,768.	359,418.	508,972.	413,926.	447,206.	
13	Total support (Add lines 9, 10c, 11, and 12)	11975698.	8628140.	10246671.	6767508.	6134207.	43752224.
	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organı	zation,
	check this box and stop here						<u>▶</u>
<u>Se</u>	ction C. Computation of Publ	<u>ic Support Pe</u>	rcentage			· · · · · · · · · · · · · · · · · · ·	F 7 7 4
	Public support percentage for 2010 (column (f))		15	57.74 %
	Public support percentage from 2009			<u> </u>		16	57.09 %
	ction D. Computation of Inve				<u></u>	I I	6 27
	Investment income percentage for 20			ne 13, column (f))		17	$\begin{array}{cccc} & 6.27 & \% \\ \hline & 4.71 & \% \end{array}$
	Investment income percentage from				46. 4. 6	18	
19	a 33 1/3% support tests - 2010. If the						17 is not ► X
t	more than 33 1/3%, check this box a 33 1/3% support tests - 2009. If the	e organization did n	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	▶ L

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Association of Graduates of the United States Air Force Academy

Employer identification number 84-0580665

Par			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
	,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed 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 a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all th <u>at a</u> pply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
Par	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthers	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic 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 tre	easures, or other similar assets for financi	
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

Association of Graduates of the United

		Air Force						<u>80665</u>	
Pa	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, o	r Oth	er Simila	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that	t are a s	ignificant i	use of its	collection	ıtems
	(check all that apply).								
а	Public exhibition	d	Loan or excl	hange progra	ıms				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organizatio	on's exe	mpt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	llection?				Yes	□ No
Pai	Escrow and Custodial Arran		ete if the organizatio	n answered "	Yes" to	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contribution	s or other as:	sets not	Included		٦	
	on Form 990, Part X?						L	」Yes	∟ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f		-	
2a	- · · · · · · · · · · · · · · · · · · ·		21?					Yes	L No
	If "Yes," explain the arrangement in Part XIV.								
Pa	t V Endowment Funds. Complete	f the organization an						1	
	ļ	(a) Current year	(b) Prior year	(c) Two year		(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	4,781,625.	4,565,746.	6,109	500.				
ь	Contributions	3,974.	8,796.	13	,199.				
С	Net investment earnings, gains, and losses	875,894.	327,209.	-1,226	,295.				
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	232,515.	120,126.	330	658.				
f	Administrative expenses								
g	End of year balance	5,428,978.	4,781,625.	4,565	746.			<u> </u>	
2	Provide the estimated percentage of the year	r end balance held a	ıs:						
а	Board designated or quasi-endowment	.00	%						
b	Permanent endowment ► 75.94	%							
		%							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administe	red for t	the organiz	zation	_	
	by:)	es No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" to 3a(II), are the related organizations	s listed as required o	n Schedule R?					3b	
4	Describe in Part XIV the intended uses of the	organization's endo	wment funds						
Par	t VI Land, Buildings, and Equipm	ent. See Form 990), Part X, line 10			-			
	Description of investment	(a) Cost or o	ther (b) Cost	or other		ccumulate	ed	(d) Book	value
		basis (investr	nent) basis	(other)	de	preciation			
1a	Land								
b	Buildings		7,59	3,004.	3,	556,4	36.	4,036	<u>,568.</u>
С	Leasehold improvements								
d	Equipment			2,341.	1,	338,5			,814.
е	Other		40	0,218.		98,0	72.		,146.
T - 4 - 1	Add lines to through to (Column (d) must a	-uni Form 000 Port	V 20/100 (D) 100 1	0(0)				4.562	.528.

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() 5	Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financial derivatives			
(2) Closely-held equity interests	,		
(3) Other			
(A) Limited Partnerships	2,236,890.	End-of-Year Marke	t Value
(B)		<u></u>	
(C)			
(D)			
(E)			
(F)			···
(G)			
(H)			
(1)	2 226 200		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ►	2,236,890.		
Part VIII Investments - Program Related. Se	e Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)		······································	
Total (Col (b) must equal Form 990, Part X, col (B) line 13) ▶			
Part IX Other Assets. See Form 990, Part X, line			/IN Dealessales
	Description		(b) Book value
(1)			
(2)			
(3)			
(3) (4)	-		
(3) (4) (5)			
(3) (4) (5) (6)			
(3) (4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8)			
(3) (4) (5) (6) (7) (8) (9)			
(3) (4) (5) (6) (7) (8) (9) (10)			
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line			>
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X, I			>
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X, 1. (a) Description of liability		(b) Amount	
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X, I. (a) Description of liability (1) Federal income taxes	line 25	(b) Amount	>
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line [Part X Other Liabilities. See Form 990, Part X, I (a) Description of liability (1) Federal income taxes (2) Agency Deposits	line 25	(b) Amount 2,236,890.	
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X, I (a) Description of liability (1) Federal income taxes (2) Agency Deposits (3) Other Liabilities	line 25	(b) Amount	
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X, I. (a) Description of liability (1) Federal income taxes (2) Agency Deposits (3) Other Liabilities (4)	line 25	(b) Amount 2,236,890.	
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X, I (a) Description of liability (1) Federal income taxes (2) Agency Deposits (3) Other Liabilities (4) (5)	line 25	(b) Amount 2,236,890.	
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X, I (a) Description of liability (1) Federal income taxes (2) Agency Deposits (3) Other Liabilities (4) (5) (6)	line 25	(b) Amount 2,236,890.	>
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X, 1. (a) Description of liability (1) Federal income taxes (2) Agency Deposits (3) Other Liabilities (4) (5) (6) (7)	line 25	(b) Amount 2,236,890.	
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line [Part X Other Liabilities. See Form 990, Part X, I (a) Description of liability (1) Federal income taxes (2) Agency Deposits (3) Other Liabilities (4) (5) (6) (7) (8)	line 25	(b) Amount 2,236,890.	
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X, I. (a) Description of liability (1) Federal income taxes (2) Agency Deposits (3) Other Liabilities (4) (5) (6) (7) (8) (9)	line 25	(b) Amount 2,236,890.	
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X, I. (a) Description of liability (1) Federal income taxes (2) Agency Deposits (3) Other Liabilities (4) (5) (6) (7) (8) (9) (10)	line 25	(b) Amount 2,236,890.	
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X, I. (a) Description of liability (1) Federal income taxes (2) Agency Deposits (3) Other Liabilities (4) (5) (6) (7) (8) (9)	line 25	(b) Amount 2,236,890. 103,848.	

Association of Graduates of the United

84-0580665 Page 4 States Air Force Academy Schedule D (Form, 990) 2010 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 5,960,277. Total revenue (Form 990, Part VIII, column (A), line 12) 6,880,094. 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 -919,817.3 3 Excess or (deficit) for the year. Subtract line 2 from line 1 4,156,838. 4 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 5 6 6 Investment expenses 7 7 Prior period adjustments 71,668. 8 8 Other (Describe in Part XIV) 4,228,506. 9 q Total adjustments (net) Add lines 4 through 8 3,308,689. 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 10,088,805. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 4,156,838 2a Net unrealized gains on investments Donated services and use of facilities 2b 2c Recoveries of prior year grants 2d d Other (Describe in Part XIV.) 4,156,838. 2e e Add lines 2a through 2d 5,931,967. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 28,310. a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b b Other (Describe in Part XIV) 28,310. 4c c Add lines 4a and 4b 5,960,277. 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 6,851,784. 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990. Part IX, line 25: 2a Donated services and use of facilities 2b **b** Prior year adjustments 2c c Other losses 2d d Other (Describe in Part XIV) 2e e Add lines 2a through 2d 6,851,784. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 28,310. Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV.) 4b 28,310. 4c c Add lines 4a and 4b 6,880,094. 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 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. Part XI, Line 8: Other Uncollectible Pledges: 71,668

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, Department of the Treasury 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

Open To Public Inspection

Internal Revenue Service

Association of Graduates of the United States Air Force Academy

Employer identification number 84-0580665

	. Complete if the organization answer	ered "\	es" to	Form 990. Part IV.	ine 17. Form 990-EZ	
required to complete this par	t	_				
1 Indicate whether the organization rais					•	`
a X Mail solicitations b X Internet and email solicitations				overnment grants		
b \(\textbf{X} \) Internet and email solicitations c \(\textbf{X} \) Phone solicitations	s f ∭ Solicitat g ∭ Special			nment grants		
d In-person solicitations	g opecial	iunaie	using	events		
2 a Did the organization have a written of	or oral agreement with any individual	(inclu	ding o	fficers, directors, trus	stees or	
	art VII) or entity in connection with p					X No
b If "Yes," list the ten highest paid ind	ividuals or entities (fundraisers) purs	uant to	agre	ements under which	the fundraiser is to	be
compensated at least \$5,000 by the	eorganization				_	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	Did alser ustody trol of utions?	(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			
		-		- " -		
						,,
		<u> </u>				
				<u> </u>		
Total			•	_		
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	ution	s or has been notifie	d it is exempt from re	egistration
CO,SC						
						
	——————————————————————————————————————					
				-		

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

Association of Graduates of the United

Schedule G (Form 990 or 990 EZ) 2010 States Air Force Academy

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 (add col (a) through col. (c)) (total number) (event type) (event type) Gross receipts 2 Less: Charitable contributions 3 Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10 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 (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes 4 Rent/facility costs 5 Other direct expenses % Yes Yes Yes 6 Volunteer labor No 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. Yes a is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: __ 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? └── Yes b If "Yes," explain:

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0.46	and the officer of the contract of the contrac	0580	<i>6 6</i> E	_
	Does the organization operate gaming activities with nonmembers?			
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		Yes	└─ No
'-	to administer charitable gaming?	<u> </u>	Yes	☐ No
13	Indicate the percentage of gaming activity operated in:	1 1	163	I40
	The organization's facility	13a		%
	o An outside facility	13b		<u>7</u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130		
	Name ▶			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	,	Yes	L No
b	o 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			
	Mandatory distributions:			
а	s the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	` لــــا	Yes	No
t	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 ▶ \$			
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii			
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	n (see II	nstruc	ctions).
		.		
				
		-		
				

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Schedule G (Form 990 or 990-EZ) 2010

% ⊠ Employer identification number 84-0580665 funding to the USAFA to nission of providing an OMB No 1545-004Z Open to Public 2010 Inspection (h) Purpose of grant nelp accomplish its To provide private or assistance ☐ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part il can be duplicated if additional space is needed ame and address of organization (b) EIN (c) IRC section or government if applicable cash grant or government of the contraction of the con 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 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, 0 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. the United 2,843,001 of Graduates States Air Force Academy Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance Association of criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization United States Air Force Academy 2304 Cadet Dr, Ste 3300 USAF Academy, CO 80840 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990) Part 1 Part #

See Part IV for Column (h) descriptions

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

Schedule I (Form 990) (2010)

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84-0580665

Schedule I (Form 990) (2010)

Part III Grants and Other

(Form 990) (2010) STATES ALL FORCE ACAGEMY

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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
Scholarships	21	10,500.	.0		•
Part iV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ide the information	n required in Part I,	line 2, and any other	additional information.	
Part II, line 1, Column (h):					
Name of Organization or Government: Un	t: United	States Ai	ited States Air Force Academy	ademy	
(h) Purpose of Grant or Assistance:		vide priva	provide private funding to the	to the	
USAFA to help accomplish its mission	1	of providing an	extra	margin of	
excellence for cadets.			:		

C

SCHEDULE J. (Form 990)

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

► Attach to Form 990. ► See separate instructions.

Association of Graduates of the United

States Air Force Academy

Employer identification number 84-0580665

Pi	art I Questions Regarding Compensation			
			Yes	No
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 Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax Indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1ь		
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?	2		
	,			
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 X Written employment contract	ļ		
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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			v
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a_	X	X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Λ.	X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	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:	:		
а	The organization?	5a		X
b	Any related organization?	5b	Ĺ	X
	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			
а	The organization?	6a	<u> </u>	X
b	Any related organization?	6b	ļ	X
	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	7	<u> </u>	_X_
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ĺ .		٠,
_	Initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		_X_
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	l	l

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Schedule J (Form 990) 2010

84-0580665

Page 2

Association of Graduates of the United

States Air Force Academy 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

	ľ						-	
		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(D)	(E) Total of columns	(F)
(A) Name		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
	ε	233,946.	0	0	17,812.	6,548.	258,306.	200,256.
William T. Thompson	· (E)	0	0	0.	0	0	0	0
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2	€							
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	€							
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11	€							
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12	€							
	8							
13	€							
	Θ							
14	(ii)							
	€							
15	(ii)							
	8							
16								

Schedule J (Form 990) 2010

SCHEDULE O. (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Association of Graduates of the United States Air Force Academy

Employer identification number 84-0580665

Form 990, Part I, Line 1, Description of Organization Mission:
Air Force, the United States Air Force Academy, and the graduate
community by:
I. Working in partnership with the Academy to produce and foster
graduates with an enduring commitment to integrity, excellence, and
service to country.
II. Providing leadership, communication, and support to all the
Academy's graduates, and promoting camaraderie among them.
III. Promoting the Academy's heritage, our common traditions, and the
accomplishments of our graduates.
Form 990, Part III, Line 1, Description of Organization Mission:
I. Working in partnership with the Academy to produce and foster
graduates with an enduring commitment to integrity, excellence, and
service to country.
II. Providing leadership, communication, and support to all the
Academy's graduates, and promoting camaraderie among them.
III. Promoting the Academy's heritage, our common traditions, and the accomplishments of our graduates.

Schedule O (Form 990 or 990-EZ) (2010) Name of the organization Association of Graduates of the United	Page 2
States Air Force Academy	Employer identification number 84-0580665
Homecoming and Reunions - funds utilized to provide events	and
activities for U.S. Air Force Academy homecoming and class	s reunions.
Expenses \$ 589,516. including grants of \$ 0. Revenue \$	5 0.
Special Events and Chapter Support	
Special Functions	
Career Opportunities	
Form 990, Part VI, Section A, line 4: The Bylaws of the As	ssociation were
updated and voted for by a majority of voting members.	
Form 990, Part VI, Section A, line 7a: Elections are held	biennially and
approximately half of the elected directors are elected to	0 4-year terms.
Candidates are placed on the ballot by the Nominating Comm	nittee or by
petition of 25 members. All graduate members are notified	ed by mail , email
and other means of how they may become a candidate. All m	members who are
eligible to vote receive notice of how to cast their ballo	ot. Candidates
receiving the most votes are elected to the Board.	
Form 990, Part VI, Section B, line 11: The Form 990 is sub	omitted to and
approved by the Audit Committee, then to each member of the	ne Board of
Directors physically or by electronic transmission prior t	o its filing due
date.	
Form 990, Part VI, Section B, Line 12c: The conflict of in	nterest policy is
reviewed, updated if necessary, and presented to the Board Schedu	l each August. ale O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization Association of Graduates of the United States Air Force Academy	Employer identification number 84-0580665
All directors must review and sign the statement declaring	ng that there are
no conflicts of interest, or they must report when they h	nave conflicts of
interest.	
Form 990, Part VI, Section B, Line 15a: The compensation	for the CEO is
determined by a Compensation Committee of the Board of Di	rectors from
comparative data for other Association Executives; the CE	O approves the
compensation of other officers and employees of the organ	nization, as
recommended by the senior staff in budget preparations.	
Form 990, Part VI, Section C, Line 19: The Form 990 is po	osted on the
Association website after filing; the Form 1023 was filed	l prior to 1985 and
is not available for public inspection; the Form 990-T ar	nd Form 990 public
inspection copies are available upon request at the Assoc	ciation's address.
Form 990, Part XI, line 5, Changes in Net Assets:	
Net unrealized gains on investments:	4,156,838.
Uncollectible Pledges	71,668.
Total to Form 990, Part XI, Line 5	4,228,506.
Form 990 Part XI Line 2c	
Audit Committee Process	
The process for overseeing the audit has not changed from	n prior years.

Form **8868** (Rev January 2011) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

 $\triangleright X$

If you a	re filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box		•	► [<u>X</u>]
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form).		
Do not co	omplete Part II unless you have already been granted a	ın automa	tic 3-month extension on a previously fi	led For	m 8868.	
Electroni	c filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time t	o file (6	months for a corp	poration
required t	o file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically file F	orm 88	368 to request an	extension
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for Trans	sfers A	Associated With C	ertain
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on t	he elec	tronic filing of this	form,
visit www	irs.gov/efile and click on e-file for Charities & Nonprofits			. <u>.</u>		
Part I	Automatic 3-Month Extension of Time	Only su	bmit original (no copies needed).			
A corpora	ition required to file Form 990-T and requesting an autor	natic 6-mc	onth extension - check this box and con	nplete		
Part I only	1				•	▶
	corporations (including 1120-C filers), partnerships, REM ome tax returns	ICs, and ti	rusts must use Form 7004 to request ar	n exten	sion of time	
Type or	Name of exempt organization			Empl	oyer identification	n number
print	Association of Graduates of	f the	United			
	States Air Force Academy			8	4-0580665	
File by the due date for filing your	Number, street, and room or suite no If a P.O. box, so 3116 Academy Drive	ee instruc	tions			
return See instructions	City, town or post office, state, and ZIP code. For a for USAF Academy, CO 80840-447		ress, see instructions.			
						0 1
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			<u> </u>
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
Form 990		03	Form 4720			09
Form 990	·PF	04	Form 5227			10
Form 990	T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
	Alton Parrish					
• The bo	ooks are in the care of > 3116 Academy Di	rive ·		3084	0-4475	
Teleph	ione No. ► 719-472-0300		FAX No. \triangleright (719) 333-41	94	· 	
• If the o	organization does not have an office or place of business	s in the Ur	nited States, check this box		l	▶ ∐
• If this	s for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If th	is is fo	r the whole group,	, check this
box ►	If it is for part of the group, check this box	and atta	ach a list with the names and EINs of all	memb	ers the extension	ıs for.
1 I re	quest an automatic 3-month (6 months for a corporation February 15, 2012, to file the exemp				The extension	
le f	or the organization's return for:	t organiza				
▶ [calendar year or					
	X tax year beginning JUL 1, 2010	, an	d ending JUN 30, 2011		_ ·	
2 If th	ne tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on Initial return Fin	al retur	n	
	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any	3a	\$	0.
	refundable credits See instructions. us application is for Form 990-PF, 990-T, 4720, or 6069,	ontor co	refundable credits and	- 38		
	ils application is for Form 990-PF, 990-1, 4720, or 6069, Imated tax payments made. Include any prior year overs			3ь	\$	0.
	mated tax payments made, include any prior year overs ance due. Subtract line 3b from line 3a. Include your pa			1	-	
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
	If you are going to make an electronic fund withdrawal v					

For Paperwork Reduction Act Notice, see Instructions.

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