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# Form **990**

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

nterna	al Rever	nue Servic	ce								
\ F	or the	2015 ca	lendar year, or tax year be	ginning 07-01-2015 , and ending 0	6-30-2016						
Che	eck if ap	oplicable	C Name of organization Association of Graduates of t	he United States			D Empl	oyer ider	ntification number		
Ac	ldress c	hange	Air Force Academy	To office States			84-0	580665	5		
☐ Na	me cha	ange	% ALTON PARRISH Doing business as				ı				
In	ıtıal retu	urn	Domig Duomood up								
Fi	nal 'termina	atod	Number and street (or P O b	pox if mail is not delivered to street address)	Room/suite		E Teleph	hone num	ber		
	ended :		3116 Academy Drive	,	,		(719	)472-0	300		
_		n pending	City or town, state or province	ce, country, and ZIP or foreign postal code				·			
, φι	Silection	Pending	USAF Academy, CO 808404				<b>G</b> Gross	receipts :	\$ 21,951,579		
			<b>F</b> Name and address of	principal officer		U/a) 7 11					
			WILLIAM T THOMPSON	•		H(a) Is the	s a grou dinates?	•			
			3116 Academy Drive			No	umates	•	Yes 🗸		
			USAF Academy, CO 80	8404475		<b>н(ь)</b> Are a	ll suborc	linates	□Yes □ No		
ı a:	k-exem	pt status	<b>√</b> 501(c)(3)	( ) <b>◀</b> (insert no ) 4947(a)(1) or	527	includ		L = 1E			
w	ebsite	: • ww	w usafa org				•		(see instructions)		
							p exemp				
Form	n of org	ganızatıon	✓ Corporation Trust	Association  Other ►		L Year of for	mation 1	968   <b>M</b>	State of legal domicile C		
В-	T	C									
Ρđ	rt I		mary	viscion or most significant activities							
				nssion or most significant activities the U.S. Air Force Academy & its gra	duates to	raise funds	& develo	p Acade	emy, cadet & graduat		
	pr	ograms	that would otherwise not b	e funded				<u> </u>			
GOVERNABICE											
Ē	_										
2	]	طط با ما ما	b <b>b</b>								
5	2 0	neck tii	iis box P   II tile organiza	tion discontinued its operations or d	isposed of	more man z	3 % UI II	.s net as	sels		
	3 N	lumber (	of voting members of the a	overning body (Part VI, line 1a) .			_	з	15		
ACUMUES &			-	ibers of the governing body (Part VI,				4	15		
<u> </u>			· -	ed in calendar year 2015 (Part V , lir	•			5	59		
֚֚֚֚֚֓֞֝֟֝֟֝֟֝				te if necessary)	•			6			
•							•		3		
				rom Part VIII, column (C), line 12			•	7a	381,542		
	D NE	et unitera	ited busiliess taxable inco	me from Form 990-T, line 34				7b	-375,65		
						Prio	r Year		Current Year		
O.	8	Contri	butions and grants (Part V	III, line 1h)			4,717		5,214,202		
Ě	9	_	am service revenue (Part V				,593	661,67			
Ravenue	10		· ·	column (A), lines 3, 4, and 7d) .			1,144		1,294,110		
<u> </u>	11			ın (A), lines 5, 6d, 8c, 9c, 10c, and 1			1,671	,123	1,672,365		
	12		revenue—add lines 8 throu	igh 11 (must equal Part VIII, colum	n (A), line		8,108	,696	8,842,348		
		12)									
	13		·	(Part IX, column (A), lines 1–3).			502	,516	5,503,40		
	14		•	(Part IX, column (A), line 4)				0	(		
တ	15	Saları 5-10)		mployee benefits (Part IX, column (A	(), lines		2,466	,788	2,628,71		
Expenses	16a		•	art IX, column (A), line 11e)				0			
<u>0</u>	_		,	, , , , , , , , , , , , , , , , , , , ,				$\dashv$			
Щ	b		indraising expenses (Part IX, coli								
	17			n (A), lines 11a-11d, 11f-24e) .			1,978		2,081,353		
	18		•	7 (must equal Part IX, column (A), I	•		4,947	<del>'  </del>	10,213,465		
(5	19	Reven	ue less expenses Subtrac	t line 18 from line 12			3,161	,217	-1,371,117		
Net Assets of Fund Balances						Beginning o	f Current	: Year	End of Year		
aar	20	Total	assets (Part X, line 16) .				55,659	811	49,406,152		
ξ <u>α</u>	21		liabilities (Part X, line 26)				10,511		11,029,720		
<u> </u>											
	22			btract line 21 from line 20			45,147	,963	38,376,432		
	t II		ature Block	ve examined this return, including a	ccompanyi	na schedule	s and st	atemen	ts and to the hest of		
				nd complete Declaration of preparer							
repa	rer ha	s any ki	nowledge								
						* -	47.00 : 5				
		****   Sianz	ature of officer			20 Da	17-02-15 te				
Sign Here						50					
iert	=		IAM T THOMPSON PRESIDENT & or print name and title	CEO							
		V	rint/Type preparer's name	Preparer's signature	Date	<u> </u>		PTIN			
۱			OOREEN B MERZ	DOREEN B MERZ	Date	Che	ck I if	P00841	1439		
Paid		-	irm's name	ST RYAN & CO LLP			employed 's EIN ►				
	pare	r	irm's name STOCKMAN KA				ne no (71	9) 630-1	 186		
Jse	Onl	y  ˈ				100	10 (/I	J) 030-11	100		
		- 1	COLORADO SPR	INGS, CO 80903		1					

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

. ✓Yes No

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
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		No
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		No
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 💆	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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		No
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, Pait V 🔰	10	Yes	
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	Yes	
	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	<b>11</b> c		No
	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	<b>11</b> d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
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		No
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20</b> a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Page **4** Part IV Checklist of Required Schedules (continued) Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Yes 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . .

IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . .

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

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,"

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

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**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? 

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 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

member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . . . . . . . . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part

Nο

Νo

Νo

Νo

Nο

Νo

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Νo

Nο

Νo

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Νo

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Yes

Yes

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24a

24b

24c

24d

25a

25b

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27

28a

28b

**28**c

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33

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35a

35b

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37

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Yes

Form 990 (2015)

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V.			_
		Check it Schedule o contains a response of note to any line in this	rait	v	· ·	Yes	No No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	12		103	110
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
		L ie organization comply with backup withholding rules for reportable payments to	o vend	lors and renortable			
·		g (gambling) winnings to prize winners?		· · · · · ·	1c		
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	3.	59			
<b>L</b>	•	s return	2a		2b	Yes	
U		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file				103	
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	g the y	/ear <sup>?</sup>	3a	Yes	
b	If "Ye:	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i> c	on ın S	Schedule O	3b	Yes	
4a	Atany	y time during the calendar year, did the organization have an interest in, or a si	gnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities acc	count,	or other financial	4a		NI -
	accou	int)?			70		No
b		s," enter the name of the foreign country					
	(FBAF	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank R)	k and i	-inancial Accounts			
5a	•	' he organization a party to a prohibited tax shelter transaction at any time durir	na the	tax vear?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t			5b		No
					20		
Ü	11 16	s," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a		the organization have annual gross receipts that are normally greater than \$10			6a		No
_	-	ization solicit any contributions that were not tax deductible as charitable cont					
D		s," did the organization include with every solicitation an express statement th not tax deductible?	iat sud	en contributions or gifts	<b>6</b> b		
7	Organ	izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contributi		d partly for goods and	7a		No
		es provided to the payor?					
		s," did the organization notify the donor of the value of the goods or services p			7b		
C		ie organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?		· · · · · ·	<b>7</b> c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year $\ldots$ .	7d				
	Dud th	ie organization receive any funds, directly or indirectly, to pay premiums on a p	oerc on	al benefit contract?			
C	Dia tii	ic organization receive any lands, directly of indirectly, to pay premiums on a p	CISON	ar benefit contract.	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	onal be	enefit contract?	<b>7</b> f		Νo
g		organization received a contribution of qualified intellectual property, did the o	rganız	ation file Form 8899 as	<b>7</b> g		
h	requir	organization received a contribution of cars, boats, airplanes, or other vehicles	· ·	the organization file a	<i>'</i> 9		
"		1098-C?	•	· · · · · ·	7h		
8	-	oring organizations maintaining donor advised funds.					
		donor advised fund maintained by the sponsoring organization have excess but the year?	siness	s holdings at any time			
٥-	_	,			8		
		e sponsoring organization make any taxable distributions under section 4966			9a		
		le sponsoring organization make a distribution to a donor, donor advisor, or rela on <b>501(c)(7) organizations</b> . Enter	ated p	erson/	9b		
10		tion fees and capital contributions included on Part VIII, line 12	10a				
		receipts, included on Form 990, Part VIII, line 12, for public use of club	10a				
_	faciliti	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '					
11	Section	on 501(c)(12) organizations. Enter					
а	Gross	income from members or shareholders	11a				
b		Income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )	11b				
	_	·			_		
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın Ile I	u or Form 1041?	12a		
D	year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the	organization licensed to issue qualified health plans in more than one state? <b>N</b>	lote S	ee the instructions for			
-		onal information the organization must report on Schedule O		22 3.350 460013 101	13a		
b		the amount of reserves the organization is required to maintain by the states	13b				
_		ch the organization is licensed to issue qualified health plans					
		the amount of reserves on hand	13c	,	14a		No
		s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	•		14a 14b		140
,	11 10	5, 1.45 it med a form 725 to report these payments in 140, provide an explana		Concaute O I I	_ 70		

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI . . . . . . Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax **1**a 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are ındependent 1b 1.5 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo 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 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? . . . . 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Yes 

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes **b** Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . Yes

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Νo **10a** Did the organization have local chapters, branches, or affiliates? . . **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . . 12a Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 Yes

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . . . 15a Yes  ${f b}$  Other officers or key employees of the organization . . . . . . . . . . 15b Nο 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 **16**a Νo **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 Section C. Disclosure CO,SC

List the States with which a copy of this Form 990 is required to be filed▶

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply 

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ▶ALTON PARRISH 3116 ACADEMY DRIVE USAF Academy, CO 808404475 (719) 472-0300

Part VII

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

Check if Schedule O contains a response or note to any line 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, or 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 related or	ganıza	tion	com	pen	sated	lany	current officer, of	lirector, or truste	e
(A) Name and Title	(B) A verage hours per week (list any hours for related	unle:	ore t ss pe	han erso cer tor/t	not one n is and rust			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) Robert Munson	5 0	l x						0	0	0
Secretary	0 0	^							0	
(2) Roger Carleton	5 0									
Chairman	0 0	X		×				0	0	0
(3) Vic Andrews	5 0	l x		×				0	0	0
Vice Chairman	0 0	^		^					0	
(4) Jack Fry	5 0			Ī.,						
Treasurer	0 0	X		×				0	0	0
(5) Mark Rosenow	5 0									
Director	0 0	X						0	0	0
(6) Kathleen Rock	5 0	x						0	0	0
Director	0 0							0	,	
(7) Mike Torreano	5 0									
Director	0 0	X						0	0	0
(8) Larry Fanss	5 0	l x						0	0	0
Director	0 0									
(9) Drew Miller	5 0	l x						0	0	0
Director	0 0	^							0	
(10) Cathy McClain	5 0									
Director	0 0	×						0	0	0
(11) Wally Moorhead	5 0									
Director	0 0	X						0	0	0
(12) Larry New	5 0	l								
Director	0 0	×						0	0	0
(13) Tamra Rank	5 0	х						0	0	0
Director	0 0									
(14) Will Gunn	5 0	l x						0	0	0
Director	0 0								0	
										Form <b>990</b> (2015)

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportab compensa from relat organizati (W- 2/109 MISC)	ed ons 19-	(F) Estimated amount of other compensation from the		
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)			organization and related organizations		
(15) Steve Mueller	5 0	Х						0		n	0		
Director	0.0	^						١		U			
(16) Bill Looney	5 0												
Director	0 0	X						0		0	0		
(17) Gary Dudley	5 0												
CAS PRESIDENT	0 0	Х						0		0	0		
(18) William T Thompson	40 0												
President, CEO	0.0			Х				236,926		0	28,588		
(19) Gary Howe	40 0												
Executive Vice Pres	0.0			Х				97,976		0	5,178		
(20) Alton Parrish	40 0			×				04.127		0	12.24:		
Sr VP Finance & CFO	0 0			^				84,127		U	12,342		
(21) Martin Marcolongo Sr VP Business	40 0			х				80,790		0	11,520		
(22) Robert McAllister	40 0			×				89,206		0	3,585		
Sr VP Communications	0 0			^				05,200			3,303		
(23) Corne Grubbs	40 0			×				67.405		0	7 710		
VP Corp & Assoc Rel	0 0			^				67,405		U	7,719		
1b Sub-Total		l		<u>▶</u>	<u> </u>			<u> </u>			l		
c Total from continuation sheets to Part VI			•	<b> </b>									
d Total (add lines 1b and 1c)	•		•	<b> </b>			6	56,430	0		68,932		
Total (add lines 10 and 10)		•	•			_					,		

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  $\triangleright 1$ 

			163	110
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes " complete Schedule 1 for such person.			

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Publication Printers, 2001 S Platte River Drive DENVER, CO 80223	Magazine printing	179,146
James Nance Sculpture Studios, 4617 Lonetree Drive LOVELAND, CO 80537	Bronze Sculptures	396,000

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 2

Form 99	0 (20	15)						Page <b>9</b>
Part V	1111	Statement o						
		Check If Schedu	ıle O contains a respon	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
v 8	1a	Federated camp	paigns 1a					
Grants smounts	ь	Membership du	es <b>1b</b>	833,972				
	С	Fundraising eve	ents <b>1c</b>					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organiz	ations 1d					
يَّةٍ. €.	e	Government grants	s (contributions) 1e					
ons Sir	f	All other contribution	ons, gifts, grants, and <b>1f</b>	4,380,230				
her h	•	sımılar amounts no	t included above		ļ			
	g	Noncash contribution 1a-1f \$	ons included in lines	21,430				
Cont	h	Total. Add lines	s 1a-1f	🗼	5,214,202			
				Business Code				
સા	2a	PUBLIC ADVERTISI	NG	511190	381,542		381,542	
<u>\$</u>	b	HOMECOMING AND	REUNIONS	900099	280,129	280,129		
ج ادو	С							
<u>\$</u>	d							
am	e f	All other progra	um carvica ravanua					
Program Service Revenue	f		ım service revenue					
<u></u>	g 3		3 2a-2f		661,671			
	3		ome (including dividend ar amounts)	· · · · · · · · · · · · · · · · · · ·	645,363			645,363
	4		tment of tax-exempt bond p	· · · -	0			120.026
	5	Royalties	(I) Roal		130,926			130,926
	6a	Gross rents	(ı) Real 83,045	(II) Personal 20,565				
		Less rental						
	b	expenses	03.045	20.565				
	C	Rental income or (loss)	83,045	20,565	102.640	102.510		
	d	Net rental incor	me or (loss)  (I) Securities	▶ (II) O ther	103,610	103,610		
	7a	Gross amount from sales of assets other than inventory	13,400,217	0				
	ь	Less cost or other basis and sales expenses	12,725,306	26,164				
	<b>c</b>	Gain or (loss)	674,911	-26,164	640.747			640.747
nne	d 8a	Net gain or (los Gross income fi events (not incl			648,747			648,747
Other Revenue		\$ of contributions See Part IV, lin	reported on line 1c) e 18					
the	ь	Less direct exp	penses <b>b</b>					
0	с	Net income or (	loss) from fundraising 6	events >	0			
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 a					
	ь	Less direct exp	penses <b>b</b>					
	С	Net income or (	loss) from gaming activ	vities	0			
	10a	Gross sales of						
		returns and allo	wances . a	595,880				
	ь	Less cost of go	-	357,761				
	С	_	loss) from sales of inve		238,119	238,119		
		Miscellaneous	Revenue	Business Code				
	11a		M ENDOWMENT	900099	756,117	756,117		
	b	SACC CONFER	RENCE	900099	266,256	266,256		
	, c	OTHER All other revenu		900099	177,337	177,337		
	d e	Total. Add lines	L	▶				
	12		See Instructions		1,199,710			
			occinationous	• • •	8,842,348	1,821,568	381,542	1,425,036

## 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)

		ins raitin			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,358,167	5,358,167		
2	Grants and other assistance to domestic individuals See Part IV, line 22	145,234	145,234		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	766,326	591,803	146,427	28,096
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	1,553,106	1,199,401	296,760	56,945
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	26,841	20,728	5,129	984
9	Other employee benefits	119,451	92,247	22,824	4,380
10	Payroll taxes				
		162,987	125,868	31,143	5,976
11	Fees for services (non-employees)				
a	Management	0			
Ь	Legal	2,466	1,905	471	90
С.	Accounting	23,000		23,000	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	6,835		6,835	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	203,991	157,534	38,978	7,479
12	Advertising and promotion	118,775	94,230	24,545	
13	Office expenses	59,184		59,184	
14	Information technology	0			
15	Royalties	0			_
16	Occupancy	109,503		109,503	
17	Travel	109,347	64,312	45,035	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	284,445	263,411	21,034	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	431,736		431,736	
23	Insurance	37,612	2,972	34,640	
24	Other expenses Itemize expenses not covered 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	REPAIRS & MAINTENANCE	173,344	133,867	33,122	6,355
b	POSTAGE & SHIPPING	101,367	78,282	19,369	3,716
c	ADMIN FEES	33,096		33,096	
d	PROFESSIONAL PRINTING	275,401	212,681	52,622	10,098
e	All other expenses	111,251	88,357	18,697	4,197
25	<b>Total functional expenses.</b> Add lines 1 through 24e	10,213,465	8,630,999	1,454,150	128,316
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

(B) End of year

2,055,726

814.526

233.294

128,053

100,600

68,401

5,382,485

35,199,504

5,109,051

314,512

215,914

9,278,869

49,406,152

0

Ω

0

0

0

1,534,937

11,029,720

21,133,711

13,218,381

4,024,340

38,376,432

49,406,152 Form 990 (2015)

(A)

Beginning of year

564,246

828,652

224.039

129,311

1

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3

4

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6

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100

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16

17

19

21

22

24

25

26

27

28

29

30

31

32

33

34

0

141,521

67.078

4,531,649

33,906,654

6,543,978

8.722.683

55,659,811

248, 153

8,903,381

0

0 14

Ω 18

0 20

0

n 23

0

1,360,314

10,511,848

15,941,490

25,249,302

3,957,171

45.147.963

55,659,811

12 235 530

6,853,045

10a

10b

10111 330 (2013)								raye					
Part X	Balance Sheet												
	Check if Schedule O contains a response or note to any line in this Part X		_	_				_					Г

Form 990 (2	2015)	Pa
Part X	Balance Sheet	

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

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

1

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10a

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33

34

Net Assets or Fund Balances

Cash-non-interest-bearing . . . . .

Savings and temporary cash investments

Pledges and grants receivable, net .

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

**Total assets.** Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . . . . .

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

Inventories for sale or use .

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets . . . . .

Accounts receivable, net . .

Schedule L . .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

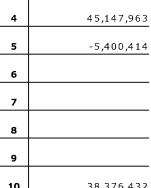
Unrestricted net assets

Form 990 (2	2015)	Pag
Part X	Balance Sheet	

orm 990 (.	2015)	Page
Part X	Balance Sheet	

Donated services and use of facilities .

Investment expenses .



1

2

3

Page **12** 

8,842,348

10,213,465

-1,371,117

Form 990 (2015)

		-			
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		38,3	376,432
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗸
				Yes	No
1	Accounting method used to prepare the Form 990	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie	wed on			

	Schedule 0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both			
	✓ Separate basis Consolidated basis Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	<b>2</b> c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			

c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	<b>2</b> c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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	3b		

### **Additional Data**

Software ID: Software Version:

**EIN:** 84-0580665

Name: Association of Graduates of the United States

Air Force Academy

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	197,201	ıncludıng grants of \$	) (F
Homecoming and reunions				

(Code	) (Expenses \$	197,201	including grants of \$	) (Revenue \$
Homecoming and reunions				

495.593

including grants of \$

) (Revenue \$

280,129

(Code ) (Expenses \$ Special Events and chapter support

(Code ) (Expenses \$ 90,203 including grants of \$ ) (Revenue \$ )

Special Functions

(Code	) (Expenses \$	88,685 including grants of \$	) (Revenue \$	)

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Career Opportunities

Employer identification number

84-0580665

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

# **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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Air Force Academy

Part I

1

2

3

990EZ)

(Form 990 or

Name of the organization

Association of Graduates of the United States

hospital's name, city, and state

**170(b)(1)(A)(iv).** (Complete Part II )

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

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

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

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2015

	edule A (Form 990 of 990-EZ) 2015						Page Z
Pa	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	ttion runs to qu	anny anach anc	tests listed bei	ovi, picase con	ipiece i di c iii.	,
	Calendar year		412242	4.3204.2	4.0004.4	4.32045	(5) T
(or	fiscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do						
_	not include any unusual grants )						
2	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	<b>Public support.</b> Subtract line 5						
S	from line 4 ection B. Total Support						
	Calendar year	4-12011	/b\2012	(-)2012	(4)2014	(-)201F	(6)T-4-1
(or	fiscal year beginning in) 🕨	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	(f)⊤otal
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
9	and income from similar sources  Net income from unrelated						
9	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						
	VI)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see inst	ructions)			12	•
13	First five years.If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(	3) organization,
	check this box and <b>stop here</b>				<del></del>	▶ ┌	
S	ection C. Computation of Pub						
14	Public support percentage for 2015	(line 6, column	(f) divided by line	11, column (f))		14	
L5	Public support percentage for 2014	Schedule A , Pa	rt II, line 14			15	
L6a	<b>33 1/3% support test—2015.</b> If the	organization did	not check the box	on line 13, and	line 14 is 33 1/3%	6 or more, check	this box
b	and <b>stop here.</b> The organization qua <b>33 1/3% support test—2014.</b> If the	•			, and line 15 is 33	3 1/3% or more, o	heck this
	box and <b>stop here.</b> The organization						▶┌
17a	<b>10%-facts-and-circumstances test</b> - is 10% or more, and if the organiza in Part VI how the organization mee	tion meets the fa	cts-and-circums	tances test, chec	k this box and <b>st</b>	<b>op here.</b> Explain	oorted
	organization			_	•		▶
b	10%-facts-and-circumstances test-						
	15 is 10% or more, and if the organ				•	•	-1
	Explain in Part VI how the organiza	tion meets the "f	acts-and-circum	stances" test Th	ne organization qu	alities as a publi	•
18	supported organization <b>Private foundation.</b> If the organizati	ion did not check	a box on line 13	. 16a. 16h 17a -	or 17b, check this	s box and see	▶
	instructions	ala not check		, , , _ , _ , _ , _ , _ , _ ,	z. z. s, check this	200 and 300	▶┌
							• 1

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part

II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

Se	ction A. Public Support							
	Calendar year	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 201	15	(f)Total
	iscal year beginning in) ▶	(,	(-/	(-/	(-,	(-/		· · · · · · · · · · · · · · · · · · ·
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,823,813	3,659,840	12,846,175	4,717,412	5,2	214,202	30,261,442
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	494,485	678,990	847,319	1,290,817	1,4	123,212	4,734,823
3	Gross receipts from activities that are not an unrelated trade or							0
4	business under section 513 Tax revenues levied for the organization's benefit and either							0
5	paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge.							0
6	<b>Total.</b> Add lines 1 through 5	4,318,298	4,338,830	13,693,494	6,008,229	6,6	537,414	34,996,265
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	1,236,125	2,583,900	2,610,377	2,663,650	2,5	583,900	11,677,952
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							0
С	Add lines 7a and 7b	1,236,125	2,583,900	2,610,377	2,663,650	2,5	583,900	11,677,952
8	Public support. (Subtract line 7c	, ,						
	from line 6 )							23,318,313
Se	ction B. Total Support							
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 201	1.5	<b>(f)</b> Total
(or f	iscal year beginning in) 🕨	• • •	· · ·	· ' ·				
9	A mounts from line 6	4,318,298	4,338,830	13,693,494	6,008,229	6,6	537,414	34,996,265
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	193,011	625,302	849,676	354,422	;	776,289	2,798,700
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							0
c	Add lines 10a and 10b	193,011	625,302	849,676	354,422	-	776,289	2,798,700
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	309,556	281,581	340,709				931,846
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	951,882	1,165,147	1,098,120	811,161	;	756,117	4,782,427
13	Total support. (Add lines 9, 10c, 11, and 12)	5,772,747	6,410,860	15,981,999	7,173,812	8,:	169,820	43,509,238
14	First five years.If the Form 990 is t	for the organization	on's first, second,	third, fourth, or fi	ıfth tax year as a	section 5	01(c)(3	) organization,
	check this box and <b>stop here</b>							▶ □
Se	ction C. Computation of Pub	lic Support Po	ercentage					
15	Public support percentage for 2015	(line 8, column (	(f) divided by line	13, column (f))		15		53 594 %

			•		. ,	•			0003.70
16	Public support	percentage	from 2014 9	Schedule	A, Part III	, line 15		16	51 213 %

,	10	31 213 70
Section D. Computation of Investment Income Percentage		

	Section D. Computation of Investment Income referringe								
17	Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	17	6 432 %						

Investment income percentage from 2014 Schedule A, Part III, line 17 6 719 %

33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶▽

33 1/3% support tests-2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V, D

	I, complete Sections A and D, and complete Part V )			
Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section	2		
3a	509(a)(1) or (2)  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	<b>3</b> c		
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
_	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations  Did the organization support any foreign supported organization that does not have an IRS determination under	15		 
C	organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part II of Schedule L (Form 990)	8		
<b>9</b> a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	<b>9</b> c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	<b>10</b> a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	<b>10</b> b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
_	A 3.5% controlled entity of a person described in (a) or (b) above 2.16 "Vee" to a bioric provide detail in Part VI	110		1

each of the supported organizations? Provide details in Part VI

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Par	t IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?  If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?  If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?  If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
	estion F. Tune III Functionally Internated Companies Operations			
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below			
2	Activities Test Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?  If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			

3a

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	<b>—</b>		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
· · · · · · · · · · · · · · · · · · ·	20010115		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	I
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e  g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
<b>c</b> Excess from 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
			(F 000 000 F7) /2.01 F

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## **SCHEDULE D**

(Form 990)

Department of the Treasury

Internal Revenue Service

# **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493046013267

Open to Public Inspection

	me of the organization ociation of Graduates of the United States		Empl	oyer identification number
	Force Academy		84-0	580665
Pa		r <b>Advised Funds or Other Similar F</b> ed "Yes" on Form 990, Part IV, line 6.	unds	or Accounts.
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to		nor advis	sed Yes No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?			· ·
Pa	rt II Conservation Easements. Comple	ete if the organization answered "Yes"	on Forn	Yes No
1	Purpose(s) of conservation easements held by th	-	011 1 0111	1 330/1 are 14/ mile 71
_	Preservation of land for public use (e.g., recreducation)	eation or	an histor	ically important land area
	Protection of natural habitat	Preservation of a	a certifie	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution in	the form	of a conservation
	easement on the last day of the tax year			
	Tabal mumban of assaultan assaultan		<u> </u>	Held at the End of the Year
a	Total number of conservation easements  Total acreage restricted by conservation easeme	anto	2a	
b c	Number of conservation easements on a certified		2b 2c	
d	Number of conservation easements included in (a historic structure listed in the National Register	, ,	2d	
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or terminat	ed by the	e organization during the
	tax year ▶			
4	Number of states where property subject to cons	ervation easement is located •		
5	Does the organization have a written policy regar violations, and enforcement of the conservation of	ding the periodic monitoring, inspection, har		□ Yes □ No
6	Staff and volunteer hours devoted to monitoring, year		ing cons	'
	<b>&gt;</b>			
7	A mount of expenses incurred in monitoring, insper	ecting, handling of violations, and enforcing o	conserva	tion easements during the year
8	Does each conservation easement reported on II (B)(I) and section $170(h)(4)(B)(II)$ ?	ne 2(d) above satisfy the requirements of se	ction 17	0(h)(4) Yes No
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text	of the footnote to the organization's financia		·
2a r	the organization's accounting for conservation eat <b>TIII</b> Organizations Maintaining Collect	ctions of Art, Historical Treasures,	or Oth	ner Similar Assets
Q.D		ed "Yes" on Form 990, Part IV, line 8.	01 011	ici ominai Assetsi
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	assets held for public exhibition, education	, or resea	arch in furtherance of public
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education		
(	(i) Revenue included on Form 990, Part VIII, line		<b>&gt;</b> \$	
	ii) Assets included in Form 990, Part X	-		
	Assets included in Form 990, Part X  If the organization received or held works of art, I	historical treasures or other similar assots		rial dain provide the
2	following amounts required to be reported under S			ावा पुर्वाता, भारण्यायस सास
а	Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$

Assets included in Form 990, Part X

		(FOIIII 990) 2015					Page Z
Par	t III	Organizations Maintaining (continued)	Collections of	Art, Historical	Treasures, or	Other Similar A	ssets
3		g the organization's acquisition, acc ction items (check all that apply)	ession, and other re	cords, check any	of the following that	are a significant us	e of its
а		Public exhibition		d $\Gamma$ Lo	an or exchange pro	grams	
b	$\vdash$	Scholarly research		<b>e</b>	ther		
c	_	Preservation for future generations					
4		de a description of the organizations	's collections and ex	kplain how they fur	ther the organizatio	n's exempt purpose	ın
	Part >			,			
5		g the year, did the organization sol s to be sold to raise funds rather the					s 「No
Pai	rt IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.	angements.			1	<u>'</u>
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	stodian or other inte	rmediary for contr	ibutions or other as	sets not	s No
b	Tf'	'Yes," explain the arrangement in P	Part VIII and comple	ate the following tal	hla	Δm	ount
c		ginning balance	are XIII and comple	te the following tal	10		
d	,	ditions during the year			10		
e		stributions during the year			16		
f		ding balance			11	Ŧ	
<b>2</b> a	Did th	ne organization include an amount o	on Form 990, Part X,	, line 21, for escro	w or custodial acco	unt liability? <b>Ye</b>	s No
b	7.5 113.4						·
	rt V	es," explain the arrangement in Par <b>Endowment Funds.</b> Comple					
	v	Lindowinient i dinds. Compie	(a)Current year	(b)Pnor year	<b>b</b> (c)Two years back		(e)Four years back
1a	Begir	nning of year balance	9,875,187	7,315,722	5,673,628	4,967,953	5,428,978
b	Conti	ributions	5,358,534	2,748,586	1,082,041	140,707	9,957
c	Net II Iosse	nvestment earnings, gains, and es	-760,934	50,698	862,500	648,596	-239,137
d	Grant	ts or scholarships					
e		r expenditures for facilities rograms 	234,358	239,819	302,447	83,628	231,845
f	A dmı	nistrative expenses					
g	End o	of year balance	14,238,429	9,875,187	7,315,722	5,673,628	4,967,953
2	• Provi	· · · · · · · de the estimated percentage of the	current year end ba	lance (line 1g, coli	ımn (a)) held as		
а		I designated or quasi-endowment ▶		, ,,,			
ь		anent endowment ▶ 28 260 %					
c		orarily restricted endowment ► percentages on lines 2a, 2b, and 2c	5 730 %				
3а	A re ti	here endowment funds not in the po lization by	•		eld and administer	ed for the	Yes No
	_	related organizations				38	n(i) Yes
		elated organizations				3a	(ii) No
b		es" on 3a(II), are the related organiz					3b
4		ribe in Part XIII the intended uses		endowment funds			
Pa	rt <b>VI</b>	Land, Buildings, and Equip Complete if the organization		Form 990 Part	IV line 11a See	Form 990 Part X	/ line 10
		Description of property	answered res to	(a) Cost or other (investmen	basis Cost or other ba	Accumulated	(d)Book value
<b>1</b> a	Land						
b	Buildin	ıgs			9,536,	987 4,931,81	.7 4,605,170
c	Leasel	nold improvements					
d	Equipn	nent			2,207,	958 1,823,15	384,802

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )

392,513

5,382,485

490,585

	See Form 990, Part X, line 12.			
	(a) Description of security or categ (including name of security)	ory	<b>(b)</b> Book value	(c)Method of valuation Cost or end-of-year market valu
	ial derivatives y-held equity interests			
<b>(3)</b> 0 ther	y hera equity interests			
	umn (b) must equal Form 990, Part X, col (B) line 12			0
Part VII	Investments—Program Related Complete if the organization answe	red 'Yes' on Form 99	0, Part IV, line 11c. <sub>S</sub>	ee Form 990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market valu
				cost of that of year market valu
	umn (b) must equal Form 990, Part X, col (B) line 13 ) Other Assets. Complete if the organiz		Form 990 . Part IV . line	11d See Form 990, Part X, line 15
	Other Assets. Complete if the organiz		Form 990, Part IV , line	11d See Form 990, Part X, line 15  (b) Book value
	Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV, line	
Part IX	Other Assets. Complete if the organiz	ration answered 'Yes' on	Form 990, Part IV, line	(b) Book value
Part IX	Other Assets. Complete if the organiz  (a) De  (a) De  umn (b) must equal Form 990, Part X, col (B) Ir  Other Liabilities. Complete if the o	ne 15 )		(b) Book value
Total. (Col.	Other Assets. Complete if the organiz (a) De	ne 15 )		(b) Book value
Total. (Col. Part X	umn (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the of See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answere		(b) Book value
Total. (Col. Part X  1. Federal inc	Other Assets. Complete if the organiz  (a) De  umn (b) must equal Form 990, Part X, col (B) Ir  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability  come taxes	ne 15 ) organization answere		(b) Book value
Total. (Col. Part X  1. Federal Inc. DEFERRE	Other Assets. Complete if the organiz  (a) De  umn (b) must equal Form 990, Part X, col (B) Ir  Other Liabilities. Complete if the off See Form 990, Part X, line 25.  (a) Description of liability  come taxes  D COMP	ne 15 ) organization answere (b) Book value		(b) Book value
Total. (Col. Part X  1. Federal Inc. DEFERRE	Other Assets. Complete if the organiz  (a) De  umn (b) must equal Form 990, Part X, col (B) Ir  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability  come taxes	ne 15 ) organization answere		(b) Book value
Total. (Col. Part X  1. Federal Inc. DEFERRE	Other Assets. Complete if the organiz  (a) De  umn (b) must equal Form 990, Part X, col (B) Ir  Other Liabilities. Complete if the off See Form 990, Part X, line 25.  (a) Description of liability  come taxes  D COMP	ne 15 ) organization answere (b) Book value		(b) Book value
Total. (Col. Part X  1. Federal Inc. DEFERRE	Other Assets. Complete if the organiz  (a) De  umn (b) must equal Form 990, Part X, col (B) Ir  Other Liabilities. Complete if the off See Form 990, Part X, line 25.  (a) Description of liability  come taxes  D COMP	ne 15 ) organization answere (b) Book value		(b) Book value
Total. (Col. Part X  1. Federal Inc. DEFERRE	Other Assets. Complete if the organiz  (a) De  umn (b) must equal Form 990, Part X, col (B) Ir  Other Liabilities. Complete if the off See Form 990, Part X, line 25.  (a) Description of liability  come taxes  D COMP	ne 15 ) organization answere (b) Book value		(b) Book value
Total. (Col. Part X  1.  Federal Inc. DEFERRE	Other Assets. Complete if the organiz  (a) De  umn (b) must equal Form 990, Part X, col (B) Ir  Other Liabilities. Complete if the off See Form 990, Part X, line 25.  (a) Description of liability  come taxes  D COMP	ne 15 ) organization answere (b) Book value		(b) Book value
Total. (Col. Part X  1.  Federal Inc. DEFERRE	Other Assets. Complete if the organiz  (a) De  umn (b) must equal Form 990, Part X, col (B) Ir  Other Liabilities. Complete if the off See Form 990, Part X, line 25.  (a) Description of liability  come taxes  D COMP	ne 15 ) organization answere (b) Book value		(b) Book value
Total. (Col. Part X  1.  Federal Inc. DEFERRE	Other Assets. Complete if the organiz  (a) De  umn (b) must equal Form 990, Part X, col (B) Ir  Other Liabilities. Complete if the off See Form 990, Part X, line 25.  (a) Description of liability  come taxes  D COMP	ne 15 ) organization answere (b) Book value		(b) Book value
Total. (Col. Part X  1.  Federal Inc. DEFERRE	Other Assets. Complete if the organiz  (a) De  umn (b) must equal Form 990, Part X, col (B) Ir  Other Liabilities. Complete if the off See Form 990, Part X, line 25.  (a) Description of liability  come taxes  D COMP	ne 15 ) organization answere (b) Book value		(b) Book value
Total. (Col. Part X  1.  Federal Inc.  DEFERREI  AGENCY I	Other Assets. Complete if the organiz  (a) De  umn (b) must equal Form 990, Part X, col (B) Ir  Other Liabilities. Complete if the off See Form 990, Part X, line 25.  (a) Description of liability  come taxes  D COMP	me 15 )		(b) Book value

Return Reference

Schedule D, Part V, Line 4

Schedule D (Form 990) 2015

2

3,464,162

а	Net unrealized gains (losses) on investments 2a -5,400,414		
b	Donated services and use of facilities 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
е	Add lines <b>2a</b> through <b>2d</b>	2e	-5,371,351
3	Subtract line <b>2e</b> from line <b>1</b>	3	8,835,513
4	A mounts 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 6,835		
b	Other (Describe in Part XIII ) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	6,835
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	8,842,348
Part		s pe	Return.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	10,235,693
2	A mounts 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		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines 2a through 2d	2e	29,063
3	Subtract line <b>2e</b> from line <b>1</b>	3	10,206,630
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 6,835		
b	Other (Describe in Part XIII )	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	6,835
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	10,213,465
_			

Explanation

operating location of the organization

The temporary restricted endowment earnings of the Association of Graduates' endowment funds are

used to fund specific programs and projects of the United States Air Force Academy, as specified by the original donors of those funds, as well as to maintain Doolittle Hall, which is the headquarters and

22

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Schedule D (Form 990) 2015	Page <b>5</b>
Part XIII Supplemental	Information (continued)
Return Reference	Explanation
Schedule D, Part XI, Line 2d	Cost of Goods Sold included with revenue for 990 presentation \$ 2,899 Asset Disposal included with revenue for 990 presentation \$26,164 Total \$29,063
Schedule D, Part XII, Line 2d	Cost of Goods Sold included with revenue for 990 presentation \$ 2,899 Asset Disposal included with revenue for 990 presentation \$26,164 Total \$29,063

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493046013267 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number Association of Graduates of the United States 84-0580665 Air Force Academy Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (d) A mount of cash **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table

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

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . .

Schedule I (Form 990) 2015

#### **Additional Data**

or government

Software ID: Software Version:

EIN: 84-0580665

**LIN.** 07-03000

Name: Association of Graduates of the United States
Air Force Academy

assistance

other)

(h) Purpose of grant

or assistance

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization (b) EIN (c) IRC section organization (d) Amount of cash organization (book, FMV, appraisal, non-cash assistance)

United States Air Force Academy 2304 Cadet Dr Ste 3300 USAF Academy, CO 80840		5,190,177		To provide private funding to the USAFA to help accomplish its mission of providing an extra margin of excellence for cadets
Air Force Institute of Technology 2950 Hobson Way WPAFB,OH 45443		28,650		Endowed scholarships for graduating Air Force Academy cadets
Rampart Lodge 3130 Academy Drive USAF Academy,CO 80840		14,880		To provide private funding to the USAFA to help accomplish its mission of providing an extra margin of excellence for cadets

**(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (a) Name and address of (c) IRC section (q) Description of organization if applicable grant cash l (book, FMV, appraisal, <sup>l</sup> non-cash assistance or assistance or government assistance other) Falcon Foundation 24,231 To provide private funding to the USAFA to 3116 Academy Prive USAF Academy, CO 80840 help accomplish its mission of providing an extra margin of excellence for cadets 48,620 To provide private funding to the USAFA to

Air Force Academy Athletic

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Corporation 2168 Field House Drive

help accomplish its

mission of providing an

USAF Academy, CO 80840 extra margin of

excellence for cadets

Schedule J (Form 990)

Department of the

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493046013267 OMB No 1545-0047

Open to Public

Treas	ury nal Revenue Service		•			Insp	ectio	n
	me of the organi				Employer identificati	on nui	nber	
	ociation of Graduate Force Academy	es of the United States			04.0500665			
		ions Regarding Compensation	,		84-0580665			
I.C.	Quest.	ions Regarding Compensation	•				Yes	No
<b>1</b> a	Check the app	ropiate box(es) if the organization pro	vided an	v of the following to or for a person	isted on Form		103	140
		Section A, line 1a Complete Part III						
	First-clas	ss or charter travel		Housing allowance or residence fo	r personal use			
	Travel for	rcompanions		Payments for business use of pers	onal residence			
	┌ ⊤axıdem	nification and gross-up payments		Health or social club dues or initia	tion fees			
	Discretio	nary spending account		Personal services (e g , maid, cha	uffeur, chef)			
b		oxes in line 1a are checked, did the ore t or provision of all of the expenses de				1b		
2		zation require substantiation prior to re						
	directors, trust	tees, officers, including the CEO/Exec	utive Di	rector, regarding the items checked	l in line 1a?	2		
3		n, if any, of the following the filing organ		·				
		CEO/Executive Director Check all th ted organization to establish compens						
	·	ation committee	V	Written employment contract	•			
	·	lent compensation consultant	<b>√</b>	Compensation survey or study		i	<u> </u>	İ
	·	of other organizations	<b>\</b>	Approval by the board or compens	ation committee	İ	j	İ
	,		14			İ	j	İ
4	During the yea or a related org	ır, dıd any person listed on Form 990, ganızatıon	Part VII	, Section A , line 1a with respect to	the filing organization			
а	Receive a seve	erance payment or change-of-control	payment	7		4a		Νo
b	Participate in,	or receive payment from, a supplemen	ntal nonq	qualified retirement plan?		4b	Yes	
c	Participate in,	or receive payment from, an equity-ba	ased con	npensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pro	ovide the	e applicable amounts for each item	n Part III			
5		<b>), 501(c)(4), and 501(c)(29) organizat</b> sted on Form 990, Part VII, Section A		·	any			
,		contingent on the revenues of	, iiiie ra	, and the organization pay or accrue	ally			
а	The organization	on?				5a		No
b	Any related or	ganızatıon?				5b		No
	If "Yes," on lin	ne 5a or 5b, describe in Part III						
6		sted on Form 990, Part VII, Section A contingent on the net earnings of	, line 1a	, did the organization pay or accrue	any			
а	The organization	on?				6a		No
b	Any related or	ganızatıon?				6b		No
	If "Yes," on lin	ne 6a or 6b, describe in Part III						
7		sted on Form 990, Part VII, Section A described in lines 5 and 6? If "Yes," d			on-fixed	7		No
8		unts reported on Form 990, Part VII, p initial contract exception described in				8		No
a	If "Vec" on line	e 8 did the organization also follow the	a rahutta	able presumption procedure describ	ed in Regulations			

section 53 4958-6(c)?

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in
	Base (1) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990

19.249

9.339

265,514

1 William T Thompson

President, CEO

226.926

10.000

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015		
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information		
Return Reference	Explanation	

Schedule J (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015 Open to Public Inspection

DLN: 93493046013267

Employer identification number 84-0580665

990 Schedule O, Supplemental Information

Department of the

Internal Revenue

Air Force Academy

Name of the organization

Association of Graduates of the United States

Treasurv

Service

Return **Explanation** Reference Form 990, Part I Working In partnership With the Academy to produce and foster graduates with an enduring commitment to Integrity, III. Line 3 excellence, and service to country | Providing leadership, communication, and support to all the Academy's graduates, and continued promoting camaraderie among them III Promoting the Academy's heritage, our common traditions, and the accomplishments of our graduates to work in support of the Air Force, the Academy and the graduates to raise private funds to support and develop Academy, cadet and graduate programs that would otherwise not be funded Form 990, Part Homecoming and Reunions - funds utilized to provide events and activities for U.S. Air Force Academy homecoming and III. Line 4d class reunions

990 Schedule O, Supplemental Information

Return

11b

Reference	
	Elections are held biennially and approximately half of the elected directors are elected to 4-year terms. Candidates are placed on the ballot by the Nominating Committee or by petition of 25 members. All graduate members are notified by mail, email and other means of how they may become a candidate. All members who are eligible to vote receive notice of how to cast their ballot. Candidates receiving the most votes are elected to the Board.
Form 990, Part VI, Section B, line	The Form 990 will be submitted to the Audit Committee, then each member of the Board of Directors physically or by electronic transmission prior to its filing due date

Explanation

990 Schedule O, Supplemental Information

taff in budget preparations

Return Reference	Ехріанаціон
Form 990, Part VI,	The conflict of interest policy is reviewed, updated if necessary, and presented to the board each August All
Section B, Line 12c	directors must review and sign the statement declaring that there are no conflicts of interest, or they must report

Evolopation

when they have 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 Dir ectors from comparative data for other Association Executives, the CEO approves the compensation of other officers and employees of the organization, as recommended by the senior s

990 Schedule O, Supplemental Information

netarii nererence	Explanation
·	The Form 990 is posted on the organization's wiebsite after filing, the Form 1023 was filed prior to 1985 and is not available for public inspection, the Form 990-T and Form 990 public inspection copies are available upon request at the organization's address
Form 990, Part XII,	The process for overseeing the audit has not changed from prior years

Explanation

Return Reference

Line 2c