# Association of the Graduates of the United States Military Academy

Exempt Organization Income Tax Returns

December 31, 2012

Public Inspection Copy

# \*\* PUBLIC DISCLOSURE COPY \*\*

Department of the Treasury Internal Revenue Service

A For the 2012 calendar year, or tax year beginning

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Α	For ti	ne 2012 calendar year, or tax year beginning and en	nding		-	
В	Check i	C Name of organization		D Employer identifi	cation number	
	applica	ASSOCIATION OF THE GRADUATES OF THE				
	Add	1988 I THITTED AND THE STATE THE TANK THE TANK THE				
Г	Nam char	e Tilam portir la casa de la casa	ਧਾਦਵ	1/1_1	260763	
F	Initia	1	oom/suite	E Telephone numbe		
F	Term	in- DIDC 600 HEDDEDM HALL MILLS DD	OOH/Suite	'		
F	ated Ame	n aloui			<u>446-1500</u>	A 3 E
H	lretur  Appl	n City, town, or post office, state, and ZIP code		G Gross receipts \$	176,240	.037.
L	Ition pend	WEST POINT, NI 10996		H(a) Is this a group re		
		F Name and address of principal officer: ROBERT L. MCCLURE		for affiliates?	Yes !	X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded?Yes	No
		xempt status: X 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) or	527	If "No," attach a	list. (see instructi	ons)
	_	ite: ► WWW.WESTPOINTAOG.ORG		H(c) Group exemptio	n number 🕨	
		of organization: X Corporation Trust Association Other	L Year o	of formation: 1869 N	State of legal dom	nicile; <b>NY</b>
P	art I	Summary				
a	1	Briefly describe the organization's mission or most significant activities: FURTHE	ERING	THE IDEALS	AND	
ě	1	WELFARE OF THE USMA AND SUPPORTING AND SER				
L L	2	Check this box  if the organization discontinued its operations or disposed				
Governance	3	Number of voting members of the governing body (Part VI, line 1a)		3		16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	• • • • • • • • • • • • • • • • • • • •	4		14
ώ og	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5		96
ij	8	Total number of volunteers (estimate if necessary)	************	6	<del>.</del> .	$\frac{36}{114}$
Activities &	7.	Total number of volunteers (estimate if necessary)	• • • • • • • • • • • • • • • • • • • •	в	101	
A	1 '	Total unrelated business revenue from Part VIII, column (C), line 12				054.
_		Net unrelated business taxable income from Form 990-T, line 34				333.
e			-	Prior Year	Current Ye	
	8	Contributions and grants (Part VIII, line 1h)		36,185,601.	<u>47,719,</u>	
Revenue	9	Program service revenue (Part VIII, line 2g)		1,802,254.	1,578,	
E E	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,450,890.	11,448,	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,564,876.	1,569,	
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>46,003,621.</u>	62,315,	046.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		12,789,286.	17,629,	425.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,426,414.	6,639,	637.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		251,809.		854.
- de	b	Total fundraising expenses (Part IX, column (D), line 25)   6,184,300	0.			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,257,584.	4,721,	613.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		23,725,093.	29,492,	
	19			22,278,528.	32,822,	
Net Assets or Fund Balances	1	TOTAL TOTAL STATE OF THE PARTY		inning of Current Year		
ets	20	Total assets (Part X, line 16)		45,694,257.	End of Yes	
ASS	21	Total liabilities (Part X, line 26)			288,926,	
Vet	22	Net assets or fund balances. Subtract line 21 from line 20		11,676,757.	16,135,	
P	art II		4	34,017,500.	<u>272,791,</u>	<u>091.</u>
				-1		
truo	ei hei	alties of perjury, I declare that I have examined this feturn, including accompanying schedules at	ina stateme	ents, and to the best of m	y knowledge and be	liet, it is
urue	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	n preparer	has any knowledge.	1	
_		Signature of officer		7 7 6	1	
Sig				Date	1/	
Hei	re	CARL P. MOCCIA, VP/CFO				
		Type or print name and title				
_	_	Print/Type preparer's name Preparer's signature		ate Check	PTIN	
Pai		JULIUS GREEN, CPA	<u>/</u> )	self-employe	P003503	93
	parer	Firm's name PARENTEBEARD LLC		Firm's EIN	23-29329	
Use	Only	Firm's address 1650 MARKET STREET, SUITE 4500				
_		PHILADELPHIA, PA 191/03		Phone по. (	215) 972-	0701
Ma	y the	RS discuss this return with the preparer shown above? (see instructions)			X Yes	No

	1 990 (2012) UNITED STATES MILITARY ACADEMY	14-1260763	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:	***************************************	
•	THE ASSOCIATION IS AN ORGANIZATION DEDICATED TO FURTHER	י אים או אונים אונים	T C
	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	X No
	If "Yes," describe these new services on Schedule Q.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Yes	Y No
•		'1tes	LA INO
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to otl	ners, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 18,489,475. including grants of \$ 17,629,425.) (Reve	anue \$	
	FUND RAISING, EDUCATIONAL AND HISTORICAL: PROVIDES THE		
	NECESSARY TO ENCOURAGE AND SECURE PRIVATE FINANCIAL SUP		
	INDIVIDUALS, FOUNDATIONS AND CORPORATIONS FOR THE "MARC		
	EXCELLENCE". THE MARGIN OF EXCELLENCE PROVIDES AN ARRA		
	OPPORTUNITIES THAT ADD RICHNESS TO THE CADET EXPERIENCE	3 AND BETTER	
	PREPARES THEM TO BE THE BROAD-MINDED, ETHICAL LEADERS I	JPON WHOM WE	ALL
	DEPEND. EDUCATIONAL AND HISTORICAL COMPRISES ACTIVITIES	THU HOR 25	
	DISSEMINATION OF INFORMATION ON THE HISTORY, OBJECTIVES	Z AND MEMILODO	ΔE
	THE INTERPORTATION OF INFORMATION ON THE RESIDENT, ODDECTIVES	S AND METHODS	Ur
	THE UNITED STATES MILITARY ACADEMY TO INCLUDE THE ENCOU	JRAGEMENT OF '	THE
	STUDY OF MILITARY SCIENCE AND LEADERSHIP AND TO ENHANCE	THE IMAGE O	<u>F</u>
	THE UNITED STATES MILITARY ACADEMY.		
4b	(Code:) (Expenses \$ 2,778,209. including grants of \$) (Reve	enue \$2,135,	404.
	ALUMNI SERVICES: ENCOMPASSES ACTIVITIES AND SERVICES PI	SOUTURD ROB	
	GRADUATES INCLUDING THE MAINTENANCE OF DETAILED BIOGRAP		
	HISTORICAL RECORDS ON GRADUATES OF THE UNITED STATES MI	LLITARY ACADE	MY
	AND INCLUDES THE OPERATIONS OF THE GIFT SHOP.		
		<u> </u>	
4c	(Code:) (Expenses \$1, 142, 389. including grants of \$) (Reve	enue \$ 65,	732.
	PUBLICATIONS: DISSEMINATES INFORMATION ON THE HISTORY,	ACTIVITES	
	OBJECTIVES AND METHODS OF THE UNITED STATES MILITARY AC		ш
	VARIOUS PUBLICATIONS.	ADEMI INKOUG	п
	VARIOUS FUBLICATIONS:		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	1	
4e	Total program service expenses ► 22,410,073.		
	MM / MM / V V V V		

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
þ	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
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	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
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		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		Λ	$\vdash$
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	i		
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		_
210	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	2-4u		<del></del>
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	200		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b		28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	- 1	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		$\Box$	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
			~~~	

Form **990** (2012)

Form 990 (2012) UNITED STATES MILITARY ACADEMY

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 40	50		Yes	No
b			30			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and					
٠	(gambling) winnings to prize winners?		• •	4	v	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	}		1c	X	<del> </del>
Za	filed for the calendar year ending with or within the year covered by this return	0-	96			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	2a	96			
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction		***************************************	2b	X	
22	Did the executed in the constitution in the co				v	
	16 "Von " hon it filed a Form 200 T for this word of this !! a world are an in the fire in O. A. A. A. O.			3a	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other		mia	3b	X	
70			-			77
h	financial account in a foreign country (such as a bank account, securities account, or other financial If "Yes," enter the name of the foreign country:	accou	int)?	4a		X
D		^				
<b>5</b> 0	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial					77
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Milyon Hanking Co. and D. Milyahan annual feature (in Co., 2000 TO.			5b_		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to any contributions that were not tax deductible as charitable contributions?	_		_		37
h				6a		Х
U	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?					
7	***************************************			6b		
	Organizations that may receive deductible contributions under section 170(c).		arousided to the accord		37	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and so			7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v			7b	Х	
·				_		<b>.</b>
ч	K IIVaa II indicate the growth of February 2000 Floring III	1		7c		X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		0+2	7.		v
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of the personal benefit contribution.		[	7e		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F		200 as required?	7f		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			7h		
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a			8		
9	Sponsoring organizations maintaining donor advised funds.	carry in	ne during the year?	-		
	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?		***************************************	9b		
10	Section 501(c)(7) organizations. Enter:		***************************************	an l		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				İ
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<del>                                     </del>			
11	Section 501(c)(12) organizations, Enter:	100				
	Gross income from members or shareholders	11a	]			
	Gross income from other sources (Do not net amounts due or paid to other sources against	<u> </u>	<del></del>			
	amounts due or received from them.)	11b				
t2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	j l	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>			
	Is the organization licensed to issue qualified health plans in more than one state?		ŀ	13a	$\neg$	
	Note. See the instructions for additional information the organization must report on Schedule O.		***************************************			
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
-	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand				j	l
l4a	Did the assessment as a continuous continuous for the transfer of the transfer			14a	$\overline{}$	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14b		

UNITED STATES MILITARY ACADEMY

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Form 990 (2012) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			لما
	ton in do to ming body dire management		V	41-
10	Enter the number of voting members of the governing body at the end of the tax year 1a 16	F	Yes	No
Ia				
	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 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_		7b	х	
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	70	Λ	
_			37	
	The governing body?	8a_	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	_ 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did 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	_14	Λ	
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_				
a	The organization's CEO, Executive Director, or top management official	15a	<u>X</u>	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		_ <u>X</u>
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		
Sec	tion 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 (Section 501(c)(3)s only) a			
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finan	rcial	
	statements available to the public during the tax year.	a midf	oldi	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizar	<b>.</b>		
20	THE ORGANIZATION - 845-446-1500	ion: 📂		
232006	BUILDING 698, HERBERT HALL, MILLS RD, WEST POINT, NY 10996		000	
12-10-	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2012)

14-1260763

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			((	<b>)</b>			(D)	(E)	(F)
Name and Title	Average	ído		Posi		l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h aan	compensation	compensation	amount of
	week	-	JOH ALI	lad	recio	IIIus	leej	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	poa	te e			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	ruste	o trus		98	lag la		(10-2/1099-10100)		organization and related
	below	Individual trustee or director	Institutional trustee	   <u>.</u>	월	st co	100			organizations
	line)	İndivi	İİSİ	Officer	Key employee	Highest compensated employee	Former			5
(1) JODIE K. GLORE	12.00									<u>.</u>
CHAIRMAN	0.00	X						0.	0.	0.
(2) HERMAN E. BULLS	12.00									
VICE CHAIRMAN	0.00	X	<u> </u>					0.	0.	0.
(3) D. DAVID HOSTLER	7.00									
DIRECTOR	0.00	X						0.	0.	0.
(4) STANLEY J. SHIPLEY	7.00									
DIRECTOR	0.00	X						0.	0.	0.
(5) DARCY G. ANDERSON	7.00									
DIRECTOR	0.00	X						0.	0.	0.
(6) JOSEPH E. DEFRANCISCO	7.00									
DIRECTOR	0.00	X						0.	0.	0.
(7) GEORGE H. GILMORE, JR.	7.00									
DIRECTOR	0.00	X			<u> </u>			0.	0.	0.
(8) LAWRENCE R. ADAIR	7.00									
DIRECTOR		X						0.	0.	0.
(9) ELLEN W. HOULIHAN	7.00					ļ				
DIRECTOR		Х						0.	0.	0.
(10) LARRY R. JORDAN	7.00									
DIRECTOR	0.00	X			_			0.	0.	0.
(11) ROBERT D. WEISS	7.00									
DIRECTOR	0.00	X						0.	0.	0.
(12) FRANK B. JANOSKI	7.00									
DIRECTOR	0.00	X		<u> </u>		<u> </u>	L	0.	0.	0.
(13) REBECCA S. HALSTEAD	7.00									
DIRECTOR		X		ļ				0.	0.	0.
(14) JAMES Z. WARTSKI	7.00									
DIRECTOR	0.00							0.	0.	0.
(15) JOHN M. ROBB	7.00									
DIRECTOR	0.00	X					<u>L</u>	0.	0.	0.
(16) WILLIAM D. ROGERS	7.00									
DIRECTOR	0.00	X	<u> </u>	<u> </u>	<u> </u>	<u> </u>		0.	0.	0.
(17) ROBERT L. MCCLURE	40.00									
PRESIDENT & CEO	0.00	l		X_				278,603.	0.	18,118.
232007 12-10-12										Form <b>990</b> (2012)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (D) (F) (E) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per box, unless person is both an compensation compensation amount of officer and a director/trustee) week from from related other (list any ndividual trustes or directo the organizations compensation hours for organization (W-2/1099-MISC) from the Highest compensated employee related nstitutional trustee (W-2/1099-MISC) organization organizations Key employee and related below organizations line) 40.00 (18) CARL MOCCIA 0.00 X 174,883 0. 25,528. VICE PRESIDENT & CFO 40.00 (19) JOHN CALABRO 0.00 X 167,356 VICE PRESIDENT & COO 0. 13,278. 40.00 (20) JAMES JOHNSTON 0.00 X 0. 9,273. 117,143. VICE PRESIDENT FOR ALUMNI SUPPORT 40.00 (21) KRISTIN SORENSON 0.00 X 224,537 0. 22,299. VICE PRESIDENT OF DEVELOPMENT 40.00 (22) WILLIS FREED LOWREY X 0.00 125,900 0. 9,667. MAJOR GIFT OFFICER 40.00 (23) JOHN D. SMITH 0.00 X 124,360. 0. 5,029. CONTROLLER 40.00 (24) MICHAEL WHITE X 0.00 111,244. 0. 11,457. MAJOR GIFT OFFICER 40.00 (25) LISA BENITEZ 0.00 X 107,533 0 7,892. SENIOR DIRECTOR OF DEVELOPMENT 40.00 (26) NORMA HEIM 0.00 X 102,842 0. 10,958. VICE PRESIDENT FOR COMM. & MARKETING 1,534,401. 133,499. 1b Sub-total 0. c Total from continuation sheets to Part VII, Section A 0. 0. 0. d Total (add lines 1b and 1c) 1,534,401. 0. 133,499. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 10 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual X 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 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
IRON SWORD ENTERPRISES, LLC	ENGINEERING/CONSTRUC	
84 OLD ROUTE 9W, NEW WINDSOR, NY 12553	TION	1,092,246.
MARK B. THOMPSON ASSOCIATES, LLC		
502 SOUTH 24TH ST., PHILADELPHIA, PA 19146	ARCHITECTURE	733,764.
ADVANTAGE PLUS CONSULTING		
P.O. BOX 746, WEST CALDWELL, NJ 07006	PHONE-A-THON	547,252.
STEVE FELDMAN DESIGN, LLC, 4195 ST. ELMO		_
AVE., SUITE 304, BETHESDA, MD 20814	BUILDING DESIGN	281,357.
ELM PRESS		
16 TREMCO DRIVE, TERRYVILLE, CT 06786	PRINTING/MAILING	264,370.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of compensation from the organization   19		

Form 990 (2012)

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ASSOCIATION OF THE GRADUATES OF THE UNITED STATES MILITARY ACADEMY

Part VIII Statement of Revenue

**NOETHORN TOOTES INVOESN** 

		Check if Schedule O conf	tains a respons	e to any question ir	this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
Am,	С	Fundraising events	1c					
를 를	d	Related organizations	1d					
εj.Ε	е	Government grants (contribut	tions) 1e					
T to	f	All other contributions, gifts, gran	nts, and					
혈美		similar amounts not included abo	ve 1f	47,719,258.				
gg	g	Noncash contributions included in lines	s 1a-1f: \$	3,798,575.				
<u>8 0</u>	h	Total. Add lines 1a-1f			47,719,258.			
				Business Code				
8	2 a	ALUMNI SERVICES		561520	615,545.	585,865.	29,680.	
Program Service Revenue	b	ALUMNI EVENTS		900099	556,946.	556,946.		
en S	С	PUBLICATION SALES_		511190	205,900,	65,732.	140,168.	
Pag.	d	MISCELLANEOUS		900099	174,101.	222,895.	-48,794.	
Š, l	е	SPONSORSHIPS		900099	25,656.	25,656.		
-		All other program service reve	enue					
-					1,578,148.			
	3	Investment income (including						
	_	other similar amounts)			2,547,229.			2,547,229.
	4	Income from investment of ta						
	5	Royalties			825,090.			825,090.
		Conse vents	(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities					
	1 a	assets other than inventory	122,041,65					
	h	Less: cost or other basis	122,041,05.	3-				
		and sales expenses	113 140 37	.				
	c	Gain or (loss)						
		Net gain or (loss)			8,901,279.			8,901,279.
m		Gross income from fundraisin			0,202,2701			0,301,273.
nue		including \$	of					
eve		contributions reported on line	1c). See					
Other Reven		Part IV, line 18		a				
먍	b	Less: direct expenses						
٥	С	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming a	ctivities. See					
		Part IV, line 19		a				
		Less: direct expenses						
		Net income or (loss) from gan	-					
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	c	Net income or (loss) from sale			744,042.	744,042.		
		Miscellaneous Revenu	ie	Business Code				
	11 a							
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d		I				
23200	12 9.	Total revenue. See instructions.			62,315,046.	2,201,136	121,054.	12,273,598.
12-10	-12							Form <b>990</b> (2012)

Form 990 (2012) UNITED STATES MILITARY ACADEMY
Part IX | Statement of Functional Expenses

_	rt IX Statement of Functional Expens				
Sect	ion 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	
	Check if Schedule O contains a respor				L
	not include amounts reported on lines 6b, 8b, 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 governments and				
	organizations in the United States. See Part IV, line 21	17,380,739.	17,380,739.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	217,124.	217,124.		<u> </u>
3	Grants and other assistance to governments,				
	organizations, and Individuals outside the				
	United States. See Part IV, lines 15 and 16	31,562.	31,562.		7
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,051,019.	326,827.	238,678.	485,514.
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	4,674,121.	1,577,671.	768,654.	2,327,796.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	218,034.	82,415.	34,420.	101,199.
9	Other employee benefits	251,115.	91,858.	41,052.	118,205.
10	Payroll taxes	445,348.	155,955.	83,347.	206,046.
11	Fees for services (non-employees):				
а	Management	10,312.			10,312.
b		313,112.	7,711.	6,395.	299,006.
C	Accounting	30,872.	30,872.	` _	
d	· · · · · · · · · · · · · · · · · · ·				
е	Professional fundraising services. See Part IV, line 17	501,854.			501,854.
f	Investment management fees	146,044.		146,044.	
g	, -				
	column (A) amount, list line 11g expenses on Sch 0.)	289,486.	86,422.	126,738.	76,326.
12	Advertising and promotion	22,052.	16,872.	1,000.	4,180.
13	Office expenses	869,433.	361,564.	177,252.	330,617.
14	Information technology	420,374.	101,152.	218,346.	100,876.
15	Royalties				
16	Occupancy	78,264.	22,780.	55,484.	
17	Travel	64,693.	29,615.	34,850.	228.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	841,154.	640,612.	70,355.	130,187.
20	Interest				
21	Payments to affiliates	000 000	40 700	0.50	
22	Depreciation, depletion, and amortization	278,362.	19,722.	258,640.	
23	Insurance	47,131.		46,581.	550.
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	REIMBURSABLE EXPENSE	805,949.	794,802.	11,147.	76
	CULTIVATION	283,284.	10,275.	8,572.	264,437.
	MANUFACTURING & DISTRIB	140,586.	140,586.	3,0,2	202/2011
	STATE UBI TAX	250.	250.		
	All other expenses	80,255.	282,687.	-1,429,399.	1,226,967.
25	Total functional expenses. Add lines 1 through 24e	29,492,529.	22,410,073.	898,156.	6,184,300
26	Joint costs. Complete this line only if the organization			030,130	V/104/500
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

# ASSOCIATION OF THE GRADUATES OF THE UNITED STATES MILITARY ACADEMY

Form 990 (2012)

ar	t X	Balance Sheet					
		Check if Schedule O contains a response to any	quest	ion in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,964,736.	1	5,509,599
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	23,400,683.	3	29,824,938		
	4	Accounts receivable, net	49,508.	4	27,130		
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted en	nployees. Complete			
		Part II of Schedule L				5	
ı	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of secti					
ŀ		employees' beneficiary organizations (see instr).				6	
3	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			294,553.	8	358,475
•	9	Prepaid expenses and deferred charges			91,641.	9	295,021
		Land, buildings, and equipment: cost or other			7170111		255/021
	iou	basis. Complete Part VI of Schedule D	10a	10.076.542.			
	h	Less: accumulated depreciation			5,567,917.	100	5,327,006
	11	Investments - publicly traded securities	165,495,994.				
	12	Investments - other securities. See Part IV, line 1			23,069,454.	12	28,896,088
	13	Investments - program-related. See Part IV, line 1			23,003,332.	13	20,030,000
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	23,759,771.	15	27,628,561		
	16	Total assets. Add lines 1 through 15 (must equa	245,694,257.	16			
7	17	Accounts payable and accrued expenses	988,393.	17	1,361,396		
	18	Grants payable			1,578,398.	18	5,653,745
	19	Deferred revenue			3,153,028.	19	3,212,953
	20	Tax-exempt bond liabilities			3,133,020.	20	3,212,333
	21	Escrow or custodial account liability. Complete F				21	-
	22	Loans and other payables to current and former					
		key employees, highest compensated employee					
		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	_
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay		· ·			
		parties, and other liabilities not included on lines					
ł		Schedule D		-	5,956,938.	25	5,907,069
	26	Total liabilities. Add lines 17 through 25			11,676,757.		16,135,163
$\exists$		Organizations that follow SFAS 117 (ASC 958)					10,133,103
,		complete lines 27 through 29, and lines 33 and		ariore Las and			
1	27	Unrestricted net assets			19,514,947.	27	21,683,928
	28	Temporarily restricted net assets			114,883,900.		
	29		99,618,653.		112,331,056		
		Organizations that do not follow SFAS 117 (A)	3), check here	22,010,0331	20		
:		and complete lines 30 through 34.	o,, check here p				
	30	Capital stock or trust principal, or current funds				30	
}	31	Paid-in or capital surplus, or land, building, or eq			-	31	
	32	Retained earnings, endowment, accumulated inc				32	
	33	Total net assets or fund balances			234,017,500.		272,791,091
	34	Total liabilities and net assets/fund balances			245,694,257.		

Form 990 (2012)

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI	*********				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	62	, 31	5,0	46.
2	Total expenses (must equal Part IX, column (A), line 25)	2	29	49	2,5	29.
3	Revenue less expenses. Subtract line 2 from line 1	3	32	, 82	2,5	17.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	234	,01	7,5	00.
5	Net unrealized gains (losses) on investments	5	7	,74	3,0	07.
6	Donated services and use of facilities	6		_		
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1	,79	1,9	33.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	272	79	1,0	91.
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Lash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a	1			
	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		- 1			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		1	- 1		
	review, or compilation of its financial statements and selection of an independent accountant?	,		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.	1			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	_	1			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3ь і		

232012

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047

**2012** 

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2012

	ne of t	the organizati	on ASSOCIA	ATION OF THE	GRADU	ATES	OF TH	E		mployer	identificati	on nu	mber
			UNITED	STATES MILIT	ARY A	CADEM	Y			1	4-1260	763	
Pa	rt I	Reason	for Public Cha	r <b>ity Status</b> (All organiz	ations mu	st complet	e this par	t.) See inst	ructions.				
The	organ	ization is not a	private foundation	because it is: (For lines	1 through	11, check o	only one b	ox.)					
1		A church, cor	vention of churche	es, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2				70(b)(1)(A)(ii). (Attach Sc									
3				ital service organization		in section	170(b)(1)	(A)(iii).					
4				operated in conjunction					(b)(1)(A)(	iii), Enter	the hospital	's nan	1e.
		city, and state				-				•	·		•
5		An organization	on operated for the	benefit of a college or un	niversity ov	wned or op	erated by	a governi	nental ur	it describ	ed in		
		_	b)(1)(A)(iv). (Compl	•	•		•						
6		A federal, sta	te, or local governm	nent or governmental uni	t described	d in sectio	n 170(b)(	1)(A)(v).					
7	X			ceives a substantial part					r from th	e general	public desc	ribed i	in
	_		o)(1)(A)(vi), (Comple		• •		•				,		
8		-		section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9				ceives: (1) more than 33			om contri	butions. m	nembersh	in fees. a	nd gross red	ceints	from
				nctions - subject to certa							-		
				taxable income (less sect		-	•				_		
			509(a)(2). (Complet			,			,			-,	•
10				perated exclusively to te	st for publi	ic safety. S	ee sectio	n 509(a)(4	I).				
11				perated exclusively for th					-	rv out the	purposes o	of one	or
				ations described in secti						-			
				organization and compl									
		a Type I	b 🔲 Т	ype II c T	ype III - Fui	nctionally i	ntegrated	c	<b>!</b> 🔲 Ту	pe III - No	n-functionall	ly integ	grated
е		By checking t	his box, I certify the	at the organization is not	controlled	directly or	indirectly	by one o	more dis	qualified	persons oth	er tha	ın
		foundation m	anagers and other	than one or more publicly	y supporte	d organiza	tions des	cribed in s	ection 50	9(a)(1) or	section 509	(a)(2).	
f		If the organiza	ation received a wri	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	· III				
		supporting or	ganization, check t	his box									
g													. ட
		9.	17, 2006, has the	organization accepted ar							**************		. <u> </u>
				organization accepted ar directly controls, either al	ny gift or co	ontribution	from any	of the folk	owing pe	rsons?	·	Yes	No
		(i) A persor	who directly or inc		ny gift or co one or tog	ontribution ether with	from any persons o	of the folk described i	owing pe n (ii) and	rsons? (iii) below		Yes	No
		(i) A persor the gove	n who directly or inc rning body of the s	directly controls, either al	ny gift or co	ontribution ether with	from any persons o	of the folk described i	owing pe n (ii) and	rsons? (iii) below	11g(i)	Yes	No
		(i) A persor the gove (ii) A family	n who directly or ind rning body of the s member of a perso	directly controls, either al supported organization?	ny gift or co	ontribution ether with	from any persons o	of the folk	owing pe n (ii) and	rsons? (iii) below	11g(i)	Yes	No
h		(i) A person the gove (ii) A family (iii) A 35% o	n who directly or inc ming body of the s member of a perso ontrolled entity of a	directly controls, either al supported organization? n described in (i) above?	one or tog	ether with	from any persons o	of the folk	owing pe n (ii) and	rsons? (iii) below	11g(i)	Yes	No
h		(i) A person the gove (ii) A family (iii) A 35% o	n who directly or inc ming body of the s member of a perso ontrolled entity of a	directly controls, either all supported organization? In described in (i) above? In person described in (i) on about the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the supported or in the suppo	one or tog or (ii) above	ether with  ether with  er	from any persons o	of the folk	owing pe n (ii) and	rsons? (iii) below	11g(i)	Yes	No
		(i) A person the gove (ii) A family (iii) A 35% o	n who directly or inc ming body of the s member of a perso ontrolled entity of a	directly controls, either all supported organization? In described in (i) above? In person described in (i) on about the supported organization	one or tog  or (ii) above ganization  (iv) Is the c	ether with  ether with  erganization	from any persons o	of the folk	owing pe n (ii) and	rsons? (iii) below	11g(i) 11g(ii) 11g(iii)		
	Name	(i) A persor the gove (ii) A family (iii) A 35% of Provide the fo	n who directly or incoming body of the same member of a person controlled entity of a billowing information	directly controls, either all supported organization? In described in (i) above? In about the supported organization (described on lines 1-9	one or tog  or (ii) above ganization  (iv) Is the coin col. (i) lis	ether with  ether with  economic stead in your	from any persons o	of the folk described	(vi) organizat	rsons? (iii) below s the ion in col.	11g(i) 11g(ii) 11g(iii) (vii) Amount		
	Name	(i) A persor the gove (ii) A family (iii) A 35% of Provide the form	n who directly or incoming body of the same member of a person controlled entity of a billowing information	directly controls, either all supported organization? In described in (i) above? In person described in (i) on about the supported organization (described on lines 1-9 above or IRC section	one or tog or (ii) above ganization (iv) Is the coin col. (i) lis	ether with  ? (s).  rganization sted in your document?	(v) Did yo organizat	of the folk described u notify the ion in col. r support?	(vi) organizat	s the ion in col. zed in the S.?	11g(i) 11g(ii) 11g(iii) (vii) Amount	of mo	
	Name	(i) A persor the gove (ii) A family (iii) A 35% of Provide the form	n who directly or incoming body of the same member of a person controlled entity of a billowing information	directly controls, either all supported organization? In described in (i) above? In about the supported organization (described on lines 1-9	one or tog  or (ii) above ganization  (iv) Is the coin col. (i) lis	ether with  ether with  economic stead in your	from any persons o	of the folk described	(vi) organizat	rsons? (iii) below s the ion in col.	11g(i) 11g(ii) 11g(iii) (vii) Amount	of mo	
	Name	(i) A persor the gove (ii) A family (iii) A 35% of Provide the form	n who directly or incoming body of the same member of a person controlled entity of a billowing information	directly controls, either all supported organization? In described in (i) above? In person described in (i) on about the supported organization (described on lines 1-9 above or IRC section	one or tog or (ii) above ganization (iv) Is the coin col. (i) lis	ether with  ? (s).  rganization sted in your document?	(v) Did yo organizat	of the folk described u notify the ion in col. r support?	(vi) organizat	s the ion in col. zed in the S.?	11g(i) 11g(ii) 11g(iii) (vii) Amount	of mo	
	Name	(i) A persor the gove (ii) A family (iii) A 35% of Provide the form	n who directly or incoming body of the same member of a person controlled entity of a billowing information	directly controls, either all supported organization? In described in (i) above? In person described in (i) on about the supported organization (described on lines 1-9 above or IRC section	one or tog or (ii) above ganization (iv) Is the coin col. (i) lis	ether with  ? (s).  rganization sted in your document?	(v) Did yo organizat	of the folk described u notify the ion in col. r support?	(vi) organizat	s the ion in col. zed in the S.?	11g(i) 11g(ii) 11g(iii) (vii) Amount	of mo	
	Name	(i) A persor the gove (ii) A family (iii) A 35% of Provide the form	n who directly or incoming body of the same member of a person controlled entity of a billowing information	directly controls, either all supported organization? In described in (i) above? In person described in (i) on about the supported organization (described on lines 1-9 above or IRC section	one or tog or (ii) above ganization (iv) Is the coin col. (i) lis	ether with  ? (s).  rganization sted in your document?	(v) Did yo organizat	of the folk described u notify the ion in col. r support?	(vi) organizat	s the ion in col. zed in the S.?	11g(i) 11g(ii) 11g(iii) (vii) Amount	of mo	
	Name	(i) A persor the gove (ii) A family (iii) A 35% of Provide the form	n who directly or incoming body of the same member of a person controlled entity of a billowing information	directly controls, either all supported organization? In described in (i) above? In person described in (i) on about the supported organization (described on lines 1-9 above or IRC section	one or tog or (ii) above ganization (iv) Is the coin col. (i) lis	ether with  ? (s).  rganization sted in your document?	(v) Did yo organizat	of the folk described u notify the ion in col. r support?	(vi) organizat	s the ion in col. zed in the S.?	11g(i) 11g(ii) 11g(iii) (vii) Amount	of mo	
	Name	(i) A persor the gove (ii) A family (iii) A 35% of Provide the form	n who directly or incoming body of the same member of a person controlled entity of a billowing information	directly controls, either all supported organization? In described in (i) above? In person described in (i) on about the supported organization (described on lines 1-9 above or IRC section	one or tog or (ii) above ganization (iv) Is the coin col. (i) lis	ether with  ? (s).  rganization sted in your document?	(v) Did yo organizat	of the folk described u notify the ion in col. r support?	(vi) organizat	s the ion in col. zed in the S.?	11g(i) 11g(ii) 11g(iii) (vii) Amount	of mo	
	Name	(i) A persor the gove (ii) A family (iii) A 35% of Provide the form	n who directly or incoming body of the same member of a person controlled entity of a billowing information	directly controls, either all supported organization? In described in (i) above? In person described in (i) on about the supported organization (described on lines 1-9 above or IRC section	one or tog or (ii) above ganization (iv) Is the coin col. (i) lis	ether with  ? (s).  rganization sted in your document?	(v) Did yo organizat	of the folk described u notify the ion in col. r support?	(vi) organizat	s the ion in col. zed in the S.?	11g(i) 11g(ii) 11g(iii) (vii) Amount	of mo	
	Name	(i) A persor the gove (ii) A family (iii) A 35% of Provide the form	n who directly or incoming body of the same member of a person controlled entity of a billowing information	directly controls, either all supported organization? In described in (i) above? In person described in (i) on about the supported organization (described on lines 1-9 above or IRC section	one or tog or (ii) above ganization (iv) Is the coin col. (i) lis	ether with  ? (s).  rganization sted in your document?	(v) Did yo organizat	of the folk described u notify the ion in col. r support?	(vi) organizat	s the ion in col. zed in the S.?	11g(i) 11g(ii) 11g(iii) (vii) Amount	of mo	
	Name	(i) A persor the gove (ii) A family (iii) A 35% of Provide the form	n who directly or incoming body of the same member of a person controlled entity of a billowing information	directly controls, either all supported organization? In described in (i) above? In person described in (i) on about the supported organization (described on lines 1-9 above or IRC section	one or tog or (ii) above ganization (iv) Is the coin col. (i) lis	ether with  ? (s).  rganization sted in your document?	(v) Did yo organizat	of the folk described u notify the ion in col. r support?	(vi) organizat	s the ion in col. zed in the S.?	11g(i) 11g(ii) 11g(iii) (vii) Amount	of mo	
	Name	(i) A persor the gove (ii) A family (iii) A 35% of Provide the form	n who directly or incoming body of the same member of a person controlled entity of a billowing information	directly controls, either all supported organization? In described in (i) above? In person described in (i) on about the supported organization (described on lines 1-9 above or IRC section	one or tog or (ii) above ganization (iv) Is the coin col. (i) lis	ether with  ? (s).  rganization sted in your document?	(v) Did yo organizat	of the folk described u notify the ion in col. r support?	(vi) organizat	s the ion in col. zed in the S.?	11g(i) 11g(ii) 11g(iii) (vii) Amount	of mo	
	Name	(i) A persor the gove (ii) A family (iii) A 35% of Provide the form	n who directly or incoming body of the same member of a person controlled entity of a billowing information	directly controls, either all supported organization? In described in (i) above? In person described in (i) on about the supported organization (described on lines 1-9 above or IRC section	one or tog or (ii) above ganization (iv) Is the coin col. (i) lis	ether with  ? (s).  rganization sted in your document?	(v) Did yo organizat	of the folk described u notify the ion in col. r support?	(vi) organizat	s the ion in col. zed in the S.?	11g(i) 11g(ii) 11g(iii) (vii) Amount	of mo	

232021 12-04-12

Form 990 or 990-EZ.

1 2

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012 UNITED STATES MILITARY ACADEMY

14-1260763 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support	7.	·	·	1		
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	(4) 2000	(2) 2332	(0) = 0.0		(0) 2012	(i) i o cai
•	membership fees received. (Do not						
	include any "unusual grants.")	23,505,955.	22,217,988,	34.749.738.	36,185,601,	47.719.258.	164.378.540.
2	Tax revenues levied for the organ-				, , , , , ,		
	ization's benefit and either paid to		İ				
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	23,505,955,	22,217,988.	34,749,738,	36,185,601.	47,719,258.	164,378,540,
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,		1				
	column (f)						6,858,815.
	Public support. Subtract line 5 from line 4.						157,519,725.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	23,505,955.	22,217,988.	34,749,738.	36,185,601.	47,719,258,	<u>164,378,540.</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	6,410,526.	3,859,638,	4,288,650,	3,993,839.	3,372,319,	21,924,972.
9	Net income from unrelated business						
	activities, whether or not the	:					
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10						186,303,512,
	Gross receipts from related activities,	,	/	***************************************			<u>,113,434.</u>
13	First five years. If the Form 990 is for						<u></u>
80	organization, check this box and storection C. Computation of Publ	here	roontogo	***************************************		***************************************	
	<del></del>			-1 (0)			04 55 04
	Public support percentage for 2012 (					14	84.55 %
	Public support percentage from 2011					15	79.86 %
IDa	33 1/3% support test - 2012. If the caten have The exceptation qualifies	-		-		•	
L	stop here. The organization qualifies 33 1/3% support test - 2011. If the						
	and stop here. The organization qua	_				•	
17-	10% -facts-and-circumstances tes						
176		-					•
	and if the organization meets the "factsmeets the "facts-and-circumstances"						
L	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-cire				•		
1₽	Private foundation. If the organization						
10	Tivate roundation, it the organization	ni did not crieck a i	507 OH IIII 13, 108	<u>, 100, 174, 01 170</u>	,	ria see instruction	

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

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

Sec	ction A. Public Support	o.o.i., piodeo com	proto i di ciny				<del></del>
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and			χ=,		(5)	(7)
	membership fees received. (Do not		i				
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				1		
6	Total. Add lines 1 through 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 \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		<del></del>				
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	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						
	Add lines 10a and 10b  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.)						
	First five years. If the Form 990 is for	r the organization?	s first, second, this	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi:	zation,
	check this box and stop here				-		
	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2012 (	line 8, column (f) d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2011					16	%
	ction D. Computation of Inve						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2012. If the						
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	e organization qua	lifies as a publicly	supported organia	zation	▶□
b	33 1/3% support tests - 2011. If the	_			•	•	
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b>	top here. The orga	anization qualifies	as a publicly supp	oorted organization	· <b>&gt;</b>
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u></u>
2320	23 12-04-12				Sc	hedule A (Form 99	0 or 990-EZ) 2012

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.

ASSOCIATION OF THE GRADUATES OF THE

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

OMB No. 1545-0047

2012

Employer identification number

UNITED STATES MILITARY ACADEMY 14-1260763 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part II, line 2 of its Form 990-PF, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization
ASSOCIATION OF THE GRADUATES OF THE
UNITED STATES MILITARY ACADEMY

Employer identification number

14-1260763

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$7,500,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,155,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

ASSOCIATION OF THE GRADUATES OF THE

Employer identification number

UNITED STATES MILITARY ACADEMY

14-1260763

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	·
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<del></del>		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization

Employer identification number

NITED :	TION OF THE GRADUATES  STATES MILITARY ACADEM  Exclusively religious, charitable, etc., indivi- year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additional	IY dual contributions to section 501(c e following line entry. For organizatio , contributions of \$1,000 or less for	14-1260763  3(7), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter the year. (Enterthis information once.)  \$\sim_{\text{s}}\$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	1	(e) Transfer of gif	t
_	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gif	t  Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
_	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	it
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

2012
Open to Public Inspection

Name of the organization

ASSOCIATION OF THE GRADUATES OF THE

Employer identification number

UNITED STATES MILITARY ACADEMY 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 Total number at end of year \_\_\_\_\_ Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? \_\_\_\_\_\_\_[ Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV. line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ∴ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? \_ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 \_\_\_\_\_\_ ▶ \$ b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2012

14-1260763 Page 2 Schedule D (Form 990) 2012 UNITED STATES MILITARY ACADEMY Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition d Loan or exchange programs а Scholarly research Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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? No Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1¢ d Additions during the year \_\_\_\_\_ 1d Distributions during the year 1e Ending balance 1f Did the organization include an amount on Form 990, Part X, line 21? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the 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 ..... 122,298,344 144.817.084. 121,695,482 101,170,198 136,756,995. Contributions 6,248,646 6,321,338. 11,274,580 3,203,089 5,182,955. c Net investment earnings, gains, and losses 12,894,906 -906,437 13,994,672 -36.378,104. 17,854,153 Grants or scholarships 1,210,278 766,179 2,168,076 1,087,312 2,908,960. Other expenditures for facilities and programs -3,466,451 27,164,962 -25 426 -561,704 1,473,944. Administrative expenses f 2,500 5,000 6.350 8,744. End of year balance 143,695,569 122,298,344 144.817.084 121,695,482 101,170,198. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 4.65 Board designated or quasi-endowment Temporarily restricted endowment 17.18 The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Νo Yes (i) unrelated organizations 3a(i) Х (ii) related organizations X 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI | Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (c) Accumulated (a) Cost or other (b) Cost or other (d) Book value basis (investment) basis (other) depreciation 1a Land 9,496,352. 4,281,485 5,214,867. **b** Buildings c Leasehold improvements \_\_\_\_\_ 267,415. 253,641 13,774. d Equipment 214,410. 312, 98,365. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 5,327,006.

Schedule D (Form 990) 2012

	<u>S MILITARY A</u>		14-	-1260763 Page 3
Part VII Investments - Other Securities. See			<del></del>	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end-	of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests	28,021,014.	END-OF-YEAR	MARKET	VALUE
(3) Other			· .	
(A) OTHER INVESTMENT	875,074.	END-OF-YEAR	MARKET	VALUE
(B)				_
(C)				
(D)				
(E)				
			····	
(G)				
(H)				
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	28,896,088.			
Part VIII Investments - Program Related. Se				
(a) Description of investment type	(b) Book value	(c) Method of valuation	n: Cost or end-	of-year market value
(1)				_
(2)				
(3)				
(4)			·	
(5)				-
(6)			VIII	
(7)				
(8)				
(9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line 1	15.			
(a) [	Description			(b) Book value
(1) SPLIT INTEREST TRUSTS				27,628,561.
(2)			-	
(3)				
(4)	*			
(5)				-
(6)				
(7)				
(8)		· ·		
(9)				
(10)		·		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)			27,628,561.
Part X Other Liabilities. See Form 990, Part X, li	ne 25.			
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes		1		
(2) DEFERRED COMPENSATION		387,985.		
(3) REMAINDER TRUSTS		2,894,504.		
(4) DUE TO CLASSES		2,624,580.		
(5)	1.0	, , , , , , , , ,		
(6)	***			
(7)				
(8)		*		
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	5,907,069.		
2 FIN 48 (ASC 740) Ecotrote In Part XIII provide the text			monto that rand	nto the expenientian's

	dule D (Form 990) 2012 UNITED STATES MILITARY ACA  t XI Reconciliation of Revenue per Audited Financial Stateme		th Revenue per F		1260763 n	Page 4
1				1	70,745,	420.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				, , , , , , , , ,	1201
а	Net unrealized gains on investments	2a	7,743,007.			
b	Donated services and use of facilities		.,,			
c	Recoveries of prior year grants		··	1		
d	Other (Describe in Part XIII.)	1 1	-146,044.			
e	Add lines 2a through 2d			2e	7,596,	963.
3	Subtract line 2e from line 1			3	63,148,	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		***************************************			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)		-833,411.	1		
С	Add lines 4a and 4b			4c	-833,	411.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	62,315,	
Pai	t XII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses per			<del></del>
1	Total expenses and losses per audited financial statements		-	1	31,971,	829.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		***************************************		,	
а	Donated services and use of facilities	2a				
b	Prior year adjustments			1		
c	Other losses			1	l	
ď	Other (Describe in Part XIII.)		3,127,198.			
e	Add lines 2a through 2d			2e	3,127,	198.
3	Subtract line 2e from line 1			3	28,844,	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				20,011,	001.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)		647,898.			
	Add lines 4a and 4b			4c	647	898.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	29,492,	
Pai	t XIII Supplemental Information		-	<u> </u>	1 43,434,	<u> </u>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	II linge 1	a and 4: Dart IV lines 1	h and	2h: Part V. line	1. Dart
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to				ZU, FAIL V, IIIIQ	4, Fait
	RT V, LINE 4: THE ENDOWMENTS ARE USED IN F				C AND	
1 111	ti v, bind t. ind baboandarb and obdo in i	OICI	TKING THE TI	חשמי	D MIND	
PRO	MOTING THE WELFARE OF THE UNITED STATES M	ILITZ	ARY ACADEMY	AND	ITS	
CDZ	ADUATES.					
GIVZ	ADORIES.					
IN	PREVIOUS YEARS, CERTAIN FUNDS WERE INCLUD	ED A	S QUASI-ENDO	)WME	NTS OF	
AP1	PROXIMATELY \$30,654,568. AFTER RE-EXAMININ	G THI	E DONORS' IN	TEN	IT. WE	
EX(	LUDED THESE FROM THE ENDOWMENT FUND BALAN	CE. Z	AN ADJUSTMEN	T W	AS MADE	TO
RES	STATE THE REPORTED FUND BALANCE IN 2011.					

Schedule D (Form 990) 2012

PART V, LINE 1E: THIS REPRESENTS TRANSFERS OF TEMPORARILY RESTRICTED GIFTS

TO PERMANENTLY RESTRICTED ENDOWMENTS TO COMPLY WITH THE DONOR'S INTENT.

PART X, LINE 2: EFFECTIVE JANUARY 1, 2009, THE ASSOCIATION ADOPTED GUIDANCE ISSUED BY THE FASB REGARDING ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE INCOME TAX POSITIONS TAKEN BY THE ASSOCIATION FOR ANY YEARS OPEN UNDER THE VARIOUS STATUTES OF LIMITATIONS ARE THAT THE ASSOCIATION CONTINUES TO BE EXEMPT FROM INCOME TAXES AND THAT THE ASSOCIATION EARNS REVENUES FROM CERTAIN ACTIVITIES WHICH ARE CONSIDERED UNRELATED BUSINESS TAXABLE INCOME UNDER THE INTERNAL REVENUE CODE. IN BOTH 2012 AND 2011. HOWEVER, UNRELATED BUSINESS INCOME (NET OF APPLICABLE EXPENSES) RESULTED IN NO MATERIAL TAX EXPENSE. THE ADOPTION OF THIS GUIDANCE DID NOT IMPACT THE ASSOCIATION'S FINANCIAL POSITION OR RESULTS OF OPERATIONS. THE ASSOCIATION BELIEVES THAT THERE ARE NO OTHER TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD SIGNIFICANTLY INCREASE OR DECREASE UNRECOGNIZED TAX EXPENSES OR BENEFITS WITHIN 12 MONTHS OF THE REPORTING DATE. NONE OF THE ASSOCIATION'S FEDERAL OR STATE INCOME TAX RETURNS IS CURRENTLY UNDER EXAMINATION BY THE INTERNAL REVENUE SERVICE ("IRS") OR STATE AUTHORITIES. HOWEVER FISCAL YEARS 2009 AND LATER REMAIN SUBJECT TO EXAMINATION BY THE IRS AND NEW YORK STATE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES NETTED WITH REVENUE ON FINANCIAL

STATEMENTS -146,044.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COSTS OF GOODS SOLD

<u>-784,617.</u>

232055 12-10-12 Schedule D (Form 990) 2012

ASSUCIATION OF THE GRADUATES OF THE Schodule D (Form 990) 2012 INITED STATES WILLTARY ACADEMY	14-1260763 Page 5
Schedule D (Form 990) 2012 UNITED STATES MILITARY ACADEMY  Part XIII Supplemental Information (continued)	14 1,200705 Fage5
UBI LOSS FROM PARTNERSHIP INVESTMENTS NOT RECORDED ON BOOKS	-48,794.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-833,411.
	·
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	784,617.
PROVISION FOR UNCOLLECTIBLE PLEDGES	2,342,581.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	3,127,198.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT EXPENSES NETTED WITH REVENUE ON FINANCIAL	
STATEMENTS	146,044.
PHONOTHON EXPENSE NOT RECORDED ON BOOKS	501,854.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	647,898.

# **SCHEDULE F** (Form 990)

# **Statement of Activities Outside the United States**

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection Employer identification number

Schedule F (Form 990) 2012

HSSOCIATION OF			Tne		
UNITED STATES M				14-12607	63
Part I General Info	rmation on A	ctivities Out	tside the United States. Comple	ete if the organization answered	'Yes"
to Form 990, Par					
<ol> <li>For grantmakers. Does</li> </ol>	the organization	n maintain record	ds to substantiate the amount of its gra	ants and other assistance,	
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance? X	Yes Do
	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance ou	tside the
United States.					
			an be duplicated if additional space is r	needed.)	<del></del>
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SUROPE (INCLUDING					
CELAND & GREENLAND)	0	0	SCHOLARSHIP		25,714.
			·		
CAST ASIA AND THE					
RACIFIC	0	0	SCHOLARSHIP		5,848.
CENTRAL AMERICA AND					
HE CARIBBEAN			INVESTMENTS		22 760 904
III CARLDDAN			TUAPSIMENIS		22,769,804.
		ļ			
					l .
• • •					
				·	
<del></del>					
2 n. Sub-total				_ ====	+
3 a Sub-total b Total from continuation	0	0			22,801,366.
sheets to Part I		0			
c Totals (add lines 3a					0.
and 3b)		n			22 801 366

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

14-1260763

UNITED STATES MILITARY ACADEMY

Schedule F (Form 990) 2012

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance (g) Amount of non-cash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement (f) Manner of of cash grant (e) Amount the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (d) Purpose of grant (c) Region Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) (a) Name of organization ო

Schedule F (Form 990) 2012

UNITED STATES MILITARY ACADEMY

Schedule F (Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Page 3

14-1260763

Part III can be duplicated if additional space is needed.

			•	•		
(h) Method of valuation (book, FMV, appraisal, other)	N/A	N/A				
(g) Description of non-cash assistance	N/A	N/A				
(f) Amount of non-cash assistance	, O	0				
(e) Manner of cash disbursement	25,714,MIRE TRANSFER	WIRE TRANSFER				
(d) Amount of cash grant	25,714.	5,848		:		
c) Number of recipients		H				
dottonal space is needed (b) Region	EUROPE (INCLUDING ICELAND & GREENLAND) -	EAST ASIA AND THE PACIFIC				
(a) Type of grant or assistance (b) Region	SCHOLARSHIP					

Schedule F (Form 990) 2012

Schedule F (Form 990) 2012 UNITED STATES MILITARY ACADEMY 14-1260763 Page 4

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

Schedule F (Form 990) 2012

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.
SCHEDULE F, PART I, LINE 2: THE ASSOCIATION PROVIDES CERTAIN GRANTS TO
CAPTAINS AND MAJORS IN THE ARMY FOR ADVANCED EDUCATION, LANGUAGE, AND
CULTURAL IMMERSION NECESSARY FOR UNDERSTANDING AND COMBATING
INTERNATIONAL TERRORISM. PAYMENTS ARE MADE DIRECTLY TO THE SCHOOLS.
PROPER USE OF FUNDS IS MONITORED VIA THE STUDENTS' COMPLETION OF THE
GRADUATE PROGRAMS.

### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

OMB No. 1545-0047

Open To Public

Name of the organization

ASSOCIATION OF THE GRADUATES OF THE INTERNATION CONTROL MITTERS TO ACADEMIA

Inspection Employer identification number 14 1000707

UNITED	STATES MILITARY AC	AUL	TAT A		<u> </u>	/03		
Part I Fundraising Activities required to complete this par	- Complete if the organization answert.	ered "Y	es" to	Form 990, Part IV, li	ne 17. Form 990-EZ	filers are not		
1 Indicate whether the organization rais a X Mail solicitations	· · · —	-		Check all that apply.				
b Internet and email solicitations			_	nment grants				
c X Phone solicitations	g Special		-	-				
d X In-person solicitations	g opecial	iunaie	lion ig	eventa				
		l //m m.h.v.		eria and allowant and the se				
2 a Did the organization have a written of			_			<b>—</b>		
key employees listed in Form 990, F	, ,			-				
b If "Yes," list the ten highest paid ind		suant to	agre	ements under which	the fundraiser is to I	be		
compensated at least \$5,000 by the	organization.							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		or control of		(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
DVANTAGE (AFRC, INC.) - 208					10.00 11 001. (1)			
ASSAIC AVENUE, FAIRFIELD, NJ	PHONE & MAIL	1.00	x	1,310,873,	501.854.	809,019.		
monito menton, interchance, no	I TONI W THILE		21.	1,510,075,		000,010.		
		1						
		+						
·								
otal				1,310,873.	501.854.	809,019.		
3 List all states in which the organization	on is registered or licensed to solicit	contrib	ution					
or licensing.	or is registered or incertional to solitor	COLLEGE	ration.	o o mas been neamed	a it is exempt nom it	SGISTIATION		
AL, AK, AZ, CA, CO, DC, HI,	TI, KS KY ME MD MA	мт	MNJ	MS NH NJ N	M NV NC			
1111/1111/01/00/20/111/		, ,		110 / 1111 / 110 / 11				
						·		
					-			

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2012

Schedule G (Form 990 or 990-EZ) 2012 UNITED STATES MILITARY ACADEMY Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) 1 Gross receipts 2 Less: Contributions ..... Gross income (line 1 minus line 2) ...... 4 Cash prizes Noncash prizes Direct Expenses 6 Rent/facility costs Food and beverages 8 Entertainment 9 Other direct expenses ..... 10 Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 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? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

32

232082 01-07-13

Schedule G (Form 990 or 990-EZ) 2012

Sched	lule G (Form 990 or 990-EZ) 2012 UNITED STATES MILITARY ACADEMY 14	<u>-1260</u>	763	Page 3
11 D	Ooes the organization operate gaming activities with nonmembers?		Yes	No
	s the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	o administer charitable gaming?	F	Yes	☐ No
	ndicate the percentage of gaming activity operated in:		i	
	he organization's facility	13a		%
	n outside facility		1	
	inter the name and address of the person who prepares the organization's gaming/special events books and records:	[ 130		70
14 -	the the name and address of the person who prepares the organization's gaming/special events books and records:			
N	lame			
A	address			
<b>15a</b> 🛭	oes the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
<b>b</b> If	"Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	f gaming revenue retained by the third party > \$			
	"Yes," enter name and address of the third party:			
N	lame >			_
Δ	uddress ▶			
16 0	Saming manager information:			
N	lame			
_				
G	Saming manager compensation > \$			
_	No. 100 Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of th			
L	Description of services provided			
		<del></del>		
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
	s the organization required under state law to make charitable distributions from the gaming proceeds to			
re	etain the state gaming license?		Yes	└── No
bΕ	inter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	<b>)</b>		
	rganization's own exempt activities during the tax year ▶ \$			
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional informations.			
	lines 9, 90, 100, 130, 130, 130, and 176, as applicable. Also complete this part to provide any additional information	non (see i	ınstruc	tions).
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	ERS:		
(I)	NAME OF FUNDRAISER: ADVANTAGE (AFRC, INC.)			
(I)	ADDRESS OF FUNDRAISER: 208 PASSAIC AVENUE, FAIRFIELD, NJ	07004		

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public OMB No. 1545-0047

Employer identification number

Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▼ Attach to Form 990.

ASSOCIATION OF THE GRADUATES OF THE

Name of the organization

Department of the Treasury Internal Revenue Service

ž 14-1260763 (h) Purpose of grant or assistance FECHNOLOGY/BOOKS CADET ACTIVITIES X Yes equipment/travel cadet activities CADET FACILITIES CADET FACILITIES MANUALS/DISPLAY CADET EDUCATION Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 (g) Description of non-cash assistance 200 MEALS @ HV PISTOLS/SITE 3B CLASSIC REP (f) Method of valuation (book, FMV, appraisal, other) COST COST FMV Š 500. 662. 500, 110,643, 45,725, (e) Amount of assistance non-cash 13 26, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 3,608,803, 0 (d) Amount of 1,510,838 4,066,819 cash grant UNITED STATES MILITARY ACADEMY (c) IRC section if applicable General Information on Grants and Assistance 14-1364902 14-1364902 14-1364902 14-1364902 14-1364902 (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization UNITED STATES MILITARY ACADEMY UNITED STATES MILITARY ACADEMY UNITED STATES MILITARY ACADEMY UNITED STATES MILITARY ACADEMY UNITED STATES MILITARY ACADEMY UNITED STATES MILITARY ACADEMY or government WEST POINT, NY 10996 WEST POINT, NY 10996 NY 10996 NY 10996 WEST POINT, NY 10996 WEST POINT WEST POINT WEST POINT WEST POINT WEST POINT WEST POINT WEST POINT WEST POINT Part II Part

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

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Schedule | (Form 990) (2012)

MEMORIAL PROJECTS

COST

360,206

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

14-1364902

NY 10996

WEST POINT

Enter total number of other organizations listed in the line 1 table

232101 12-18-1**2** 

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ASSOCIA

763 Page 1		(h) Purpose of grant or assistance	OUS USMA	OUS USMA	OUS USMA
14-1260763		(h) Pu or	MISCELLANEOUS USMA ASSISTANCE	MISCELLANEOUS USMA ASSISTANCE	MISCELLANEOUS USMA ASSISTANCE
1	ı <del>r</del> II.)	(g) Description of non-cash assistance	MISCELLANE FRAVEL/TRAINING/ ASSISTANCE	USE OF PLANE	IPADS/LAPTOPS
Schedule (Form 990) UNITED STATES MILITARY ACADEMY	edule I (Form 990), Pa	(f) Method of valuation (book, FMV, appraisal, other)	TSOC	٨٣٨	FΜV
	ited States (Scho	(e) Amount of non-cash assistance	53,390,COST	27, 781, EMV	27,476.FMV
	nizations in the U	(d) Amount of cash grant	7,510,646.	0	0
	vernments and Organ	(c) IRC section if applicable			
	Assistance to Go	( <b>b</b> ) EIN	14-1364902	14-1364902	14-1364902
	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	(a) Name and address of organization or government	UNITED STATES MILITARY ACADEMY WEST POINT WEST POINT, NY 10996	UNITED STATES MILITARY ACADEMY WEST POINT WEST POINT NY 10996	UNITED STATES MILITARY ACADEMY WEST POINT WEST POINT, NY 10996

MISCELLANEOUS USMA

PHOTO/EQUIPMENT ASSISTANCE

15,750.

14-1364902

UNITED STATES MILITARY ACADEMY

WEST POINT, NY 10996

WEST POINT

35

232241 05-01-12

Schedule I (Form 990)

THE ASSOCIATION OF THE GRADUATES OF

UNITED STATES MILITARY ACADEMY

Page 2

14-1260763

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule | (Form 990) (2012)

Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	43	217,124,	0		
ital Information. Complete this p	e the information	required in Part I, I	ine 2, Part III, columr	ı (b), and any other additional infe	ormation.
SCHEDULE I, PART I, LINE 2: THE ASS	THE ASSOCIATION		GRANTS TO	PROVIDES GRANTS TO THE UNITED	
STATES MILITARY ACADEMY ("USMA").	SINCE THE	USMA IS	A FEDERAL (	FEDERAL GOVERNMENT	
INSTITUTION, THE ASSOCIATION RELIES ON		TO MONIT	USMA TO MONITOR THE USE OF THESE	OF THESE	
GRANT FUNDS.					

CERTAIN SCHOLARSHIPS (PRIMARILY PREP SCHOOLS) ARE PROVIDED TO CAREFULLY

SELECTED AND HIGHLY MOTIVATED YOUNG PEOPLE SEEKING ADMISSION TO USMA.

FURTHER, OTHER GRANTS ARE AWARDED TO CAPTAINS AND MAJORS IN THE REGULAR

ARMY FOR ADVANCED EDUCATION, LANGUAGE SKILLS, AND CULTURAL IMMERSION

232102 12-18-12

Schedule I (Form 990)

### SCHEDULE J (Form 990)

### **Compensation Information**

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

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

2012

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

ASSOCIATION OF THE GRADUATES OF THE UNITED STATES MILITARY ACADEMY

Employer identification number 14-1260763

Part I **Questions Regarding Compensation** No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments X Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ..... 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? X 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract X Compensation survey or study X Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Х b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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? X Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 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. 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 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III X If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2012

# ASSOCIATION OF THE GRADUATES OF THE

UNITED STATES MILITARY ACADEMY

Schedule J (Form 990) 2012

14-1260763

Page 2

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

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

Note. The sum of columns (B)(I)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(O)-(I)(B)	reported as deterred in prior Form 990
(1) ROBERT L. MCCLURE	€	228,603.	50,000.	•0	17,250.	868.	296,721.	0
SIDENT & CEO	(ii)	0	0	• 0		0		0
Ą	8	170,88	4,000.		13,732.	11,796.	200,411	0
PRESIDENT & CFO	Ξ		0	0	0	0	0	
	ε	163,35	4,000.	• 0	12,229.	1,049.	180,63	0
PRESIDENT & COO	(1)		0.	• 0		0	0	
N	W	222,53	2,000.	• 0	11,602.	10,697.	246,83	
ELOPMENT	(1)	0.	0.	0	0	0		0
	8	:						
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232112 12-12-12

Schedule J (Form 990) 2012

n 990) 2012 UNITED STATES

Part III | Supplemental Information

Complete this part to 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.

PART I, LINE 1A: WPAOG PAYS SOCIAL CLUB MEMBERSHIP DUES FOR THE

PRESIDENT & CEO TO ATTEND BUSINESS FUNCTIONS. WPAOG REQUIRES THE MEMBERSHIP

SO THAT IT MAY USE THE CLUB'S FACILITIES FOR BUSINESS MEETINGS. THESE

BENEFITS ARE NOT INCLUDED IN TAXABLE COMPENSATION SINCE THEY ARE BUSINESS

RELATED

LINE 4B: THE ASSOCIATION HAS ARRANGEMENTS WITH ITS EXECUTIVE PART I, OFFICERS WHEREBY SPECIFIED AMOUNTS OF THEIR COMPENSATION ARE DEFERRED.

THESE AMOUNTS ARE INVESTED ON BEHALF OF THE EXECUTIVES AND ARE PAYABLE UPON

NO AMOUNTS WERE PAID OR VESTED TO THE OFFICERS DURING THEIR RETIREMENT.

2012.

LINE 7: THE BOARD HAS THE AUTHORITY TO AWARD THE EXECUTIVE PART I, OFFICER WITH A BONUS WHICH IS DEPENDENT UPON PERFORMANCE. THE AMOUNT OF THE

BONUS TO BE AWARDED IS DECIDED BY THE BOARD, ALTHOUGH THE AMOUNT CANNOT BE

ABOVE A SPECIFIC THRESHOLD. THE EXECUTIVE OFFICER AWARDS NOMINAL BONUSES TO

THE OTHER OFFICERS AND EMPLOYEES BASED UPON MERIT

Schedule J (Form 990) 2012

### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

### **Noncash Contributions**

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

Attach to Form 990.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

ASSOCIATION OF THE GRADUATES OF THE UNITED STATES MILITARY ACADEMY

Employer identification number 14-1260763

Pai	rt I Types of Property						1200	, 00	
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part VI	ted on	(d Method of d noncash contrib	etermin		:s
1	Art - Works of art				,				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications	X		34,	425.	FAIR VALUE			
5	Clothing and household goods								
6	Cars and other vehicles								-
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	110	3,475,	148.	FAIR VALUE			
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	2	9,	000.	FAIR VALUE			
19	Food inventory								
20	Drugs and medical supplies					, <u>.</u>			
21	Taxidermy	-							
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (TRAINING ITEM)	<u>X</u>	9			ESTIMATED V	/ALU	E	
26	Other (TECHNOLOGY)	X	12			FAIR VALUE			
27	Other ( <u>USE OF PLANE</u> )	X	1			FAIR VALUE			
28	Other (TRAVEL/ENTERT)	X	4		680.	ESTIMATED V	/ALU	E	
29	Number of Forms 8283 received by the organi							^	
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement	29	<del></del>		0	
	Product also come did also considerate a construction to			and the Bank Bank	4 00 11			Yes	No
<i>s</i> ua	During the year, did the organization receive b								
	at least three years from the date of the initial		-	•					3.5
	the entire holding period?						30a		X
	If "Yes," describe the arrangement in Part II.	naliau that w	naviroo the verieur	of any non stands	ud contribu	ution of		37	
31	Does the organization hire or use third parties						31	Х	
J∠a	Does the organization hire or use third parties contributions?		-				32a		х
b	If "Yes," describe in Part II.								_ <del>-</del> _
33	If the organization did not report an amount in	column (c) 1	or a type of proper	ty for which colum	nn (a) is ch	ecked,			
	describe in Part II.			_		•			

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

Schedule M (Form 990) (2012)

## ASSOCIAL ON OF THE GRADUATES OF THE

Schedule M (Form 990) (2012) UNLTED STATES	MILITARY ACADEM	<u>4Y 14-12</u>	60763 Page 2
Part II Supplemental Information. Complete the organization is reporting in Part I, column Also complete this part for any additional information.	this part to provide the informa (b), the number of contributions mation.	ation required by Part I, lines 30b, 32 s, the number of items received, or a	b, and 33, and whether combination of both.
SCHEDULE M, PART I, COLUMN (B	): THE NUMBER OF	F CONTRIBUTIONS REF	ORTED
IN PART I, COLUMN (B) IS BASE	D ON THE NUMBER	OF DONORS PER CATE	GORY OF
GIFT.			
		_	
			******
7-41 8-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		41	
77.77 (8.1.)			
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232142 12-20-12

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

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

ASSOCIATION OF THE GRADUATES OF THE UNITED STATES MILITARY ACADEMY

Employer identification number 14-1260763

FORM 990, PART VI, SECTION A, LINE 2: BOARD MEMBERS HERMAN E. BULLS AND DARCY G. ANDERSON HAVE A BUSINESS RELATIONSHIP.

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 49,000 IN NUMBER.

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS NOMINATE AND ELECT THE

CHAIRMAN, VICE-CHAIRMAN AND THE DIRECTORS OF THE BOARD, ALL OF WHOM

CONSTITUTE THE BOARD OF DIRECTORS OF THE ASSOCIATION, AS WELL AS RATIFYING

BY-LAW CHANGES.

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 B, LINE 11: 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 THE 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 THE 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 APPROVAL. SUBSEQUENTLY, 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. A RESOLUTION IS THEN PASSED TO ACCEPT THE 990. FORM 990 IS FILED

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

Employer identification number 14-1260763

WITH THE IRS AFTER THIS PROCESS HAS TAKEN PLACE AND THE 990 HAS BEEN ACCEPTED BY THE BOARD.

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, INCLUDING NEW

HIRES UPON HIRING. INDIVIDUALS ARE REQUIRED TO RETURN AN ACKNOWLEDGEMENT

OF THEIR ACCEPTANCE AND ADHERENCE PROMPTLY TO 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. ANYONE WITH A CONFLICT OF INTEREST MUST RECUSE

THEMSELVES FROM PARTICIPATING IN DISCUSSIONS BY THE ETHICS COMMITTEE, AND

BOARD OF DIRECTORS REGARDING THE MATTER, AS WELL AS FROM ANY RELATED VOTE.

FORM 990, PART VI, SECTION B, LINE 15: IN 2011 AND 2008, WEST POINT

ASSOCIATION OF GRADUATES ("WPAOG") UTILIZED AN OUTSIDE HUMAN

RESOURCES/COMPENSATION CONSULTANT TO REVIEW SALARIES AND PROVIDE FEEDBACK

RELATING TO THEIR APPROPRIATENESS RELATIVE TO OUR PARTICULAR MARKET. THIS

CONSULTANT ALSO REVIEWED THE SALARIES OF THE PRESIDENT, VICE PRESIDENTS,

OTHER OFFICERS AND MOST EMPLOYEES TO ENSURE THAT THEY WERE 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. THE COMPENSATION COMMITTEE IS COMPRISED OF INDEPENDENT BOARD

MEMBERS.

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

232212 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization ASSOCIATION OF THE GRADUATES OF THE UNITED STATES MILITARY ACADEMY	Employer identification number 14-1260763
ONTIED STATES MIDITARY ACADEMY	14-1200/03
FORM 990, PART VI, SECTION C, LINE 19: WPAOG'S FINANCIAL	STATEMENTS
(ANNUAL AUDIT REPORT) AND BYLAWS ARE AVAILABLE ON OUR WEB	SITE FOR PUBLIC
VIEWING, AND OUR CONFLICT OF INTEREST POLICY IS POSTED TO	THE INTERNAL
SECTION FOR EMPLOYEES ONLY. THE CONFLICT OF INTEREST POLI	CY WOULD BE MADE
AVAILABLE TO THE PUBLIC UPON REQUEST.	<u>.</u>
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UBI LOSS FROM PARTNERSHIP INVESTMENTS NOT RECORDED ON BOO	KS 48,794.
PROVISION FOR UNCOLLECTIBLE PLEDGES	-2,342,581.
PHONOTHON EXPENSE NOT RECORDED ON BOOKS	501,854_
TOTAL TO FORM 990, PART XI, LINE 9	-1,791,933.
	- ***

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.
 ► See separate instructions.

2012 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 14-1260763

THE ASSOCIATION OF THE GRADUATES OF UNITED STATES MILITARY ACADEMY Name of the organization

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part

(e)	(q)	(0)	(p)	(e)	(£)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
LGL REAL ESTATE FOUNDATION, LLC - 13-4265639 BLDG 698, HERBERT HALL, MILLS ROAD					ASSOCIATION OF THE GRADUATES OF THE UNITED
WEST POINT, NY 10996	REAL ESTATE HOLDING	NEW YORK	0	0.	O.STATES MILITARY ACADEMY
	-,-				
Identification of Related Tax-Exempt Organizations (Complete		the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	 rt IV, line 34 because	it had one or more	elated tax-exempt

organizations during the tax year.) Part

			(	٦								
	(g) Section 512(b)(13)	controlled entity?	Yes No								·	
l	£ .	Uirect controlling entity							_	•		
	(e)	Public charity status (if section	501(c)(3))				-					
	( <b>9</b>	exempt Code section										
	(O)	Legal domicile (state or foreign country)	•					-				
	(q)	Primary activity	ï									
	(e)	Name, address, and EIN of related organization										

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

Schedule R (Form 990) 2012

THE ASSOCIATION OF THE GRADUATES OF

UNITED STATES MILITARY ACADEMY

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Schedule R (Form 990) 2012 Part III

Page 2

14-1260763

General or Percentage managing ownership (i) Section 512(b)(13) controlled entity? Yes No Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Percentage ownership Yes 9 Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets 6 ate allocations? Disprapartion-Yes No Ξ Share of total income ε Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) **e** Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ፱ Legal domicile (state or forelgn country) ত Direct controlling entity 0 Primary activity 9 (c)
Legal
domicile
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization œ Part 1V

Schedule R (Form 990) 2012

47

232162 12-10-12

# ASSOCIATION OF THE GRADUATES OF THE UNITED STATES MILITARY ACADEMY

Page 3

14-1260763

Schedule R (Form 990) 2012

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
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?	ons with one or more re	slated organizations listed	in Parts II-IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	>			Ta
b Gift, grant, or capital contribution to related organization(s)				- 1p
c Gift, grant, or capital contribution from related organization(s)	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			10
e Loans or loan guarantees by related organization(s)				- Je
f Dividends from related organization(s)				#
g Sale of assets to related organization(s)				
Purchase of assets from related organization(s)				£
Exchange of assets with related organization(s)				=
				÷
k Lease of facilities, equipment, or other assets from related organization(s)				<del>*</del>
Performance of services or membership or fundraising solicitations for related org	related organization(s)			=
m Performance of services or membership or fundraising solicitations by related orgi	related organization(s)			£
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)			-ţ-
o Sharing of paid employees with related organization(s)				9
Reimbursement paid to related organization(s) for expenses				
q Reimbursement paid by related organization(s) for expenses				<b>P</b>
s Other transfer of cash or property from related organization(s)				13
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.	who must complete the	is line, including covered	relationships and transaction thresholds.	
(a) Name of other organization	(b) Fransaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved
(1)				
<u>e</u>				
(3)				
(4)				
			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
(6)				
232163 12-10-12	48		Schedule	Schedule R (Form 990) 2012

Page 4 14-1260763

ASSOCIATION OF THE GRADUATES OF THE UNITED STATES MILITARY ACADEMY

Schedule R (Form 990) 2012

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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.

			(			
(k) Percentage ownership		·				
(j) General or managing partner? Yes No						
(i) Code V-UBI Impunt in box 20 of Schedule K-1 (Form 1065)				·		
(h) Disproportionale allocations?					_	
(g) Share of end-of-year assets						
Share of total income						
(e) Are all Are all 501(c)(3) orgs. 4) Yes No						
(d) Predominant income (related, unrelated, excluded from tax under section 512-514)						
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
(a) Name, address, and EIN of entity						

Schedule R (Form 990) 2012

### ASS. JIATION OF THE GRADUATES OF THE UNITED STATES MILITARY ACADEMY

Schedule R (Form 990) 2012 UNITED STATES MILITARY ACADEMY 14-12 ( Part VII Supplemental Information  Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	60763 Page 5
	-
	<del></del>

### Form 920 (Rev. December 2011) Department of the Treasury Internal Revenue Service

# Return by a U.S. Transferor of Property to a Foreign Corporation

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. 128

	Sequence No. 120
Part I U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions)
ASSOCIATION OF THE GRADUATES OF THE	1
UNITED STATES MILITARY ACADEMY	14-1260763
1 If the transferor was a corporation, complete questions 1a through 1d.	
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (ur	
fewer domestic corporations?	Yes X No
<b>b</b> Did the transferor remain in existence after the transfer?	X Yes No
If not, list the controlling shareholder(s) and their identifying number(s):	
Controlling shareholder	Identifying number
	75.7
, and the state of	
	7.6
c If the transferor was a member of an affiliated group filing a consolidated return, w	
If not, list the name and employer identification number (EIN) of the parent corpora	ation:
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(5) been made?	Yes X No
2 If the transferor was a partner in a partnership that was the actual transferor (but is	s not treated as such under section 367), complete
questions 2a through 2d.	
a List the name and EIN of the transferor's partnership:	
Name of partnership	EIN of partnership
	Ella di partilership
b Did the partner pick up its pro rata share of gain on the transfer of partnership ass	
c Is the partner disposing of its entire interest in the partnership?	
d Is the partner disposing of an interest in a limited partnership that is regularly trade	
securities market?  Part II Transferee Foreign Corporation Information (see instructions)	
3 Name of transferee (foreign corporation)	
Name of transferee (roreign corporation)	4 Identifying number, if any
WEATHERLOW OFFSHORE FUND I LTD.	
5 Address (including country)	
802 W. BAY ROAD	
GRAND CAYMAN KY1-1204 CAYMAN ISLANDS	
6 Country code of country of incorporation or organization	
CJ	
7 Foreign law characterization (see instructions)	<u> </u>
CORPORATION	
8 Is the transferee foreign corporation a controlled foreign corporation?	
	Yes X No
LHA For Paperwork Reduction Act Notice, see separate instructions.	Yes X No Form <b>926</b> (Rev. 12-2011)

# Form 926 (Rev. 12-2011) ASSOCIATION OF THE GRADUATES OF THE UNITED ST 14-1260763 Page 2 Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	09/26/2012		7,500,000.		
Stock and					
securities					
				_	
Installment obligations,					
account receivables or		······			
similar property					
Foreign currency or other					
property denominated in					
foreign currency					
1					
Inventory		. 1944			
Assets subject to					
depreciation recapture		-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
(see Temp. Regs. sec.				<u> </u>	
1.367(a)-4T(b))				<u> </u>	
Tangible property used in					
trade or business not listed					
under another category					
					-
					-
Intangible					
property					
Property to be leased	-,				
(as described in final					
and temp. Regs. sec.		****			
1.367(a)-4(c))					
Property to be sold		***		_	-
(as described in					
Temp. Regs. sec.					
1.367(a)-4T(d)) Transfers of oil and gas		<u> </u>			<u> </u>
working interests (as					
described in Temp					
Regs. sec. 1.367(a)-4T(e))					
Other property				- ·	
. , ,					
Supplemental Inform	ation Required	To Be Reported (see instr	ructions):	***	

Form 926 (Rev. 12-2011) ASSOCIATION OF THE GRADUATES OF THE UNITED ST 14-1260763 Part IV Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer: (a) Before .0000 % (b) After .2653 % Type of nonrecognition transaction (see instructions) ▶ IRC SEC 351 Indicate whether any transfer reported in Part III is subject to any of the following: X No Gain recognition under section 904(f)(3) Yes Gain recognition under section 904(f)(5)(F) X No Recapture under section 1503(d) 」Yes Exchange gain under section 987 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? X No Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following: a Tainted property Depreciation recapture Yes X No Branch loss recapture Yes Any other income recognition provision contained in the above-referenced regulations X No X No Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? 15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section X No b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value Was cash the only property transferred? 17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

# **926**

(Rev. December 2011) Department of the Treasury Internal Revenue Service

# Return by a U.S. Transferor of Property to a Foreign Corporation

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment 128

Part I	U.S. Transferor Information (see instructions)		Codaciles		
	transferor		dontifuina numba	F less instructions	
	OCIATION OF THE GRADUATES OF THE		Identifying number (see instructions)		
	TED STATES MILITARY ACADEMY		14-1260763		
	the transferor was a corporation, complete questions 1a through 1d.		14 12007	0.5	
	the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or				
	wer domestic corporations?		Yes	X No	
h Die	d the transferor remain in existence after the transfer?		X Yes		
	not, list the controlling shareholder(s) and their identifying number(s):	• • • • • • • • • • • • • • • • • • • •	. LAL les		
	Controlling shareholder	Ident	entifying number		
c lft	he transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation	າ?	. Yes	X No	
lf r	not, list the name and employer identification number (EIN) of the parent corporation:				
	Name of parent corporation	IN of n	arent corporation		
	runto of parent our portation	.114 OI PI	arent corporation	ZII	
d Ha	ve basis adjustments under section 367(a)(5) been made?		. Yes	X No	
o 161			- 007\	_	
	the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under	er sectio	n 367), complet	е	
	estions 2a through 2d. at the name and EIN of the transferor's partnership:				
a Lis	st the name and Envior the transferor's partnership:				
	Name of partnership	EIN (	N of partnership		
			<del></del>		
b Dic	d the partner pick up its pro rata share of gain on the transfer of partnership assets?		Yes	No	
	the partner disposing of its entire interest in the partnership?			□ No	
	the partner disposing of an interest in a limited partnership that is regularly traded on an established				
se	curities market?		Yes	☐ No	
Part I	Transferee Foreign Corporation Information (see instructions)				
3 Na	ame of transferee (foreign corporation)	4 Ide	ntifying numbe	r, if any	
<u>ABS</u>	OFFSHORE SPC				
	dress (including country)				
	ND HOUSE				
	D CAYMAN KY1-1104 CAYMAN ISLANDS				
	ountry code of country of incorporation or organization				
_CJ_					
	reign law characterization (see instructions)				
	PORATION				
	the transferee foreign corporation a controlled foreign corporation?		Yes	X No	
LHA F 224531	or Paperwork Reduction Act Notice, see separate instructions.		Form <b>926</b> (F	Rev. 12-2011)	
05-01-12					

# Form 926 (Rev. 12-2011) ASSOCIATION OF THE GRADUATES OF THE UNITED ST 14-1260763 Page 2 Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer		
Cash	09/26/2012		1,500,000.				
-							
Stock and			·				
securities							
			:				
Installment obligations,							
account receivables or							
similar property		· · ·					
Foreign currency or other							
property denominated in							
foreign currency							
Inventory							
Assets subject to		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
depreciation recapture							
(see Temp. Regs. sec.							
1.367(a)-4T(b))							
Tangible property used in							
trade or business not listed							
under another category							
		<u></u>					
Intoncible					<u> </u>		
Intangible							
property							
Property to be leased							
(as described in final							
and temp. Regs. sec.				,			
1.367(a)-4(c))							
Property to be sold							
(as described in							
Temp. Regs. sec.							
1.367(a)-4T(d))							
Transfers of oil and gas							
working interests (as							
described in Temp.							
Regs. sec. 1.367(a)-4T(e))							
Other property							
Supplemental Information Required To Be Reported (see instructions):							

Form 926 (Rev. 12-2011) ASSOCIATION OF THE GRADUATES OF THE UNITED ST 14-1260763 Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer: (a) Before .4600 % (b) After .6400 % Type of nonrecognition transaction (see instructions) ► IRC SEC 351 Indicate whether any transfer reported in Part III is subject to any of the following: X No Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) X No X No Exchange gain under section 987 X No 12 Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 13 1.367(a)-4 through 1.367(a)-6 for any of the following: Tainted property X No Depreciation recapture X No Branch loss recapture Any other income recognition provision contained in the above-referenced regulations X No X No Did the transfer assets which qualify for the trade or business exception under section 367(a)(3)? 15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section X No 1.367(a)-1T(d)(5)(iii)? b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred > \$\_\_\_ Was cash the only property transferred? 17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? X No b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Form 926 (Rev. 12-2011)

# Form 926 (Rev. December 2011) Department of the Treasury Internal Revenue Service

# Return by a U.S. Transferor of Property to a Foreign Corporation

► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. 128

Part I U.S. Transferor Information (see instructions)					
Name of transferor		Identifying numbe	r (see instructions)		
ASSOCIATION OF THE GRADUATES OF THE					
UNITED STATES MILITARY ACADEMY	14-1260763				
1 If the transferor was a corporation, complete questions 1a through 1d.	•				
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 3					
fewer domestic corporations?	••••••	Yes	X No		
b Did the transferor remain in existence after the transfer?		X Yes	└─ No		
If not, list the controlling shareholder(s) and their identifying number(s):					
Controlling shareholder	Controlling shareholder Ident				
, , , , , , , , , , , , , , , , , , ,					
c If the transferor was a member of an affiliated group filing a consolidated return, was it the pare if not, list the name and employer identification number (EIN) of the parent corporation:	ent corporation?	Yes	X No		
Name of parent corporation					
<ul> <li>d Have basis adjustments under section 367(a)(5) been made?</li> <li>2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated questions 2a through 2d.</li> </ul>			X No		
a List the name and EIN of the transferor's partnership:					
Name of partnership	EIN	ElN of partnership			
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?			No No		
c Is the partner disposing of its entire interest in the partnership?		Yes	∟ No		
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an esta	ablished				
securities market?		Yes	No_		
Part II Transferee Foreign Corporation Information (see instructions)	1 -				
3 Name of transferee (foreign corporation)	4 10	dentifying numbe	r, if any		
COMMON SENSE OFFSHORE, LTD.					
5 Address (including country) 87 MARY STREET, GEORGE TOWN					
GRAND CAYMAN KY1-9002 CAYMAN ISLANDS					
6 Country code of country of incorporation or organization  CJ					
7 Foreign law characterization (see instructions) CORPORATION					
8 Is the transferee foreign corporation a controlled foreign corporation?		Yes	X No		
LHA For Paperwork Reduction Act Notice, see separate instructions.		Form 926 /F	Rev. 12-2011)		

# Form 926 (Rev. 12-2011) ASSOCIATION OF THE GRADUATES OF THE UNITED ST 14-1260763 Page 2 Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer	
Cash	09/26/2012		2,000,000.			
Stock and securities						
Installment obligations, account receivables or similar property						
Foreign currency or other property denominated in foreign currency						
Inventory						
Assets subject to depreciation recapture (see Temp. Regs. sec.						
1.367(a)-4T(b)) Tangible property used in trade or business not listed under another category						
Intangible property						
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c)) Property to be sold (as described in Temp. Regs. sec.						
1.367(a)-4T(d)) Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))						
Other property						
Supplemental Information Required To Be Reported (see instructions):						

Form 926 (Rev. 12-2011)

Form 926 (Rev. 12-2011) ASSOCIATION OF THE GRADUATES OF THE UNITED ST 14-1260763 Page 3 Part IV Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer; (a) Before 1.2050 % (b) After 1.6300 % Type of nonrecognition transaction (see instructions) ▶ IRC SEC 351 Indicate whether any transfer reported in Part III is subject to any of the following: 11 a Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Yes Recapture under section 1503(d) Yes Exchange gain under section 987 X No 12 Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 13 1.367(a)-4 through 1.367(a)-6 for any of the following: X No a Tainted property ..... b Depreciation recapture X No Yes X No Branch loss recapture Yes d Any other income recognition provision contained in the above-referenced regulations X No Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? \_\_\_\_\_\_ Yes X No 15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)·1T(d)(5)(iii)? X No b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred > \$\_\_ Was cash the only property transferred? 17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Form 926 (Rev. 12-2011)

## Form **8868**

(Rev. January 2013) Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you are filin	g for an <mark>Automatic 3-Month Extension, complet</mark>	e only Pa	rt I and check this box		<b>&gt;</b>	X	
	g for an Additional (Not Automatic) 3-Month Ext						
Do not complete	e Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	ly filed For	rm 8868.		
	g <sub>(e-file)</sub> . You can electronically file Form 8868 if y					oration	
required to file F	orm 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically fi	le Form 88	368 to request an e	ktension	
of time to file an	y of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for T	ransfers A	Associated With Ce	rtain	
	t Contracts, which must be sent to the IRS in pap						
	//efile and click on e-file for Charities & Nonprofits.				_	-	
Part I	Automatic 3-Month Extension of Time	Only s	ubmit original (no copies nee	eded).			
A corporation re	quired to file Form 990-T and requesting an auton	natic 6-mo	onth extension - check this box and	complete			
Part I only	-						
All other corpora	ations (including 1120-C filers), partnerships, REM				sion of time		
to file income ta							
Type or Nan	ne of exempt organization or other filer, see instruc	ctions.		Employer	oyer identification number (EIN) or		
print AS	SOCIATION OF THE GRADUATE	S OF	THE				
וגט	ITED STATES MILITARY ACAI	DEMY			14~1260763		
ile by the Nur.	nber, street, and room or suite no. If a P.O. box, se	ee instruct	tions.	Social se	curity number (SSN	)	
	DG 698, HERBERT HALL, MII		,		, , ,		
	, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.		<del></del>		
WE	ST POINT, NY 10996						
Enter the Return	n code for the return that this application is for (file	a separa	te application for each return)			0 1	
Application		Return	Application			Return	
s For		Code	ls For			Code	
Form 990 or Fo	m 990-EZ	01	Form 990-T (corporation)	poration)			
Form 990-BL		02	Form 1041-A				
Form 4720 (indi	vidual)	03	Form 4720				
Form 990-PF		04	orm 5227			10	
	:. 401(a) or 408(a) trust)	05	Form 6069			11	
,	st other than above)	06	Form 8870 12				
		N - 1	BUILDING 698, HERB	ERT H	ALL, MILLS	RD	
The books a	re in the care of - WEST POINT, I						
Telephone N	o.▶ 845-446 <del>-1500</del>		FAX No. ▶				
	ation does not have an office or place of business	s in the Ur					
	Group Return, enter the organization's four digit					heck this	
	f it is for part of the group, check this box						
	an automatic 3-month (6 months for a corporation						
		•	tion return for the organization name		The extension		
is for the	organization's return for:	-	_				
<b>▼</b>	alendar year 2012 or						
	x year beginning	, an	d ending		5		
		·	_		_		
2 If the tax	year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n		
	inge in accounting period						
	3						
3a If this app	lication is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
nonrefundable credits. See instructions.			3a   \$				
b If this application is for Form 990-PF, 990-T, 4720, or 6069,						0.	
estimated tax payments made. Include any prior year overpayment allowed as a credit.					\$	0.	
	due. Subtract line 3b from line 3a. Include your pa						
	EFTPS (Electronic Federal Tax Payment System).	-	•	3с	\$	0.	
	are going to make an electronic fund withdrawal v						
<del>-</del>	vacy Act and Paperwork Reduction Act Notice,				Form 8868 (R		

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