

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning _____ **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization
ASSOCIATION OF GRADUATES OF UNITED STATES MILITARY ACADEMY
 Doing Business As **WEST POINT ASSOC. OF GRADUATES**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
BLDG 698/HERBERT HALL/MILLS RD
 City or town, state or country, and ZIP + 4
WEST POINT, NY 10996

D Employer identification number
14-1260763

E Telephone number
845-446-1500

G Gross receipts \$ **70,221,110.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

F Name and address of principal officer: **ROBERT L. MCCLURE**
SAME AS C ABOVE

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

J Website: ▶ **WWW.WESTPOINTAOG.ORG**

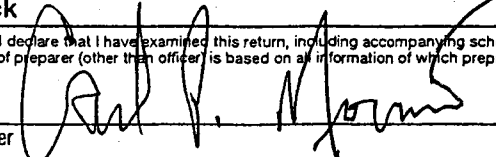
K Type of organization: Corporation Trust Association Other ▶

L Year of formation: **1869** **M State of legal domicile:** **NY**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FURTHERING THE IDEALS & WELFARE OF THE USMA & SUPPORTING & SERVING ITS GRADUATES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of employees (Part V, line 2a)	5	104
	6 Total number of volunteers (estimate if necessary)	6	85
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	150,926.
b Net unrelated business taxable income from Form 990-T, line 34	7b	<54,161.>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	33,952,426.	23,505,955.
	9 Program service revenue (Part VIII, line 2g)	2,779,919.	1,854,262.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,464,377.	4,577,527.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	743,873.	2,792,662.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	46,940,595.	32,730,406.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,691,987.
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,590,629.	5,714,642.
16a Professional fundraising fees (Part IX, column (A), line 11e)		469,329.	348,708.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,812,512.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		5,307,917.	4,528,507.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		21,059,862.	24,597,398.
19 Revenue less expenses. Subtract line 18 from line 12	25,880,733.	8,133,008.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 208,364,790.	End of Year 170,838,783.
	21 Total liabilities (Part X, line 26)	8,985,166.	8,674,230.
	22 Net assets or fund balances. Subtract line 21 from line 20	199,379,624.	162,164,553.

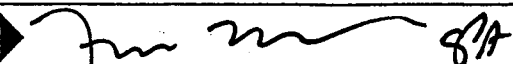
Part II Signature Block

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

Sign Here ▶  Date **11/9/09**

Signature of officer
CARL P. MOCCIA, VP/CFO
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶  Date **11/3/09** Check if self-employed Preparer's identifying number (see instructions) **P00547760**

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **UHY ADVISORS NY, INC.**
66 STATE STREET
ALBANY, NY 12207

EIN ▶ _____ Phone no. ▶ **518-449-3166**

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

ASSOCIATION OF GRADUATES
OF UNITED STATES MILITARY ACADEMY

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
THE ASSOCIATION IS AN ORGANIZATION DEDICATED TO FURTHERING THE IDEALS
AND PROMOTING THE WELFARE OF THE UNITED STATES MILITARY ACADEMY AND
SERVING ITS GRADUATES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes", describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 14484830. including grants of \$) (Revenue \$)
EDUCATIONAL & HISTORICAL: DISSEMINATION OF INFORMATION ABOUT THE
HISTORY, OBJECTIVES AND METHODS OF THE UNITED STATES MILITARY ACADEMY
("USMA"), ENCOURAGING AND FOSTERING THE STUDY OF MILITARY SCIENCE AND
LEADERSHIP AND ENHANCING THE IMAGE OF THE USMA.

4b (Code:) (Expenses \$ 732,584. including grants of \$) (Revenue \$ 644,428.)
EDUCATIONAL & HISTORICAL PUBLICATIONS: DISSEMINATING INFORMATION ON THE
HISTORY, ACTIVITIES, OBJECTIVES AND METHODS OF THE UNITED STATES
MILITARY ACADEMY, MAINTENANCE AND PUBLICATION OF THE REGISTER OF
GRADUATES - A DIRECTORY CONTAINING HISTORICAL AND BIOGRAPHICAL
INFORMATION.

4c (Code:) (Expenses \$ 2,946,031. including grants of \$) (Revenue \$ 1,386,604.)
SERVICES: MAINTAINING DETAILED HISTORICAL BIOGRAPHIC RECORDS OF
GRADUATES AND PROVIDING SERVICES AND INFORMATION TO LIVING GRADUATES.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 18,163,445. (Must equal Part IX, Line 25, column (B).)

**ASSOCIATION OF GRADUATES
OF UNITED STATES MILITARY ACADEMY**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
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 to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

**ASSOCIATION OF GRADUATES
OF UNITED STATES MILITARY ACADEMY**

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

**ASSOCIATION OF GRADUATES
OF UNITED STATES MILITARY ACADEMY**

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 48		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 104		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: CAYMAN ISLANDS See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
	12b		

**ASSOCIATION OF GRADUATES
OF UNITED STATES MILITARY ACADEMY**

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	a The organization's CEO, Executive Director, or top management official?	X	
15b	b Other officers or key employees of the organization?	X	
16a	Describe the process in Schedule O. (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ AL, AK, AZ, AR, CA, CO, DC, HI, IL, KS, KY, LA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶** _____
ASSOCIATION OF GRADUATES, USMA - (845)446-1500
BLDG 698, HERBERT HALL, WEST POINT, NY 10996

**ASSOCIATION OF GRADUATES
OF UNITED STATES MILITARY ACADEMY**

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
THEODORE G. STROUP, JR. CHAIRMAN	12.00	X		X			0.	0.	0.	
RICHARD E. GRAF VICE CHAIRMAN	12.00	X		X			0.	0.	0.	
ROBERT J. ST. ONGE, JR DIRECTOR	9.00	X					0.	0.	0.	
HERMAN E. BULLS DIRECTOR	7.00	X					0.	0.	0.	
JODIE K. GLORE DIRECTOR	9.00	X					0.	0.	0.	
ELLEN W. HOULIHAN DIRECTOR	7.00	X					0.	0.	0.	
JAMES W. RAY DIRECTOR	7.00	X					0.	0.	0.	
ALAN B. SALISBURY DIRECTOR	7.00	X					0.	0.	0.	
FRANK B. JANOSKI DIRECTOR	7.00	X					0.	0.	0.	
DONNA M. MCALEER DIRECTOR	7.00	X					0.	0.	0.	
DARCY G. ANDERSON DIRECTOR	7.00	X					0.	0.	0.	
D. DAVID HOSTLER DIRECTOR	7.00	X					0.	0.	0.	
ROBERT L. MCCLURE PRESIDENT & CEO	40.00			X			199,578.	0.	54,945.	
CARL MOCCIA VICE PRESIDENT & CFO	40.00			X			103,516.	0.	4,938.	
JOHN CALABRO VICE PRESIDENT & COO	40.00			X			138,927.	0.	12,197.	
BRIAN S. CROCKETT VICE PRESIDENT	40.00			X			186,873.	0.	4,451.	
JAMES E. JOHNSTON VICE PRESIDENT	40.00			X			104,361.	0.	10,240.	

**ASSOCIATION OF GRADUATES
OF UNITED STATES MILITARY ACADEMY**

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GEOFFREY R. LOUIS VICE PRES. AND CFO	40.00			X				60,933.	0.	4,700.
WILLIS FREED LOWREY DIR. OF MAJOR GIVING	40.00					X		118,374.	0.	10,293.
THOMAS MULYCA VP OF IS	40.00					X		115,090.	0.	9,727.
THOMAS J. BLAKE VP FOR BUSINESS OPS	40.00					X		113,746.	0.	9,189.
1b Total								1,141,398.	0.	120,680.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ **8**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DAKTRONICS, INC. PO BOX 86, MINNEAPOLIS, MN	VIDEO BOARD	1,152,090.
ELM PRESS 16 TREMCO DRIVE, TERRYVILLE, CT	PRINTING SERVICES	383,966.
BLACKBAUD, INC. PO BOX 930256, ATLANTA, GA	SOFTWARE	309,493.
IDC LTD. 2500 PASEO VERDE PARKWAY, HENDERSON, NV	TELECOMMUNICATION/FUNDRAISER	252,027.
UNITED LITHO, INC. PO BOX 75229, BALTIMORE, MD	PRINTING SERVICES	174,815.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ **5**

**ASSOCIATION OF GRADUATES
OF UNITED STATES MILITARY ACADEMY**

Form 990 (2008)

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Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 23,505,955.					
	g Noncash contributions included in lines 1a-1f: \$	2,247,396.					
	h Total. Add lines 1a-1f		23,505,955.				
	Program Service Revenue	2 a <u>ALUMNI SERVICES</u>	Business Code 561520	908,708.	891,556.	17,152.	
b <u>PUBLICATIONS SALES</u>		511190	716,503.	603,060.	113,443.		
c <u>MISCELLANEOUS</u>		900099	229,051.	208,720.	20,331.		
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			1854262.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4072983.	4072983.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		2337543.			2,337,543.	
	6 a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		37,233,499.					
		b Less: cost or other basis and sales expenses		36,728,955.			
		c Gain or (loss)		504544.			
	d Net gain or (loss)		504,544.			504,544.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
		b Less: direct expenses	b				
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a		1,216,868.				
	b Less: cost of goods sold	b	761749.				
	c Net income or (loss) from sales of inventory		455,119.	455,119.			
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			32,730,406.	6231438.	150,926.	2,842,087.	

**ASSOCIATION OF GRADUATES
OF UNITED STATES MILITARY ACADEMY**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	14,005,541.	14,005,541.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	841,523.	230,947.	385,927.	224,649.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,108,693.	1,299,663.	1,229,020.	1,580,010.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	201,973.	71,842.	58,077.	72,054.
9 Other employee benefits	168,326.	49,041.	55,839.	63,446.
10 Payroll taxes	394,127.	120,725.	135,198.	138,204.
11 Fees for services (non-employees):				
a Management				
b Legal	75,456.	15,824.	19,393.	40,239.
c Accounting	60,465.	54,465.	6,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	348,708.			348,708.
f Investment management fees				
g Other	697,092.	156,055.	486,442.	54,595.
12 Advertising and promotion	11,403.	1,513.	9,890.	
13 Office expenses	690,390.	239,237.	226,067.	225,086.
14 Information technology	290,252.	42,661.	88,737.	158,854.
15 Royalties				
16 Occupancy	130,685.		130,685.	
17 Travel	109,012.	31,819.	77,509.	<316.>
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	527,492.	361,726.	68,140.	97,626.
20 Interest	99,389.	99,389.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	379,582.	294,805.	82,876.	1,901.
23 Insurance	65,328.		65,328.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a REIMBURSEABLE EXP	421,284.	421,284.		
b MANUFACTURING & DISTRIB	378,193.	297,407.	80,786.	
c CULTIVATION	325,650.	577.	180.	324,893.
d TAX EXPENSES UBIT	13,417.	13,417.		
e				
f All other expenses	253,417.	355,507.	<584,653.>	482,563.
25 Total functional expenses. Add lines 1 through 24f	24,597,398.	18,163,445.	2,621,441.	3,812,512.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**ASSOCIATION OF GRADUATES
OF UNITED STATES MILITARY ACADEMY**

Form 990 (2008)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,829,886.	1	1,126,862.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	18,065,075.	3	13,453,860.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L			5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6
	7 Notes and loans receivable, net			7
	8 Inventories for sale or use	569,568.	8	620,066.
	9 Prepaid expenses and deferred charges			9
	10a Land, buildings, and equipment: cost basis ...	10,720,710.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	4,409,438.		
	11 Investments - publicly traded securities	6,583,780.	10c	6,311,272.
	12 Investments - other securities. See Part IV, line 11	164,562,379.	11	133,043,432.
	13 Investments - program-related. See Part IV, line 11	731,400.	12	712,566.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	16,022,702.	14	15,570,725.
16 Total assets. Add lines 1 through 15 (must equal line 34)	208,364,790.	15	170,838,783.	
17 Accounts payable and accrued expenses	544,040.	16	1,081,151.	
18 Grants payable	158,003.	17	585,327.	
19 Deferred revenue	2,768,437.	18	2,699,450.	
20 Tax-exempt bond liabilities		19		
21 Escrow account liability. Complete Part IV of Schedule D		20		
22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21		
23 Secured mortgages and notes payable to unrelated third parties	2,345,450.	22		
24 Unsecured notes and loans payable		23		
25 Other liabilities. Complete Part X of Schedule D	3,169,236.	24	4,308,302.	
26 Total liabilities. Add lines 17 through 25	8,985,166.	25	8,674,230.	
27 Unrestricted net assets	24,076,003.	26	8,674,230.	
28 Temporarily restricted net assets	83,404,493.	27	15,795,883.	
29 Permanently restricted net assets	91,899,128.	28	64,846,156.	
30 Capital stock or trust principal, or current funds		29	81,522,514.	
31 Paid-in or capital surplus, or land, building, or equipment fund		30		
32 Retained earnings, endowment, accumulated income, or other funds		31		
33 Total net assets or fund balances	199,379,624.	32	162,164,553.	
34 Total liabilities and net assets/fund balances	208,364,790.	33	170,838,783.	

Part XI Financial Statements and Reporting

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b	X	
c If "Yes" to lines 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?	2c	X	
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		X
b If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **ASSOCIATION OF GRADUATES OF UNITED STATES MILITARY ACADEMY** Employer identification number **14-1260763**

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the organizations the organization supports.

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

ASSOCIATION OF GRADUATES

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24,352,632.	28,875,550.	20,985,948.	33,952,426.	23,505,955.	131,672,511.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	24,352,632.	28,875,550.	20,985,948.	33,952,426.	23,505,955.	131,672,511.
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)						10,965,944.
6 Public Support. Subtract line 5 from line 4.						120,706,567.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	24,352,632.	28,875,550.	20,985,948.	33,952,426.	23,505,955.	131,672,511.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,636,030.	3,261,691.	3,130,027.	4,051,076.	4,072,983.	16,151,807.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		41,428.	32,807.	27,834.		102,069.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						147,926,387.
12 Gross receipts from related activities, etc. (see instructions)					12	20,500,290.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	81.60 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	77.05 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization **ASSOCIATION OF GRADUATES OF UNITED STATES MILITARY ACADEMY** **Employer identification number** **14-1260763**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a** If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b** If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a** Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b** Assets included in Form 990, Part X ▶ \$ _____

**ASSOCIATION OF GRADUATES
OF UNITED STATES MILITARY ACADEMY**

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

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- | | |
|---|---|
| a <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> Preservation for future generations | |
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	136,024,831.				
b Contributions	5019549.				
c Investment earnings or losses	<36,356,886.>				
d Grants or scholarships	2341232.				
e Other expenditures for facilities and programs	1449351.				
f Administrative expenses	8,744.				
g End of year balance	100,888,167.				

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment 17.00 %
- b** Permanent endowment 83.00 %
- c** Term endowment .00 %

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings		9,480,057.	3,269,777.	6,210,280.
c Leasehold improvements				
d Equipment		275,709.	260,701.	15,008.
e Other		964,944.	878,960.	85,984.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				6,311,272.

**ASSOCIATION OF GRADUATES
OF UNITED STATES MILITARY ACADEMY**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ►		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ►		

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

(a) Description	(b) Book value
SPLIT INTEREST TRUSTS	15,570,725.
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ►	15,570,725.

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

(a) Description of liability	(b) Amount
Federal income taxes	
DEFERRED COMPENSATION	287,224.
REMAINDER TRUSTS	2,094,583.
DUE TO CLASSES	1,926,495.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ►	4,308,302.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**ASSOCIATION OF GRADUATES
OF UNITED STATES MILITARY ACADEMY**

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	32,730,406.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	24,597,398.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	8,133,008.
4	Net unrealized gains (losses) on investments	4	<43,308,363.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	<2,039,716.>
9	Total adjustments (net). Add lines 4-8	9	<45,348,079.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<37,215,071.>

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

1	Total revenue, gains, and other support per audited financial statements	1	<9,816,210.>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<43308363.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	<43308363.>
3	Subtract line 2e from line 1	3	33,492,153.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	<761,747.>
c	Add lines 4a and 4b	4c	<761,747.>
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	32,730,406.

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

1	Total expenses and losses per audited financial statements	1	25,359,145.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	25,359,145.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	<761,747.>
c	Add lines 4a and 4b	4c	<761,747.>
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	24,597,398.

Part XIV Supplemental Information

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

PART XI, LINE 8 - OTHER ADJUSTMENTS:

RECLASSIFICATION OF AMOUNTS HELD ON BEHALF OF CLASSES TO

LIABILITIES: -2039716.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD: -761747.

Part XIV Supplemental Information *(continued)*

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD: -761747.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization ASSOCIATION OF GRADUATES OF UNITED STATES MILITARY ACADEMY Employer identification number 14-1260763

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a [X] Mail solicitations b [] Email solicitations c [X] Phone solicitations d [X] In-person solicitations e [X] Solicitation of non-government grants f [] Solicitation of government grants g [] Special fundraising events 2 a Did the organization have a written or oral agreement with any individual... [X] Yes [] No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Rows include IDC and GRAHAM-PELTON.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing. AL, AK, AZ, AR, CA, CO, DC, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

ASSOCIATION OF GRADUATES

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses				
	8 Direct expense summary. Add lines 4 through 7 in column (d)				()
	9 Net income summary. Combine lines 3 and 8 in column (d)				

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain: _____ _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____ _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

**ASSOCIATION OF GRADUATES
OF UNITED STATES MILITARY ACADEMY**

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ► _____
Address ► _____

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

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

Name ► _____
Address ► _____

16 Gaming manager information:

Name ► _____
Gaming manager compensation ► \$ _____
Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2008

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Inspection**

Name of the organization **ASSOCIATION OF GRADUATES
OF UNITED STATES MILITARY ACADEMY** Employer identification number
14-1260763

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
US MILITARY ACADEMY WEST POINT WEST POINT, NY 10996	14-1364902		371,219.	9,200.	BOOK	STAINED GLASS WINDOW	MEMORIAL PROJECTS
US MILITARY ACADEMY WEST POINT WEST POINT, NY 10996	14-1364902		1,460,626.	24,650.	BOOK	MILITARY MANUALS	CADET EDUCATION
US MILITARY ACADEMY WEST POINT WEST POINT, NY 10996	14-1364902		2,549,232.	130,579.	BOOK	LANDSCAPING	CADET FACILITIES
US MILITARY ACADEMY WEST POINT WEST POINT, NY 10996	14-1364902		4,894,662.	382,913.	BOOK	RENTALS / TICKETS SOFTWARE ART	CADET FACILITIES
US MILITARY ACADEMY WEST POINT WEST POINT, NY 10996	14-1364902		4,182,460.	0.			USMA FOR MISC PROJECTS / PROGRAMS

- 2** Enter total number of section 501(c)(3) and government organizations **1.**
- 3** Enter total number of other organizations

ASSOCIATION OF GRADUATES
OF UNITED STATES MILITARY ACADEMY

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

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

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2008

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Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization **ASSOCIATION OF GRADUATES OF UNITED STATES MILITARY ACADEMY** Employer identification number **14-1260763**

Part I Questions Regarding Compensation

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

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (e.g., maid, chauffeur, chef)

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

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

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

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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

- a** The organization?
 - b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III.

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

- a** The organization?
 - b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ROBERT L. MCCLURE	(i)	199,578.	0.	0.	40,000.	14,945.	254,523.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN CALABRO	(i)	138,927.	0.	0.	0.	12,197.	151,124.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
BRIAN S. CROCKETT	(i)	186,873.	0.	0.	0.	4,451.	191,324.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Name of the organization **ASSOCIATION OF GRADUATES
OF UNITED STATES MILITARY ACADEMY** Employer identification number **14-1260763**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art	X	1	375.	FAIR VALUE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		24,670.	FAIR VALUE
5 Clothing and household goods	X		28,040.	FAIR VALUE
6 Cars and other vehicles	X	1	3,947.	APPRAISAL
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	46	1,441,338.	REALIZED PROCEEDS
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other) ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	3	15,200.	FAIR VALUE
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts	X	1	5,281.	APPRAISAL
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (TECHNOLOGY)	X	4	418,879.	COST
26 Other ▶ (USE OF PLANE)	X	1	187,200.	COST
27 Other ▶ (TICKETS)	X	5	54,219.	COST
28 Other ▶ (SOIL/LANDSCAP)	X	1	50,000.	COST

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

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

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

Schedule M (Form 990) 2008

Part II

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

PART I, OTHER TYPES OF PROPERTY:

OTHER

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 4

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 18247.

(D) METHOD OF DETERMINING REVENUE: COST

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

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Inspection

Name of the organization

ASSOCIATION OF GRADUATES
OF UNITED STATES MILITARY ACADEMY

Employer identification number

14-1260763

FORM 990, PART VI, SECTION A, LINE 6: ALL LIVING GRADUATES OF THE UNITED STATES MILITARY ACADEMY IN GOOD STANDING QUALIFY AS MEMBERS OF THE ASSOCIATION. THE MEMBERSHIP BODY PRESENTLY EXCEEDS 40,000 IN NUMBER.

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS NOMINATE AND ELECT THE BOARD OF DIRECTORS OF THE ASSOCIATION.

FORM 990, PART VI, SECTION A, LINE 7B: APPROPRIATIONS FROM THE CORPUS OF THE ENDOWMENT REQUIRE APPROVAL OF THE MEMBERSHIP.

FORM 990, PART VI, SECTION A, LINE 10: THE ACCOUNTING STAFF PREPARES THE INITIAL SCHEDULES TO BE USED BY THE OUTSIDE CPA FIRM FOR PREPARATION OF THE RETURN. THE DRAFTS ARE THEN REVIEWED BY THE ACCOUNTING STAFF AND CFO BEFORE A "FINAL" DRAFT IS SENT TO THE AUDIT & COMPLIANCE COMMITTEE OF THE BOARD OF DIRECTORS. THIS COMMITTEE HOLDS A SEPARATE MEETING WITH THE CPA FIRM AND CFO TO REVIEW THE ENTIRE DOCUMENT. ONCE REVIEWED AND AGREED, THE FORM 990 IS SENT TO THE ENTIRE BOARD OF DIRECTORS FOR THEIR REVIEW AND FILE. AT THE NEXT BOARD MEETING, THE AUDIT COMMITTEE REPORTS THE REVIEW PROCESS TO THE FULL BOARD, NOTING ITS AGREEMENT WITH THE DOCUMENT AND ASKS IF THERE ARE ANY QUESTIONS PERTAINING TO THE DOCUMENT THAT WAS DISTRIBUTED TO EACH PERSON.

FORM 990, PART VI, SECTION B, LINE 12C: THERE IS A WRITTEN CONFLICT OF INTEREST POLICY APPLICABLE TO ALL BOARD MEMBERS, VOLUNTEERS AND STAFF. THE POLICY DOCUMENTATION IS DISTRIBUTED ANNUALLY TO EACH PERSON WHO IS SUBJECT, INCLUDING NEW HIRES UPON HIRING, AND INDIVIDUALS ARE REQUIRED TO RETURN AN

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

ASSOCIATION OF GRADUATES
OF UNITED STATES MILITARY ACADEMY

Employer identification number

14-1260763

ACKNOWLEDGEMENT OF THEIR ACCEPTANCE AND ADHERENCE PROMPTLY TO THE THE
SECRETARY OF THE ORGANIZATION. SITUATIONS INVOLVING ANY POSSIBILITY OF
CONFLICT ARE REVIEWED BY THE ETHICS COMMITTEE TO ENSURE THAT ANY RELATED
ISSUES ARE PROPERLY DEALT WITH.

FORM 990, PART VI, SECTION B, LINE 15: WPAOG CURRENTLY UTILIZES AN OUTSIDE
HUMAN RESOURCES/COMPENSATION CONSULTANT TO REVIEW SALARIES AND PROVIDE
FEEDBACK RELATING TO THEIR APPROPRIATENESS RELATIVE TO OUR PARTICULAR
MARKET. THIS CONSULTANT ALSO REVIEWS THE SALARIES OF THE PRESIDENT, VICE
PRESIDENTS AND OTHER OFFICERS TO ENSURE THAT THEY ARE WITHIN LEVELS
CONSISTENT WITH THE MARKET. OUR COMPENSATION COMMITTEE ALSO REVIEWS THESE
SALARIES TO ENSURE THAT THEY ARE REASONABLE AND IN-LINE WITH THE RELATED
MARKET.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AZ, AR, CA, CO, DC, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19: WPAOG'S FINANCIAL STATEMENTS
(ANNUAL AUDIT REPORT) ARE AVAILABLE ON OUR WEBSITE FOR PUBLIC VIEWING AND
OUR CONFLICT OF INTEREST POLICY IS POSTED TO THE INTERNAL SECTION FOR
EMPLOYEES ONLY. OTHER GOVERNING POLICIES WILL BE POSTED TO THE
APPROPRIATE SECTIONS OF OUR WEBSITE.

FORM 990, PART XI, LINE 2C

AUDIT COMMITTEEE PROCEDURES WITH RESPECT TO OVERSIGHT OF THE AUDIT OR

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

ASSOCIATION OF GRADUATES
OF UNITED STATES MILITARY ACADEMY

Employer identification number

14-1260763

THE SELECTION OF THE INDEPENDENT ACCOUNTANT HAVE NOT CHANGED FROM THE
PREVIOUS YEAR.

Related Organizations and Unrelated Partnerships

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

2008
Open to Public Inspection

Name of the organization **ASSOCIATION OF GRADUATES OF UNITED STATES MILITARY ACADEMY** **Employer identification number**
14-1260763

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
LGL REAL ESTATE FOUNDATION, LLC - 13-4265639 BLDG 698, HERBERT HALL, MILLS RD WEST POINT, NY 10996	HOLDING REAL ESTATE	NEW YORK	0.	0.	ASSOCIATION OF GRADUATES OF USMA

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

**ASSOCIATION OF GRADUATES
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Schedule R (Form 990) 2008

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Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportion- ate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

**ASSOCIATION OF GRADUATES
OF UNITED STATES MILITARY ACADEMY**

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Exchange of assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of paid employees	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Reimbursement paid to other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Other transfer of cash or property to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

**ASSOCIATION OF GRADUATES
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Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of- year assets	(F) Dispropor- tionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No