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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)

OMB No 1545-0047

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

Open to Public Inspection

_	For the 2	to 12 cale	ndar year, or tax year be	gunung		, 2012, a	na enaing			, 20	
В	Check if a	pplicable	C Name of organization Ad	miral Nimitz	Foundation				Employ	er identification	on number
	Address c	hange	Doing Business As					1		74-149269	2
	Name cha	nge	Number and street (or P O	box if mail is	not delivered to street	t address)	Room/suite	E	Telepho	ne number	
	Initial retur	'n	328 East Main St.							(830) 997-86	600
	Terminate	d	City, town or post office, s	tate, and ZIP	code					1	
	Amended	return	Fredericksburg, TX 786	24				G	Gross re	eceipts \$	7243133
	Application	n pending			Michael W. Hagee	1		H(a) Is this a g	-		Yes 🗹 No
			328 East Main St., Frede	ericksburg.	•			_		ncluded?	
$\overline{}$	Tax-exem	ot status	✓ 501(c)(3)	501(c) (		4947(a)(1) or	527			a list (see instr	
J	Website:				· · · · · · · · · · · · · · · · · · ·			H(c) Group e	exemption	number ▶	·
ĸ	Form of org	ganization	Corporation Trust	Association	Other ▶	L Yea	r of formation	·		of legal domic	ale TX
Р	art I	Summ			<del></del>	1		1371		<u> </u>	
			escribe the organization	's mission	or most significat	nt activities.	To provid	e the resour	rces and	d support to	nresenie
_			and advance the educat								
ည	1		reement with the Texas I			domo dila te	Zilialiage ti	ie ivalionai i	Muscuii	or the Faci	iic wai
nat		iligel agi	content with the reads i	ii storicar o	JIIIII 331011		••				
Ver	2 7	heck th	is box ▶ ☐ if the organ	izatıon dıse	continued its one	rations or dis	enosed of r	more than 2	25% of	ite not seed	
Ğ			of voting members of the				<b>JP0000 01 1</b>	noro man z	3		
Activities & Governance	1		of independent voting r	_		•	line 1h)		4		27
	1		mber of individuals emp			• .	•		5		
ξį	1		nber of volunteers (esti	-	•	-	zaj	•	6		59
ĕ	1		elated business revenu			line 12			7a		375
	1		lated business taxable						7b		4444
_	0 1	vet unite	iated business taxable	income no	11 1 01111 990-1, 1111	ie 34	<del></del>	Prior Year		Curro	(4447) nt Year
Revenue	8 0	Contribut	tions and grants (Part )	/III luno 1h\			<u> </u>	<del></del>		- Ourie	
			tions and grants (Part V		613395		5023985				
			service revenue (Part \		 		·		109231		1303322
Ŗ			ent income (Part VIII, co				.  -		236897		96358
			venue (Part VIII, column				·		489634		498141
_			enue-add lines 8 throu				ie 12)	4-	449157		6921806
			nd similar amounts paid								
	14 E	senetits	paid to or for members	(Hart IX, Co	Diumn (A), line 4)	۵۱. : · .	·:				
es	15 9	salaries, (	other compensation, em	ployee/pen	etits (Rant IX) colur	უტ (A), lines 5	5–10)	1	219486		1328738
Expenses			onal fundraising fees (P			<b>四</b>	· ·		45883		87989
ă			draising expenses (Par							,,	. '(',
ш			penses (Part IX, columr				·	1:	853342		2072703
	1	· ·	penses. Add lines 13-17			n (A), line 25)	) . <u> </u>	3	118711		3489430
		Revenue	less expenses. Subtra	ct line 18 fr	om line 12 .		· · ·		330446		3432376
Sor							Beg	inning of Curr	ent Year	End o	of Year
set	20 T		sets (Part X, line 16) .					70	070308		10302917
Net Assets or Fund Balances	21 T	otal liab	ollities (Part X, line 26) .					1	921311		1441181
			ts or fund balances. Su	btract line	21 from line 20			5	148997		8861736
P	art II	Signat	ture Block			·==					
			ry, I declare that I have exam							ny knowledge	and belief, it is
tru	e, correct,	and compl	ete Declaration of preparer k	otner than office	cer) is based on all info	rmation of whic	h preparer ha	s any knowled	ige	0	
			nickad	1/4	2. Bac		·		12	lug	2015
Sig		Sign	ature of officer	, ,	1	A	7	Date	•	1	
He	re	/	YICHHAEL	10,t	HAGER		<u> </u>				
_		Туре	or print name and title			/					
Pa	id	Print/Ty	pe preparer's name	Pre	parer's signature		Date		Check	PTIN	
	eparer								self-emp		
	se Only	1	name ►					Firm's	EIN ►		
<b>J</b>	,y		address ►					Phone			
Ma	y the IRS	discus	s this return with the pr	eparer sho	wn above? (see ır	nstructions)					Yes No
=	. Danasa	ade Dade	ction Act Notice, see the		4		0.11	1400014		Fa	m 990 (2012)

Part	Statement of Program Service Accomple Check if Schedule O contains a response		io Dort III	
1	Briefly describe the organization's mission.	to any question in th	is Fart iii	· · · · · · <u></u>
•	To provide the resources and support to preserve, in	iteroret, and advance t	he education about World War II in the Pa	acific and to
	manage the National Museum of the Pacific War und			
2	Did the organization undertake any significant pro			
	prior Form 990 or 990-EZ?			☐ Yes  ☑ No
3	If "Yes," describe these new services on Schedule Did the organization cease conducting, or maken		on in how it conducts, any program	
3	services?	ke signilicant change	es in now it conducts, any program	☐ Yes ☑ No
	If "Yes," describe these changes on Schedule O.			Tes VINO
4	Describe the organization's program service acco	omplishments for eac	h of its three largest program services	as measured by
-	expenses. Section 501(c)(3) and 501(c)(4) organiz	ations are required to	report the amount of grants and allo	cations to others.
	the total expenses, and revenue, if any, for each p			
4a	(Code: ) (Expenses \$ 1481222	ncluding grants of \$	) (Revenue \$	1228582 )
	Museum Support: The organization oversees and ma	anages, under contrac	t with the Texas Historical Commission, t	he National
	Museum of the Pacific War. Visitation was 140,000 in	າ 2012.		
		· · · · · · · · · · · · · · · · · · ·		
		•••••		
4b	(Code: ) (Expenses \$ 316483	ncluding grants of \$	) (Revenue \$	368164 )
	Retail Sales and Rentals: The organization oversees	and manages a Muse	um store and a bookstore that sell refere	nces and
	souvenirs relating to the history of World War II in th			
		•••		
		·-···	·	
			·····	
		•••••		
			·	
4c	(Code: ) (Expenses \$ 91738 ii	ncluding grants of \$	) (Revenue \$	334912 )
	Memorials and Memberships: The organization is su	ipported by over 4.000	members and continues to expand a me	
	plaques in honor of World War II heroes and a walk o			
	r			
		•••••		
	Other program particles (Departs in Cahadida O.)		· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe in Schedule O.) (Expenses \$ 367742 including grants of \$		evenue \$ 215979)	
4e	Total program service expenses ►	2257185	Z139/9/	
	· - ·· · · · · · · · · · · · · · · · ·			

	90 (2012)		ĺ	Page (
Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  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	2	<b>√</b>	
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		<b>√</b>
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		<b>∀</b>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7 8	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	7		1
	complete Schedule D, Part III	8		✓
9	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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	-	,,	•
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<b>✓</b>	
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	11b	<b>√</b>	
С	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	11c		<b>√</b>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
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 and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		14a		>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
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		<b>✓</b>
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		<b>✓</b>
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)	17	<b>✓</b>	
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	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			

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

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

19

20a

20b

Part IV Checklist of Required Schedules (continued)	Part IV
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			Yes	NO
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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		1
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		<i>'</i>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		<b>√</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . 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	24d 25a		<i>J</i>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>√</b>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	1	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>✓</b>
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).			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		· ✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>√</b>
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		· ✓
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
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		<b>√</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	<u>/</u>	
		Fom	990	(2012)

Form **990** (2012)

Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Check if Schedule O contains a response to any question in this Fart V	•••	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	<b></b>		
0-	reportable gaming (gambling) winnings to prize winners?	1c	<b>✓</b>	
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ļ		
b	Statements, filed for the calendar year ending with or within the year covered by this return  2a 59			
IJ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	✓_	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	1	-
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	l	✓
b	If "Yes," enter the name of the foreign country: ▶			٠.
	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		<b>✓</b>
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	١.		
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a_		<b>✓</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>0</b> L		
7	gifts were not tax deductible?	6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-	l 1	
	and services provided to the payor?	7a	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	7	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		Ť-	
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<b>✓</b>
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h	✓_	,
Ü	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organizations, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders		i 'i	ŀ
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	128		, -
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.		· · · ·	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No, " provide an explanation in Schedule O .	14b		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	ee ins	truct	ions.						
Section	on 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									
ь 2	Enter the number of voting members included in line 1a, above, who are independent .   1b 26  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		<u> </u>							
3	any other officer, director, trustee, or key employee?	2_		1						
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		1						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .									
6	Did the organization have members or stockholders?	6		1						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		,							
а	The governing body?	8a	✓							
b	Each committee with authority to act on behalf of the governing body?	8b	✓							
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_		1						
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)							
			Yes	No						
10a b	Did the organization have local chapters, branches, or affiliates?	10a		1						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>\</b>	L						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			نـــا						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓							
13	Did the organization have a written whistleblower policy?	13	<b>√</b>	ļ						
14	Did the organization have a written document retention and destruction policy?	14	✓	ļ						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	**	);",	>						
а	The organization's CEO, Executive Director, or top management official	15a	✓	<u> </u>						
b	Other officers or key employees of the organization	15b		✓						
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  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		<b>✓</b>						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the									
	organization's exempt status with respect to such arrangements?	16b	<u> </u>							
	on C. Disclosure									
17 18	List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)s	only)						
19	✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year			oolicy,						
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•							
	organization: Figary Neffendorf, 310 East Austin St., Fredericksburg, TX 78624, (830)997-8600, extension 203									

Form	990	(2012)
	330	120121

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

Check if Schedule O contains a response to an	v question in this Part VII					
Chock ii Conodaic C Containe a respense to an	y quoduon in and rais in	 •	 •		•	-

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 no	r any relate	d org	anız	atic	n c	ompe	nsa	ited any currer	it officer, director	r, or trustee.
					C)					
(A)	(B)	,			ition			(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	
	week (list any hours for	or o	sul	Q.	G	em Hig	Fo	from the	related organizations	other compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ora	ona		blog	8 6	<u> </u>	(W-2/1099-MISC)		organization and related
	line)	T <sub>S</sub>	2		yee	npe				organizations
		8	stee			nsat				
						8.				
(1) Case Fischer, Chairman	0 1									
(-y-ouser isoner, ordanian		✓								
(2) Robert Phelps, Vice Chairman	0.1									
· · · · · · · · · · · · · · · · · · ·		<b>✓</b>		<u> </u>						
(3) Nancy Dreher, Secretary	0.1	,		ļ						
	ļ <u>.</u>	<b>✓</b>		_						
(4) Ron Woelhoff, Treasurer	0.1	1								
(5) David Bates	0.1	<b>-</b>								
Ken Burenga	0.1	✓		•						
(6) Craig Callewart	0.1									
Coley Clark	0.1	✓								
(7) Gordon England	0.1									
Eric Goldreyer	0.1	✓								
(8) John Harris	0.1									
Kathy Harrison	0.1	✓								
(9) Barbara Heinen	0.1									
David Herrmann	0.1	<b>✓</b>		<u> </u>	<u> </u>		L_			
(10) Steven Highlander	0.1									
Steven Howell	0.1	<b>✓</b>			_					
(11) John Kerr	0.1									
Bruce Laboon	0.1	/		<u> </u>						
(12) Rick Lottie	0.1									
John Nau	0.1	/	<u> </u>	<b> </b>	_				_	
(13) Greg Shrader	0.1	,								
Sam Steves	0.1	<u> </u>	<u> </u>	-		<u> </u>	<u> </u>		_	
(14) Craig Symonds	0.1	,								
Mary Ann Turbeville	0.1	✓_	L			l	<u></u>	L		

	(A)	(B)		ļ	(C Posi	c) ition			(5)	(E)		,,	_
	(A) Name and title	(B) Average	(do not check more than obox, unless person is both						(D) Reportable	(E) Reportable	,	(F Estim	
		hours per week (list any	office	rand	a d	rect	or/trust	tee)	compensation from	compensation related	from	amou oth	-
		hours for related	Individual trustee or director	Instit	Officer	Key employee	empt High	Former	the organization	organization (W-2/1099-M		compe	nsation
		organizations	recto	utior	ę	amp	est c	ष्	(W-2/1099-MISC)		30)	from organi	
		below dotted line)	* <u>a</u>	nal tr		loye	T S					and re	
			tee	Institutional trustee		Ψ	Highest compensated employee						
(15) Ja	mes Williams	0.1	1			i	0.		-		<del> -</del>		
(16) Br	ent Carr	0.1											
(17) Mi	chael Hagee	40	<b>✓</b>										
Presid	ent/CEO		✓		✓				80000				1200
	izabeth Wogan	40											
	oller/CFO (retired)	40			<b>^</b>				19060				2380
	ary Neffendorf oller/CFO	40		ı					35202				131
(20)									33202				131
(21)													
									_				
(22)													
(23)													
(24)													
(25)		<del></del>						-					<del></del>
								Ļ					
1b C	Sub-total		 n А					<b>▶</b>	134262				3711
d	Total (add lines 1b and 1c)	· · · ·	<u></u>					<u> </u>	134262				3711
2	Total number of individuals (including burreportable compensation from the organi		to th	ose	list	ed a	above	e) w	ho received m	ore than \$10	0,000 o	f	
					_				<del></del>				Yes No
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete							emp 	loyee, or high	iest comper	sated	3	
4	For any individual listed on line 1a, is the											3.30	
	organization and related organizations	greater that	an \$1	50,0	000	? //	"Ye	s,"	complete Sch	edule J for	such		<b>等等</b>
_	Individual					· .	~ ~~				ا مناطنت	4	( A Traign   \$1 % 17% 1
5	Did any person listed on line 1a receive of for services rendered to the organization								. •			5	(多)
Section	on B. Independent Contractors			-								<u> </u>	
1	Complete this table for your five highest	compensate	ed inc	lepe	nde	ent	contr	acto	ors that receive	ed more than	\$100,0	00 of	
	compensation from the organization. Repyear.	oort compe	nsatio	n foi	r th	ie c	alend	ar y	ear ending wit	h or within th	ne orgar	nization	n's tax
	(A) Name and business add	ress							(B) Description of s	ervices	Co	(C)	tion
Dueck	er Construction Co., P.O. Box 299, Stonewall	, TX 78671					-	Co	nstruction				110007
		<u> </u>											
								_					
								ı		i			

Par	VIII				Aven in Abre Don't I	411		
		Check if Schedule O	contains a respo	onse to any ques	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns	s . <b>1a</b>					
3rai	b	Membership dues .	1b					
ts, (	С	Fundraising events .						
흹	d	Related organizations						
ns, Sim	е	Government grants (con		133000				•
er.	f	All other contributions, g and similar amounts not inc						
를 들			L	4890985			`	
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions includ						
	- "	Total. Add lines 1a-1	<u> </u>	Business Code	5023985			
enn	2a	Admissions		900099	989439	000420		
æ	b	Living History Reenact	tment	900099	54548	989439 54548		
<u>.</u> 2	c	Cumanaauum		900099	25442	25442	· · · · · · · · · · · · · · · · · · ·	
Program Service Revenue	d	Connect Corine		900099	218640	218640		
Ĕ	е	Miscellaneous		900099	15253	15253	· · · · · · · · · · · · · · · · · · ·	
ogra	f	All other program ser	vice revenue .					
<u> </u>	g	Total. Add lines 2a-2	<u>f.</u>		1303322			,
	3	Investment income	(including divid	ends, interest,				
		and other similar amo			96358			96358
	4	Income from investmen						
	5	Royalties	(i) Real	(ıı) Personal				
	6a	Gross rents	86949	(ii) i cisonai			*	<u>.</u>
	b	Less. rental expenses	60949				. ,	
	C	Rental income or (loss)						
	d	Net rental income or (		▶	86949		8049	78900
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other	-			70300
	b	Less: cost or other basis and sales expenses .						-
:	c	Gain or (loss)						
:	d	Net gain or (loss) .	L	▶				
enne	8a	Gross income from fu						
		events (not including \$ of contributions reported	ed on line 1c).				•	
Other Rev	_	See Part IV, line 18 .	a				٠٠.	The second second
Ò		Less: direct expenses Net income or (loss) fi			422424	ŀ		
		Gross income from ga See Part IV, line 19	ımıng activities		133134			133134
	b	Less: direct expenses		} <del></del> -				
	l	Net income or (loss) fi						
		Gross sales of in	ventory, less					,
		returns and allowance	es a	509403				y 1913 11 11 11
	ь	Less: cost of goods s						
	С	Net income or (loss) for			278058	277825	233	
		Miscellaneous R	evenue	Business Code				,
	11a							
	b		•					
	C	All other revenue			-			
	d e	All other revenue . Total. Add lines 11a-				<del></del>	<del></del>	625
	12	Total revenue. See in			6921806	1587147	0200	200200
	— _				032 1000	130/14/(	8282	308392

Part IX Statement of Functional Expenses

Sectio	nn 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete co	olumn (A).
	Check if Schedule O contains a respon		in this Part IX		🗆
	nt include amounts reported on lines 6b, 7b, o, 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			<u> </u>	
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				1 N m 1 N g 1
	organizations, and individuals outside the				,
	United States. See Part IV, lines 15 and 16 .				,
4 5	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified	134262	47131	67131	20000
Ü	persons (as defined under section 4958(f)(1)) and	Ì			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	942083	855940	55109	31034
8	Pension plan accruals and contributions (include	0.200	200010	35105	31034
	section 401(k) and 403(b) employer contributions)	5578	2832	1556	1190
9	Other employee benefits	143302	128892	9802	4608
10	Payroll taxes	103513	88058	10903	4552
11	Fees for services (non-employees):			-	
а	Management				
b	Legal	12907			12907
C	Accounting	24515		24515	
d	Lobbying				
e f	Professional fundraising services See Part IV, line 17 Investment management fees	87989	24070		87989
g	Other. (If line 11g amount exceeds 10% of line 25, column	25741	21870	3871	
9	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	295924	128589	160872	6463
13	Office expenses	620833	177134	407683	36016
14	Information technology	58960	34198	24762	
15	Royalties				
16	Occupancy	126068	123787	2281	
17	Travel	19619	18576	1043	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	68520		68520	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	58628	10678	47950	
23	Insurance	26370	20200	6170	<del></del>
24	Other expenses. Itemize expenses not covered				d
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				* * *
	(A) amount, list line 24e expenses on Schedule O.)				, ,
а	Museum exhibits and enhancements	324476	324476	····-	
b	Repairs, supplies, and maintenance	99219	98650	569	
c	Programs	163195	163195	303	
d	Computers and website	52157	12979	38368	810
е	All other expenses	95571		95571	
25	Total functional expenses. Add lines 1 through 24e	3489430	2257185	1026676	205569
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and		1		
	fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part	x		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	60777	1	60997
	2	Savings and temporary cash investments	495610	2	966529
	3	Pledges and grants receivable, net	673660	3	2376314
	4	Accounts receivable, net	90978	4	61446
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.		, -	
		Complete Part II of Schedule L		5	and Tillner.
its	6	Loans and other 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). Complete Part II of Schedule L.		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	239438	<del>-</del> -	268742
	9	Prepaid expenses and deferred charges	27263	— <u> </u>	13044
	10a	Land, buildings, and equipment: cost or	27203	-	13044
		other basis. Complete Part VI of Schedule D 2598092			
	b	Less: accumulated depreciation 10b 209131	2334125	10c	2388961
	11	Investments—publicly traded securities	3148457	11	4166884
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	, <u> </u>
	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)	7070308	16	10302917
	17	Accounts payable and accrued expenses	302624	17	306114
	18	Grants payable		18	
	19	Deferred revenue	88372	19	48942
	20	Tax-exempt bond liabilities		20	10012
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	···· -	21	
Liabilities	22	Loans and other payables to current and former officers, directors,	-	.1	14 15 15 15
Ę		trustees, key employees, highest compensated employees, and			
iab		disqualified persons. Complete Part II of Schedule L	350000	22	350000
	23	Secured mortgages and notes payable to unrelated third parties	993570	23	736125
	24	Unsecured notes and loans payable to unrelated third parties	186745	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1921311	26	144404
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	1921311	20	1441181
ces		complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	4959584	27	5982942
Bal	28	Temporarily restricted net assets	133413	28	2768294
פ	29	Permanently restricted net assets	56000	29	110500
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.		-50, _ -7, 1	
ţ	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances	5148997	33	8861736
_	34	Total liabilities and net assets/fund balances	7070308		10302917
					Form <b>990</b> (2012)

•					
Form 9	90 (2012)			Pa	ige <b>12</b>
Par	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			21806
2	Total expenses (must equal Part IX, column (A), line 25)	2	-		89430
3	Revenue less expenses. Subtract line 2 from line 1	3			32376
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			48997
5	Net unrealized gains (losses) on investments	5			80363
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
_	33, column (B))	10		88	61736
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		1		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın in	1		
	Schedule O.				]
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or		1	F
	reviewed on a separate basis, consolidated basis, or both:				
_	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ļ		]
b	Were the organization's financial statements audited by an independent accountant?		2b	✓_	
	If "Yes," check a box below to indicate whether the financial statements for the year were auditionally being consolidated basis or both.	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account				
			2c	<b>✓</b>	1
	If the organization changed either its oversight process or selection process during the tax year, ex- Schedule O	piain in		-	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			لــــا
Jd	The a reserve of a reserve award, was the organization required to undergo an audit of audits as set	iorui iii	1 !		

**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

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Form **990** (2012)

#### 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

2012

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

ons. Inspection
Employer identification number

**Admiral Nimitz Foundation** 74-1492692 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) 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. **b** Type II c Type III—Functionally integrated **d** Type III–Non-functionally integrated 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). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting 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 Yes No 11g(i) (ii) A family member of a person described in (i) above? . . . . . 11g(ii) 11g(iii) Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (iv) is the organization (i) Name of supported (v) Did you notify (vi) Is the (vii) Amount of monetary the organization in col (i) of your in col. (i) listed in your organization (described on lines 1-9 omanization in col support governing document? (i) organized in the above or IRC section support? US? (see instructions)) No Yes Yes Yes No No (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2012 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	on A. Public Support				-		
Calen	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(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	5182329	13643566	1404900	2613395	5023985	27868175
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	5182329	13643566	1404900	2613395	5023985	27868175
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.						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	5182329	13643566	1404900	2613395	5023985	27868175
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	262002	176030	292145	313192	183307	1226676
9	Net income from unrelated business activities, whether or not the business is regularly carried on	1695					1695
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						29096546
12	Gross receipts from related activities, etc.					12	7058508
13	First five years. If the Form 990 is for th	=					<b>.</b>
	organization, check this box and stop her			· · · · ·		· · · · ·	· · P 📙
	on C. Computation of Public Suppor			d((0)			
14	Public support percentage for 2012 (line 6					14	95.78 %
15	Public support percentage from 2011 Sch 331/3% support test—2012. If the organiz						95.59 %
16a	box and <b>stop here.</b> The organization qual				1 III I 14 IS 550 7	370 OF THORE, C	. •
b	331/x3% support test—2011. If the organicheck this box and stop here. The organic	nzation did not	t check a box	on line 13 or		15 is 331/3%	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts-a	ınd-circumsta	nces" test, che	ck this box an	id <b>stop here.</b> E	xplain ın
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m	ion meets the	"facts-and-ci	rcumstances"	test, check th	is box and st	op here. publicly
40	supported organization			10- 10- 13			. ▶ ∐
18	<b>Private foundation.</b> If the organization dictions	a not check a t	oox on line 13,	, 16a, 16b, 1/a	, or 1/D, chec	k this dox and	see . ▶ □

#### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047 20 **12** 

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

**Admiral Nimitz Foundation** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. Total number at end of year . . . . . 2 Aggregate contributions to (dunng 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 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space 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 2a Total number of conservation easements . . . Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No In Part XIII, 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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 XIII, 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: 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: Assets included in Form 990, Part X .

Part	III Organizations Maintaining							
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot	her reco	rds, chec	k any of th	e follov	wing that are a	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams	
b	☐ Scholarly research		е	□ Other	r			
C	☐ Preservation for future generations							
4	Provide a description of the organizat	ion's collections	and expl	ain how tl	hey further	the org	ganization's exe	mpt purpose in Part
	XIII.							
5	During the year, did the organization	solicit or receive	donation	ns of art,	historical t	reasure	s, or other sımi	lar
	assets to be sold to raise funds rather	than to be mainta	ained as	part of the	e organizat	ion's co	ollection?	☐ Yes ☐ No
Part	IV Escrow and Custodial Arra	ingements. Co	mplete i	f the org	anization	answe	red "Yes" to F	orm 990, Part IV,
	line 9, or reported an amoun							
1a	Is the organization an agent, trustee,	custodian or oth	er intern	nediary fo	or contribut	tions or	other assets n	not
	included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	ollowing ta	able:			
				_			<i> </i>	Amount
С	Beginning balance					10	;	
d	Additions during the year					10	1	
e	Distributions during the year					1e		
f	Ending balance					11	:	
2a	Did the organization include an amour	nt on Form 990, Pa	art X, line	e 21? .				☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa							
Par	V Endowment Funds. Comple	ete if the organiz	zation ai	nswered	"Yes" to I	orm 9	90, Part IV, lin	e 10.
		(a) Current year	(b) Pn	or year	(c) Two yea	rs back	(d) Three years bad	ck (e) Four years back
1a	Beginning of year balance	3355919		2272108	2	029233	166899	97 1663070
b	Contributions	472763		1088459	ı	5000	201	00 502000
С	Net investment earnings, gains, and							
	losses	375261		9622		237875	3582:	36 (495073)
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs	(2128)		(2052)	}			
f	Administrative expenses	(25741)		(12218)	<u> </u>			
g	End of year balance	4176074		3355919	2	272108	202923	1668997
2	Provide the estimated percentage of t	he current year er	nd baland	ce (line 1g				
а	Board designated or quasi-endowmer	nt ▶ 97	.3%	-				
b	Permanent endowment ▶	2.7%						
C	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2	c should equal 10	00%.					
3a	Are there endowment funds not in the	e possession of the	ne organi	ization tha	at are held	and ad	lministered for t	
	organization by:							Yes No
	(i) unrelated organizations							3a(i) ✓
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(ii), are the related organi		•					3b
4	Describe in Part XIII the intended uses							
Pari	VI Land, Buildings, and Equip	ment. See Forn	n 990, P	art X, lin	e 10.			
	Description of property	(a) Cost or of (investm		1	or other basis other)		Accumulated epreciation	(d) Book value
1a	Land				516483			516483
b	Buildings				1849053		91141	1757912
c	Leasehold improvements							
d	Equipment				212019		105669	106350
е	Other				20537		12321	8216
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part	X, column	(B), line 10	O(c).)		2388961

Part VII	Investments—Other Securities	s. See Form 990, Part X,	line 12.	
(a	a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year n	
(1) Financia	I derivatives			
	held equity interests			
(3) Other				
(A)	·			
(B)				* ***
(C)		-		
(D)				· · · ·
(E) (F)				
(G)				
(H)		<del></del>		### - ### - ### - ### - ### - ### - ### - ### - ### - ### - ### - ### - ### - ### - ### - ### - ### - ### - ##
(1)		-	<del> </del>	<del> </del>
	(b) must equal Form 990, Part X, col (B) line 12.)			•
Part VIII	Investments—Program Relate	d. See Form 990. Part X	. line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of va	luation
			Cost or end-of-year n	
(1)			<del></del>	
(2)	· · · · · · · · · · · · · · · · · · ·	<del> </del>	<del> </del>	<del></del>
(3)			<u> </u>	
(4)		· · · · · · · · · · · · · · · · · · ·		<del></del>
(5)			<u> </u>	
(6)	<del> </del>		<u> </u>	•
(8)	· · · · · · · · · · · · · · · · · · ·			<del></del>
(9)	······································	<del> </del>		
(10)		·		
	(b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, P	art X, line 15.		•
	(	(a) Description		(b) Book value
(1)				
(2)				
(3)				
_(4)			· · · · · · · · · · · · · · · · · · ·	
_(5)				
_(6)				
(7)				
(8)				······································
(9)				
(10)	ımn (b) must equal Form 990, Part X, c	col. (B) line 15.)	<b>.</b>	
Part X	Other Liabilities. See Form 990			
1.	(a) Description of liability	(b) Book value	1	
(1) Federal	income taxes		7	
(2)			-	
(3)				
(4)			7	
(5)				
(6)				
(7)				
(8)			_	
(9)	,		_	
(10)			4	
(11)	A) / / / / / / / / / / / / / / / / / / /	ļ	4	
	(b) must equal Form 990, Part X, col. (B) line 25.)		<del></del>	4. 41.
	SC 740) Footnote. In Part XIII, provide the			
nadility for u	ncertain tax positions under FIN 48 (ASC	140). Check here if the text of	i the loothole has been provided in F	art Alli

Schedu	e D (Form 990) 2012				Page <b>4</b>
Pari	XI Reconciliation of Revenue per Audited Financial Statem	ents	With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements			1	7315196
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	280364		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c		1 1	
d	Other (Describe in Part XIII.)	2d	231345	1	
е	Add lines 2a through 2d			2e	511709
3	Subtract line 2e from line 1			3	6803487
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	118319		
С	Add lines <b>4a</b> and <b>4b</b>			4c	118319
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	6921806
Part	XII Reconciliation of Expenses per Audited Financial Stater	nents	With Expenses pe	r Return	<del></del>
1	Total expenses and losses per audited financial statements			1	3602456
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	}		
b	Prior year adjustments	2b		1 1	
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	231345	1 (	
e	Add lines 2a through 2d		· · · · · · · · ·	2e	231345
3	Subtract line 2e from line 1			3	3371111
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ĺ			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	_	118319	1 1	
C	Add lines <b>4a</b> and <b>4b</b>			4c	118319
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III			5	3489430
Part			•		0.00.100
Comp Part V inform	ete this part to provide the descriptions required for Part II, lines 3, 5, and line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4 ation.	b. Also	complete this part to	provide a	ny additional
Use of	Endowment Funds - Earnings from the Admiral Nimitz Foundation endowment	nt fund	ls are utilized as needed	for the op	eration of the
Nation	al Museum of the Pacific War and the Foundation.				

schedule D (Form 990) 2012		Page 3
Part XIII Supplemental	Information (continued)	
orm 990, Schedule D, Page 4, P	Part XI, Line 2d AND Schedule D, Page 4, Part XII, Line 2d	
Cost of Retail Merchandise Sold	- 231345	
Form 990, Schedule D, Page 4, P	Part XI, Line 4b AND Schedule D, Page 4, Part XII, Line 4b	
Special Event Expenses:		
Symposium	12761	
iving History Reenactments	69830	
Sons & Daughters of WWII	2413	
Aiscellaneous Events	3007	
Speaker Series	30308	

## **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service

THE C	a die organization		•			2.4.0,0,	
<u>Admir</u>	al Nimitz Foundation	· · · · · · · · · · · · · · · · · · ·					492692
Par	Fundraising Activities Form 990-EZ filers are				vered "Yes" to F	orm 990, Part IV, li	ne 17.
1	Indicate whether the organization		<del></del> _	<del></del>	owing activities. C	heck all that apply.	
a	Mail solicitations				ion of non-governr		
b	✓ Internet and email solicitation	ons			ion of government	•	
c	Phone solicitations		g [		fundraising events	_	
d	☐ In-person solicitations		<b>5</b> -				
2a	Did the organization have a wri	tten or oral agre	ement with	anv indivi	dual (including offi	cers, directors, trust	ees
	or key employees listed in Forn						☐ Yes ☐ No
b	If "Yes," list the ten highest pai compensated at least \$5,000 b			draisers) p	ursuant to agreem	ents under which the	e fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(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			
'14	indraising Strategies 20 Spring Hill Road, Suite 450 Lean, VA 22102	Solicitations	1		884158	733858	150300
2							
3							
4							<del> </del>
5							
6				<del>                                     </del>			
7							
8							-,
9	<u>.</u> .						
10							
Total				>	884158	733858	150300
3	List all states in which the organization or licensing.	anization is regis	stered or lic	ensed to s			
Alaba	ma, Alaska, Arizona, Arkansas, Cal	lifornia, Colorado	, Connectic	ut, Florida, (	Georgia, Illinois, Ka	nsas, Kentucky, Louis	siana, Maine,
	and, Massachusetts, Michigan, Min						
	Dakota, Ohio, Oklahoma, Oregon,						
Wisco	nsin						
						*******	
		••					

Sch	edule G	(Form 990 or 990-EZ) 2012				Page 2
Pa	art II	Fundraising Events. Con than \$15,000 of fundraising	ng event contributions			
	,	gross receipts greater tha	<del>, '</del>	r		
	ļ		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Golf Tournament	<u>Musicians</u>		(add col (a) through col (c))
m			(event type)	(event type)	(total number)	
Revenue	<u> </u>					
eVe	1	Gross receipts	204749	18367		223110
Œ	,	Less: Contributions				
	3	Gross income (line 1 minus				
	"	line 2)	204749	18367		222116
	<del> </del>		204749	10307		223110
	4	Cash prizes	14000			14000
	•	Cusir prizes	14000			14000
	5	Noncash prizes	9859			9859
		, to		<del></del>	<del></del>	
ses	6	Rent/facility costs	10629	1460		12089
Direct Expenses		,				
쏬	7	Food and beverages	26976	3390		30366
ᇴ		_				
Ë	8	Entertainment	3250			3250
_						
	9	Other direct expenses .	19908	510		20418
	10	Direct expense summary. Ad			🟲	( 89982 )
	11	Net income summary. Comb				133134
Ρâ	rt III	Gaming. Complete if the	_	rea "Yes" to Form 990	J, Paπ IV, line 19, or	reportea more
	T	than \$15,000 on Form 9	90-EZ, line ba.	(h) D. II anh a Contract		(A) T-1-1
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Ver						. ,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
쮼	1	Gross revenue				
	<del>  '</del>	Gross revenue		· · · · · · · · · · · · · · · · · · ·		
ģ	2	Cash prizes				
Expenses	-		······································			
be	3	Noncash prizes				
ñ		•				
Direct	4	Rent/facility costs				
₫	ŀ					
	5	Other direct expenses .				
			☐ Yes%	☐ Yes %	☐ Yes %	
	6	Volunteer labor	☐ No	☐ No	☐ No	<u> </u>
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)	•	( )
					_	
	8_	Net gaming income summar	y. Combine line 1, colur	nn d, and line 7	<u> ▶</u>	
_						
8		nter the state(s) in which the or				
		the organization licensed to or				
	p it.	"No," explain:				
10	Da W	ere any of the organization's g	aming licenses revoked	suspended or terminal	ted during the tax year	? . 🗌 Yes 🗌 No
		are any or the organization og	,	,porteou or torrillia	suring are tun your	

**b** If "Yes," explain:

#### SCHEDULE L (Form 990 or 990-EZ)

**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. 0MB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

(10)

or Form 990-E∠, Part V, line 38a or 40b.

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

Name of the organization Employer identification number Admiral Nimitz Foundation 74-1492692 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. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) (3) (4)(5) (6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year 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-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original (f) Balance due (g) in default? (h) Approved (i) Written with organization from the principal amount by board or agreement? organization? committee? Tο From Yes Yes No No Yes No (1) Barbara Heinen Director **Real Estate** 130000 130000 ✓ ✓ ✓ (2) Robert Heinen Dir. Spouse Real Estate 200000 200000 (3) Robert L. & Denise Dir.Daughter Real Estate (4) Harris & Son In Law **Purchase** 20000 20000 (5) (6)(7) (8)(9)(10)Total 350000 **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested (a) Name of interested person (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1)(2) (3) (4)(5) (6)(7) (8)(9)

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	organia	aring of zation's nues?		
	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	Yes	No		
<u>(1)</u> <u>(2)</u>	· · · · · · · · · · · · · · · · · · ·					<del> </del>		
(3)								
(4)								
(5)								
(6)	<u>-</u>	<u> </u>						
(7)						-		
(8)					+			
(10)								
Part V	Supplemental Information Complete this part to provide ac	dditional information for re	esponses to question	ns on Schedule L (see instructio	ns).			
				•••••		· <b>-</b>		
				***************************************				
				***************************************				
						******		
	•••••••••••••••••••••••••••••••••••••••							
		***************************************		•••••				
			***************************************					
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<b>_</b>								
		······						

## SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047
2012

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection

Admiral Nimitz Foundation	/4-1492692
Form 990, Page 6, Part VI, Section B, Line 11a	
Process for review - After preparation by the Controller and CEO, the complete return is provided to the	ne Audit Committee and the entire
Board of Directors before filing. After filing, the complete return is posted on the Foundation website.	
·	
·····	
Form 990, Page 6, Part VI, Section B, Lines 12a, 13, 14	·
On January 1, 2009, the Board of Directors approved and put in to place Conflict of Interest, Whisteblo	wer, and Document Retention and
Destruction policies. All directors and employees are required to annually sign affidavits attesting to	any conflicts of interest.
Form 990, Page 6, Part VI, Section B, Lines 15a, 15b	
The CEO determines salaries for all employees. These salaries are approved by the full Board when it	approves the annual budget. The
compensation of the CEO is reviewed annually by the Executive Committee; this process includes a re	eview of not-for-profit benchmark
data for CEO salaries. Any change in compensation is recommended to the full Board for approval.	
	•••••
Form 990, Page 6, Part VI, Section C, Line 19	·····
The organization provides governing documents, conflicts of interest policy, and financial statements	to the public upon request.
·····	
······	
······	