Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For th	e 2013 calendar year, or tax year beginning JUL 1, 2013 and ending	JUN 30, 2014		
В	Check if applicat	le: C Name of organization UNITED STATES NAVAL ACADEMY ALUMNI	D Employer ide	ntification numb	er
Г	Addr	ASSOC.			
Ē	Name		52-	0548411	
F	Initlal retur	Number and street (or P.O. box if mail is not delivered to street address) Room/s			
F	Term		i '		
F	— ated Amer	ded		-295-4000	2 105 627
	returr Appli		G Gross receipts \$		2,195,627.
_	Jtion pend	ng ·	H(a) Is this a grou		
		F Name and address of principal officer; BYRON MARCHANT SAME AS C ABOVE	li .	ates? Y	
			H(b) Are all subordina		
				ch a list. (see inst	•
_		te: WWW.USNA.COM	H(c) Group exem		
		organization: X Corporation Trust Association Other ► LY Summary	ear of formation: 1947	M State of legal	l domicile; MD
-63	1	Briefly describe the organization's mission or most significant activities: TO SERVE AND	SUPPORT THE UNIT	red	
& Governance		STATES, THE NAVAL SERVICE, THE NAVAL ACADEMY, AND ITS ALUMNI.		***************************************	
Гa	2	Check this box if the organization discontinued its operations or disposed of r	nore than 25% of its no	et accete	***************************************
o ye	3	Number of voting members of the governing body (Part VI, line 1a)		3	28
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	27
80	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	95
itie	6	Total number of volunteers (estimate if necessary)		6	50
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	••••••	7a	363,389.
٨	Ь	Net unrelated business taxable income from Form 990-T, line 34		7b	8,038.
	╅	The data de beautice total and modifie from our company in the data.	Prior Year	\ \	
•	8	Contributions and grants (Part VIII, line 1h)	2,686,8		nt Year 4,561,050.
Revenue	9	Program service revenue (Part VIII, line 2g)	1,833,8		1,584,451.
3Ve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,488,0		5,498,825.
æ	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	939.0		686,575.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,947,8		2,330,901.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,799,5		2,119,821.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	1,133,3	0.	0.
ch.	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,739,3		
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)	٠, ٠٠٠, ٥	0.	2,875,606.
per	, .o.	Total fundraising expenses (Part IX, column (D), line 25) 12,810.		0.	v.
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,258,2	10	3,251,599.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,797,1		
	19				8,247,026.
		Revenue less expenses. Subtract line 18 from line 12	150,6		4,083,875.
sets or	20	Total coccts (Deat V. Ker. 40)	Beginning of Current Y		of Year
ASS Bal	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	72,360,2		9,800,653.
Net Ass	21	***************************************	22,031,8		2,737,940.
		Net assets or fund balances. Subtract line 21 from line 20	50,328,4	53.] 5	7,062,713.
_			A		
		lities of perjury, I declare that I have examined this return, including accompanying schedules and sta		of my knowledge at	nd belief, it is
uuc	, cone	tt, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer nas any knowledge.	_1	
C 1		Signature of officer Company	Date	116× 12	
Sig		1, - (1() •	Date	1	
Her	re	HENRY J. SANFORD, CFO & TREASURER Type or print name and title		······	
		l :	I Data	TI DTIM	
Da:	4	Print/Type preparer's name Preparer's signature	Date Ched		
Paid		Print/Type preparer's name JULIA FLANNERY, CPA THE PROPERTY SIGNATURE Preparer's signature WWW. The Property States of the Property S	1 1 Sell-6	mployed P009289	
	parer	Firm's name MCGLADREY LLP	Firm's EIN	42-07143	25
use	Only	Firm's address 100 INTERNATIONAL DRIVE, SUITE 1400			
		BALTIMORE, MD 21202	Phone no.	410-246-9300	
May	y the li	RS discuss this return with the preparer shown above? (see instructions)	*************************	X Ye	s LNo

UNITED STATES NAVAL ACADEMY ALUMNI

	n 990 (2013) ASSOC.	52-0548411	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		х
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O.		
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 O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	l	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total ex	penses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 2,320,402. including grants of \$ 275.) (Reven	ue \$	716,186.
	MEMBERSHIP SUPPORT - COSTS TO PROVIDE SERVICES TO MEMBERS OF THE ALUMNI	~	
	ASSOCIATION, CLASS AND CHAPTER SUPPORT, AND SPECIAL ALUMNI EVENTS. THE	·····	
	ASSOCIATION MANAGES THE SERVICE ACADEMY CAREER CONFERENCES FOUR TIMES		
	PER YEAR IN DIFFERENT AREAS OF THE U.S. THE CAREER PROGRAMS DEPARTMENT		
	HAS ASSISTED THOUSANDS OF GRADS WITH THEIR CAREER TRANSITION. THE		
	ASSOCIATION ENGAGED WITH MORE THAN 59,000 EXISITING AND 1784 NEW		
	MEMBERS IN THE CURRENT FISCAL YEAR. THE ASSOCIATION SUPPORTS 96		
	CHAPTERS AROUND THE WORLD, 82 PARENT CLUBS THROUGHOUT THE US. STAFF		
	SUPPORTS AN INTERNATIONAL CHAPTER OFFICER'S FORUM EACH YEAR, TWO CLASS		
	MEETINGS AND VARIOUS PARENT FUNCTIONS. ASSOCIATION MEMBERS ARE INVITED		
	TO PARTICIPATE IN A NUMBER OF SPECIAL EVENTS INCLUDING TAILGATES AND		
	FOUNDER'S DAY, LUNCHEONS WITH SPEAKERS, ACADEMY EVENTS AND ACTIVITIES		
4b	(Code:) (Expenses \$ 2,119,546. including grants of \$ 2,119,546.) (Reven	ue \$)
	SUPPORT - THE ASSOCIATION MAKES CONTRIBUTIONS TO THE U.S. NAVAL ACADEMY		
	AND THE THE U.S. NAVAL ACADEMY FOUNDATION INC., A RELATED PARTY. CONTIBUTIONS TO U.S. NAVAL ACADEMY SUPPORTED STEM AND ENDOWED CHAIRS,		
	MIDSHIPMEN CLUBS SPORTS AND INTERNATIONAL TRAVEL/STUDIES, CREATIVE ARTS		
	AND MUSEUM MAINTENANCE. CONTRIBUTIONS TO THE U.S. NAVAL ACADEMY	······	
	FOUNDATION SUPPORTED INFORMATION MANAGEMENT AND TREASURY FUNCTIONS.		
	FOUNDATION SUPPORTED INFORMATION MANAGEMENT AND TREASURI FUNCTIONS.	······································	
4-	1 303 574		304 463 .
4c	(Code:) (Expenses \$ 1,382,574. including grants of \$) (Reven PUBLICATIONS: SHIPMATE, ALUMNI REGISTER AND BUSINESS RESOURCE DIRECTORY	ue \$	304,462.)
	- THROUGH THESE PUBLICATIONS, THE ASSOCIATION REACHES OUT TO MEMBERS TO		
	PERPETUATE THE HISTORY, TRADITIONS, MEMORIES AND GROWTH OF THE U.S.		
	NAVAL ACADEMY. OVER 50,000 MEMBERS RECEIVE THE ASSOCIATION'S MAGAZINE		
	SHIPMATE EIGHT TIMES PER YEAR. THE ALUMNI REGISTER IS PUBLISHED EVERY		
	FIVE YEARS AND IS A HISTORICAL DOCUMENT OF ALL USNA ALUMNI, BOTH LIVING		
	AND DECEASED, AND INCLUDES USNA HISTORY, FACTS AND ASSISTANCE PAGES.		
1-1	Other program populate (Decembe in Schedule Co)		
4d	Other program services (Describe in Schedule O.) (Expenses \$ 1,520,296. including grants of \$) (Revenue \$	672 726	,
40	(Expenses \$ 1,520,296. including grants of \$) (Revenue \$ Total program service expenses ▶ 7,342,818.	673,726	.7
TE	1 O COLO DI VIOLO DE		

f. 3

Form 990 (2013) ASSOC. Part IV Checklist of Required Schedules

If 'ves,' complete Schedule A 1 x x				Yes	No
2 Is the organization required to complete Schedule of Contributions 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 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/I If 'Yes, complete Schedule C, Part II 5	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	4	¥	
3 Ut the organization angage 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 4 4 Section 501(c)(S) 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 5 5 Is the organization a section 501(c)(S), 501(c)(S), or 501(c)(S) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 86:19 If "Yes," complete Schedule C, Part II 6 6 Did the organization marketis 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 for Which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which some pape. The environment, historical and areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization membra of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 8 Did the organization provide any amount for Part X, line 21, for secrow or crustodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit epair, or debt negotitation services? If "Yes," complete Schedule D, Part IV 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V V 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete	2				
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 "Pies," complete Schedule C, Part III					
during the tax year? If "Yes," complete Schedule C, Part II X S S the organization a section Sol (6)(4), 501 (6)), or \$51 (6)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III S X X X X X X X X X	Ū		3		х
5 is the organization a section 501(c)(6), 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Piss," complete Schedule C, Part III of the organization maintain any donor advised funds or any slimilar funds or accounts (if "Yes," complete Schedule D, Part II of the organization receives 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 of the organization meritor collections of works of art, historical treasures, or or their similar assets? If "Yes," complete Schedule D, Part III of 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 negolitation services? If "Yes," complete Schedule D, Part IV or "Yes," complete Schedule D, Part IV or "Yes," complete Schedule D, Part IV II II the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, II II the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, II II II the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II I	4		4		¥
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Schedule D, Part III 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 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 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 2 Did the organization report an amount for investments - organ related in Part X, line 10? If "Yes," complete Schedule D, Part VIII 2 Did the organization report an amount for other assets 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 3 Did the organization report an amount for other liabilities 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 X 3 Did the organization report an amount for other liabilities 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 X 4 Did the organization silve or uncertain tax positions under FIN 48 (SCP 740) If "Yes," complete Schedule D, Part X 4 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 4 Did the organization as school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule D, Part X 4 Did the organization as achool described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule D, Part X 5 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garge		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
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assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X 11c 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 11d Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part IX 11d Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X 11d 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 46 (ASC 740)? If "Yes," complete Schedule D, Part X 11d Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a Did the organization obtain separate, 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 an aschool 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? 14b Did the organization maintain an office, employees, or agents outside of the United States? 15 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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), oline 3, more than \$5,000 of aggregate grants or other assistance	а	0.414	11a	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. 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. e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d	b				
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		х
	20a				

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Form	990 (2013) ASSOC. 32-0340411 t IV Checklist of Required Schedules (continued)			.90
rai	t IV Checklist of Required Concadics (commisco)	T	Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
21	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
22	Did the organization report more than \$5,000 of grants of other assistance to individuals in the office office of the other states of the other land III	22		х
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	x	
	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			İ
	last day of the year, that was issued after December 31, 2002? If Tes, answer lines 245 through 246 tarto complete	24a		х
	Schedule K. If "No", go to line 25a	24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary pones exception.	270		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		ĺ
	any tax-exempt bonds?	24d		
d	Did the organization act as an on behalf of issue for boiles outstanding at any time of the second o	<u> 270</u>		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	25a		x
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	aer.		x
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	00		х
	complete Schedule L, Part II	26		
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	n-7		x
	of any of these persons? If "Yes," complete Schedule L, Part III	27	Serie	6452506
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):	00-	12.03	X
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	┼──	x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200	┼──	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	000		x
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	 x	+
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	┼∸	+
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes," complete Schedule M	30	┼	 ^ -
31	Did the organization liquidate, terminate, or dissolve and cease operations?			l,
	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		1	x
	Schedule N, Part II	32		+
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	╂—	+
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1	۱	1
	Part V. line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	4-	X
t	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	Ц	
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	4	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	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?			
	Note. All Form 990 filers are required to complete Schedule O	38		
		For	m 991	0 (2013)

Page 5

ASSOC.

Form!	990 (2013) ASSOC.		52-0548411		Pa	ige 5
Par	V Statements Regarding Other IRS Filings and Tax Compliance					 -
<u></u>	Check if Schedule O contains a response or note to any line in this Part V					<u> </u>
			r		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable	1a	37			
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			を持ち
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming		본문송	
-	(gambling) winnings to prize winners?	;·····;		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	95			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?	.,,	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see iristruction	s)				
3-	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	х	
h	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b	Х	
40	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	rity over, a			
44	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		х
L.	If "Yes," enter the name of the foreign country:					
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.			
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action'	7	5b		Х
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	401.0		5c		T
С	If "Yes," to line 5a or 5b, did the organization file Form coost?	he ora	anization solicit			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	anc org	anneadon conon	6a		х
	any contributions that were not tax deductible as charitable contributions?	itione o	or diffe		-	
b	If "Yes," did the organization include with every solicitation an express statement that such contribu			6b		
	were not tax deductible?	•••••	***************************************		32.52	
7	Organizations that may receive deductible contributions under section 170(c).	onuicae	provided to the payor?	7a	Para San	x
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	CI VIUCO	provided to the payor:	7b	├	\vdash
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		autrad	10	\vdash	\vdash
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was red	quirea	70		x
	to file Form 8282?		1	7c	Barrie	1 90055
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				X
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ict?	7e	┼	$+\frac{\pi}{x}$
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor	tract?		7f	┼──	+
g	If the organization received a contribution of qualified intellectual property, did the organization file	Form 8	899 as required?	7g	┼	+
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ	zation	tile a Form 1098-0?	7h	1 40.745	N 597.73
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Dia the	supporting			100510
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings	at any u	me during the year?	8	3 3 3 3	4 4 4 4 4 4
9	Sponsoring organizations maintaining donor advised funds.					1 166
а	Did the organization make any taxable distributions under section 4966?	• • • • • • • • • • • • • • • • • • • •	••••••	9a	+-	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	a ESTER	V 49860
10	Section 501(c)(7) organizations. Enter:	1	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		- .,		1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10t	<u> </u>	4		
11	Section 501(c)(12) organizations. Enter:	1	1			
а	Gross income from members or shareholders	118	1	4		
ь	Gross income from other sources (Do not net amounts due or paid to other sources against	1				
	amounts due or received from them.)	. 11t		1.83		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	m 104	1?	12a	Ц	
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	. 121				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			740A		374
	Is the organization licensed to issue qualified health plans in more than one state?		,	132	1	
	Note. See the instructions for additional information the organization must report on Schedule O.			130		
	Enter the amount of reserves the organization is required to maintain by the states in which the			144		
	organization is licensed to issue qualified health plans	131	o			1
_	Enter the amount of reserves on hand		С	\bot		
				14:	a	х
148	of the organization receive any payments to make the organization receive any payments? If "No," provide an explanation in Scheen	dule O	*************************	141		
) II TES, HAS IL MEU A FORM FED TO TOPON THOSE PARTITIONS STATE			Fo	rm 99	0 (201

Form 990 (2013) ASSOC 52-0548411 Page 6 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. Check if Schedule O contains a response or note to any line in this Part VI | x | Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 28 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 27 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? _____ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 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 x Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a 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? x 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? х 11a 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 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 120 Did the organization have a written whistleblower policy? 13 х 13 Did the organization have a written document retention and destruction policy? 14 Х 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b 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 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►MD Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: HENRY J. SANFORD, CFO & TREASURER - 410-295-4051

247 KING GEORGE STREET, ANNAPOLIS, MD 21401

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

 \mathbf{x}

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average	,,,,		Pos	ition	.		(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	(do not check i box, unless per officer and a di			is bot	han	compensation	compensation	amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ROBERT J. NATTER	2,00	=	Ë	5	3	₹5	횬			
CHAIRMAN OF THE BOARD	2.00	x		x				0.	0.	0
(2) MAJGEN LEO WILLIAMS	2,00		┼	-		├-		0,	· · · · · · · · · · · · · · · · · · ·	
VICE CHAIRMAN		x		х				0.	0.	0
(3) ROYCE ENGLER	2,00	 	 	-	├─	-		٠.	υ,	0
TRUSTEE		x						0.	0.	0
(4) JEFF WEBB	2.00	-	 	-	 	┢	-	· · ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>
TRUSTEE		x						0.	0.	0
(5) CHRISTOPHER COOKE	2.00	<u> </u>	 	-	-	 	-	· · · · · · · · · · · · · · · · · · ·	٠.	
TRUSTEE		x						0.	0.	0
(6) VERONICA ROGERS	2.00	 	I		<u> </u>	 			•	
TRUSTEE		x						0.	0.	o
(7) HEIDI BERG	2.00	┢	\vdash		 	\vdash			-	
TRUSTEE		х						0.	0.	0
(8) HERB FRERICHS	2.00	 			┢═	\vdash				
TRUSTEE		х						0.	0.	0
(9) HENRY MUSTIN	2.00									
TRUSTEE		х						0.	0,	0
(10) WILLIAM "SPENCE" JOHNSON	2,00									······································
TRUSTEE		х						0.	0.	0
(11) GLEN WOODS	2,00									
TRUSTEE		х			İ			0.	0.	0
(12) TIM KOBOSKO	2.00									***************************************
TRUSTEE		х						0.	0.	0
(13) KATHERINE DOOLEY	2.00									
TRUSTEE		Х						0.	0.	0
(14) JEFFREY "MURPH" MCCARTHY	2,00									
TRUSTEE		х						0.	0.	0
(15) IAN CAMERON	2.00									
TRUSTEE		х						0.	0.	0
(16) DANIEL ARCHER	2,00									
TRUSTEE		х						0.	0.	0
(17) DAVE PADDOCK	2.00									
TRUSTEE		х						0.	0.	0

Part VIII continue A com											
Part VII Section A. Officers, Directors, Tru	stees, Key Em	iploy	/ees	, an	d Hi	ighe	st C	compensated Employe	es (continued)		
(A)	(B)			•	C)			(D)	(E)	((F)
Name and title	Average		not c	heck		than		Reportable	Reportable compensation	Esti	mated
	hours per week	box	cer ar	iss pe	erson directo	is bot or/trus	th an stee)	compensation		1	ount of
	(list any	-	T	Ī	T		T	from	from related	-	ther
	hours for	Sirect				L	Ì	the organization	organizations (W-2/1099-MISC)		ensation
	related	trustee or director	ag ge			satec		(W-2/1099-MISC)	(VV-2/1099-WISC)	j	m the nization
	organizations	a E		8	m pe	l	(11 2) 1000 111100)		1 -	related	
	below	Individual	Institutional trustee	- E	Key employee	Highest compensated employee	100			1	izations
	line)	igi	list	Officer	ŝ	돌	Former] _	
(18) GARRY HALL	2.00]									
TRUSTEE		Х	L					0.	0.		0
(19) PLES BRUCE	2.00]									
TRUSTEE		х	<u> </u>	<u> </u>				0,	0.		0
(20) MATTHEW ELIAS	2,00										
TRUSTEE		х						0.	0.		0
(21) JUSTIN JARSKI	2.00				Π						
TRUSTEE		X						0.	0.		0
(22) RAY WITTER	2.00										***************************************
TRUSTEE		Х			L			0.	0.		0
(23) JIM ADKINS	2.00										
TRUSTEE		Х						0.	0.]	0 .
(24) BRETT POTTS	2,00										***************************************
TRUSTEE		х						0.	0.		0.
(25) BRIAN CAMPBELL	2.00]									
TRUSTEE		Х						0.	0.		0.
(26) BRIAN HORAIS	2,00										
TRUSTEE		х						0.	0.		0.
1b Sub-total	• • • • • • • • • • • • • • • • • • • •						•	0.	0,		0,
c Total from continuation sheets to Part V	II, Section A						▶	1,021,256.	461,908.	1	14,478.
d Total (add lines 1b and 1c)			<u> </u>				>	1,021,256.	461,908.	1	.14,478.
2 Total number of individuals (including but	not limited to th	ose	liste	ed al	bove	e) wi	no re	eceived more than \$100	,000 of reportable		
compensation from the organization					·····						
										Υ	es No
3 Did the organization list any former officer	, director, or tn	ıste	e, ke	y er	nplo	yee,	, or h	nighest compensated e	mployee on		
line 1a? If "Yes," complete Schedule J for	such individual				••••	•••••	•••••		•••••	3	х
4 For any individual listed on line 1a, is the s	um of reportab	le co	mpe	ยกรล	ation	and	d oth	ner compensation from t	the organization	集	
and related organizations greater than \$15										4 2	x
5 Did any person listed on line 1a receive or	accrue comper	nsati	ion f	rom	any	unr	elate	ed organization or indivi	dual for services		
rendered to the organization? If "Yes," con	rendered to the organization? If "Yes," complete Schedule J for such person 5										х

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

(A) Name and business address	(B) Description of services	(C) Compensation
R.R. DONNELLEY		
PO BOX 13654, NEWARK, NJ 07188	PRINTERS	403,143.
BO BROOKS		
2780 LIGHTHOUSE POINT, BALTIMORE, MD 21224	CATERING	398,472.
WESTIN ANNAPOLIS		
100 WESTGATE CIRCLE, ANNAPOLIS, MD 21401	REUNION RECEPTIONS & CATERING	155,255.
CATERING BY THE BAY		
3014 WHITE BEECH DRIVE, HARWOOD, MD 20776	CATERING	143,298.
LOEWS ANNAPOLIS HOTEL		
126 WEST ST., ANNAPOLIS, MD 21401	REUNION RECEPTIONS & CATERING	135,194.
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	
\$100,000 of compensation from the organization	7	

Section B. Independent Contractors

Form 990

ASSOC.

52-0548411

Part VII Section A. Officers, Directors (A)	, musices, Rey E	I III	yyee	3, d	110 F	ugr	est	Compensated Employ	rees (conunuea)	·
(A) Name and title	(B)				C) :a:			(D)	(E)	(F)
name and title	Average	,_,			ition		L. A	Reportable	Reportable	Estimated
	hours per	10	heck	an	ınaı	app	iy)	compensation	compensation	amount of
	week							from the	from related organizations	other
	(list any	Ē				ploye		organization	(W-2/1099-MISC)	compensatio from the
	hours for	direc				de a		(W-2/1099-MISC)	(***2/10334/1130)	organization
	related	50 20	stee			nsate		(** 27 1000 111100)		and related
	organizations	Individual trustee or director	at tru		yee	ed W				organization
	below	idua	ution	àī.	e e	55 50	la et			
	line)	ğ	Institutional trustee	Office	Key employee	Highest compensated employee	Рот тег			
(27) WARREN HAHN	2,00	十一	<u> </u>			 	┢			
TRUSTEE		x						0.	0.	
(28) BYRON F. MARCHANT	24.00	 	 	_	 	-	┢			
PRESIDENT/CEO (SEE SCH. J)	36.00	x		х				163,854.	245,780.	32,80
29) HENRY J. SANFORD	27.00	T	一			\vdash	-			
CFO/TREASURER (SEE SCH. J)	33.00	1		x				109,944.	134,376.	11,77
30) LAWRENCE HEYWORTH III	50.00		<u> </u>			 	 		201,0.0.	
SEC./ VP COMM. (SEE SCH. J)		1		х				158,351.	0.	7,69
31) GERALDINE S. FARMER	27.00	 			<u> </u>	 				.,
COMPTROLLER (SEE SCH. J)	33.00	1				х		66,888.	81,752.	6,76
(32) LISA STROBEL	50.00	 			-	 	┢			
DIR. OF TREASURY OPERATION		1				х		129,848.	0.	12,35
33) MICHAEL MUNDT	50.00	T				 		, ,		,
DIR. INVESTMENTS		1				x		139,098.	0.	5,93
(34) KEN KURZ	50.00	T				 	┢			
OIR. INFO. SERV. (SEE SCH. J)		1				x		149,663.	0.	26,04
35) KRISTEN PIRONIS	50,00					 	<u> </u>			
DIR. COMMUNICATION		1				х		103,610.	0.	11,11
		 			-	-	 			
		1								
		-				-	├──			
		1								
		-				-	-			
		1								
		-				-	-		***************************************	
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		<u> </u>				<u> </u>				
					L	L				·····
					L	<u> </u>				
otal to Part VII, Section A, line 1c								1,021,256.	461,908.	114,47

Page 9

		Check if Schedule O contains	a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1:	a Federated campaigns	1a					
Gra		Membership dues	1b					
ts,	(Fundraising events	1c					
ig ig		d Related organizations		1,846,462.				
is,		 Government grants (contributions 						
er S	1	All other contributions, gifts, grants, ar	ıd					
듗뙅		similar amounts not included above	11	2,714,588.				
e de	9	Noncash contributions included in lines 1a-19		1,049,677.				
0 8		Total. Add lines 1a-1f		>	4,561,050.			
				Business Code				
ice.	2 8			541900	660,975.	660,975.		
erv ne	l t		900099	330,188.	330,188.			
Program Service Revenue	١	: PUBLICATIONS & ADVERTI	541800	304,462.		304,462.		
Par Pe	١	MEMBERSHIP DUES		900099	202,301.	202,301.		
ò	€	HOMECOMING & CONFERENC		900099	86,525.	86,525.		
ш	f	All other program service revenue						
					1,584,451.			
	3	Investment income (including divid						
	١.	other similar amounts)	•••••	>	597,200.		-8,912.	606,112.
	4	Income from investment of tax-exe						
	5	Royalties			349,975.			349,975.
		0	(i) Real	(ii) Personal				
	}	Gross rents	158,838.					
		Less: rental expenses	0.					
	•	Rental income or (loss)	158,838.		450.000			
			C		158,838.			158,838.
	/ a		Securities ,737,204.	(ii) Other				
	h	assets other than inventory Less: cost or other basis	, 131, 201.					
		1 .	,835,579.					
	c		901.625.					Andrew Comments
		Net gain or (loss)			4,901,625.	1 12	÷	4 004 605
ø	8 a	Gross income from fundraising eve	ents (not					4,901,625.
Revenue		including \$	of					
eve		contributions reported on line 1c).	;					4.1
		Part IV, line 18						
Othe	b	Less: direct expenses	b					
٥		Net income or (loss) from fundraisi						
		Gross income from gaming activities						
		Part IV, line 19	1	Į.				
	b	Less: direct expenses		:				
		Net income or (loss) from gaming a		>	AND THE CASE OF STREET CASE AND	Aug Auguster of State (1995)	es se e seculo de de desimal	
- 1	10 a	Gross sales of inventory, less retur	ns [
		and allowances	a	41,898.				
l	b	Less: cost of goods sold	b	29,147.				
ļ	С	Net income or (loss) from sales of i	nventory		12,751.	12,751.	er i grade et de legister andre fill ett sagfist	wells, are menter tenteral, tell (LAS)
ļ		Miscellaneous Revenue		Business Code				
1	11 a	MISCELLANEOUS		900099	97,172.	97,172.	- Version Evil Applica 6	ere ere ere er oeg helde linde it led 1000
- 1	b	TRAVEL COMMISSIONS		485000	67,839.		67,839.	
- 1	С							
ı	d	All other revenue	<u>[</u>					
1		Total. Add lines 11a-11d		> L	165,011.			
322000	12	Total revenue. See instructions.		<u></u>	12,330,901.	1,389,912.	363,389.	6,016,550.

Form 990 (2013) ASSOC. Part IX | Statement of Functional Expenses

Do no 7b, 8b 1 G 0 0 2 G tt 3 G 0 U 4 B 5 C tr 6 C	Check if Schedule O contains a response in the United States. See Part IV, line 21 Grants and other assistance to governments and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Grants and to or for members Grants and to or for members Grants and key employees	this Part IX (B) Program service expenses 2,045,910.		(D) Fundraising expenses	
7b, 8b 1 G 0 2 G tt 3 G 0 U 4 B 5 C tr 6 C	of include amounts reported on lines 6b, p. 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Grantis paid to or for members Compensation of current officers, directors, rustees, and key employees	(A) Total expenses 2,045,910.	(B) Program service expenses 2,045,910.	(C) Management and	Fundraising
2 G tt 3 G U U 4 B 5 C tt 6 C C	Grants and other assistance to individuals in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Grants paid to or for members Grants and to or for members Grants and key employees		j		
2 G tt 3 G O U 4 B 5 C C tr 6 C C p p	Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Genefits paid to or for members Compensation of current officers, directors, rustees, and key employees		j		
4 B 5 C tr 6 C pr	he United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Genefits paid to or for members Compensation of current officers, directors, rustees, and key employees	73,911.	j		
3 G 0 U 4 B 5 C tr 6 C	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	73,911.	j		불다 일하는 가게 전환하다 다
0 U 4 B 5 C tr 6 C p	organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, rustees, and key employees	73,911.	j		
4 B 5 C tr 6 C p	United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, rustees, and key employees	73,911.			
4 B 5 C tr 6 C	Benefits paid to or for members	73,911.			
5 C tr 6 C	Compensation of current officers, directors, rustees, and key employees		73,911.		
tr 6 C	rustees, and key employees	i			
6 C					
р	Ombedsation not included above to disqualitied.	456,498.	396,195.	60,303.	
n.	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)	4 050 400			
7 0	Other salaries and wages	1,978,438.	1,748,033.	230,405.	
	lension plan accruals and contributions (include	120 711	115 165		
	ection 401(k) and 403(b) employer contributions)	130,711.	115,122.	15,589.	
	Other employee benefits	143,528.	126,723.	16,805.	****
	ees for services (non-employees):	166,431.	146,582.	19,849.	
	, , , ,	İ			
	Management	59,606.	52,497.	7 100	
	egal	63,552.	32,331.	7,109. 63,552.	
	obbying	03,332.		63,332.	
	rofessional fundraising services. See Part IV, line 17				
	nvestment management fees	120,555.		120,555.	
	Other. (If line 11g amount exceeds 10% of line 25,			120,333.	
-	olumn (A) amount, list line 11g expenses on Sch O.)	711,673.	626,797.	84,876.	
	dvertising and promotion				······································
	Office expenses	1,119,726.	986,185.	133,541.	
14 in	nformation technology			•	
	loyalties				
	Occupancy	212,965.	187,566.	25,399.	
	ravel	143,702.	126,564.	17,138.	
	ayments of travel or entertainment expenses				
fc	or any federal, state, or local public officials				
	conferences, conventions, and meetings	196,970.	173,479.	23,491.	
	nterest				***************************************
	ayments to affiliates				M
	epreciation, depletion, and amortization	236,038.	207,888.	28,150.	
23 In	nsurance	105,087.	92,554.	12,533.	
ab 24	ther expenses. Itemize expenses not covered pove. (List miscellaneous expenses in line 24e. If line 4e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.)				
	ICENSES & DUES	122,127.	107,562.	14,565.	3.
ь м:	ISCELLANEOUS	74,290.	65,398.	8,892.	
c TI	RAINING	49,574.	43,662.	5,912.	***************************************
d A	WARDS & GIFTS	22,924.	20,190.	2,734.	
e Al	Il other expenses	12,810.			12,810
25 To	otal functional expenses. Add lines 1 through 24e	8,247,026.	7,342,818.	891,398.	12,810.
26 Jo	oint costs. Complete this line only if the organization				
	ported in column (B) joint costs from a combined				
ed	ducational campaign and fundraising solicitation.				
Ch	neck here if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1 Cash - non-interest-bearing 1 3.240.817. 5,130,717. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 1,009,296, 907,037. 3 Accounts receivable, net 142,277. 124,022. 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 Inventories for sale or use _____ 4,792 8,392. 8 Prepaid expenses and deferred charges 247.810. 233,432, 9 10a Land, buildings, and equipment: cost or other 5,517,132 basis. Complete Part VI of Schedule D ______ 10a 2,487,080, 3,030,052. b Less: accumulated depreciation ______ 10b 3,181,683 10c 16,102,597 3,524,576. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 46,296,091. 63,508,048. 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 2,134,924. 3,334,377. 15 72,360,287. 79,800,653. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses ______ 1,376,687. 1,394,698. 17 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 21,343,242. 20,655,147. Schedule D 25 22,031,834. 22,737,940. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 8,010,866 Unrestricted net assets 27 10,142,751. Temporarily restricted net assets 20,017,420. 24,555,223. 28 Permanently restricted net assets 22,300,167. 29 22,364,739. Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 50,328,453, 57,062,713. 33 33 Total net assets or fund balances Total liabilities and net assets/fund balances 72,360,287. 34 79,800,653.

UNITED STATES NAVAL ACADEMY ALUMNI

	990 (2013) ASSOC.	52-0548411		Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		·	,901.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	,247	,026.
3	Revenue less expenses. Subtract line 2 from line 1	3	4	,083	,875.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	50	,328	,453.
5	Net unrealized gains (losses) on investments	5	2	,800	,133.
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		-149	,748.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	57	,062	,713.
Pa	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	***************************************			x
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	******************	2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	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 requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u></u>
			Form	990	(2013)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. UNITED STATES NAVAL ACADEMY ALUMNI Employer identification number

OMB No. 1545-0047

Open to Public Inspection

		ASSOC.							52	-0548411		
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	t.) See inst	tructions.				
The organ			because it is: (For lines									
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2 🖳	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
з 🖳	A hospital or	a cooperative hospi	ital service organization	described	in section	170(b)(1)	(A)(iii).					
4 📖	A medical re	search organization	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter i	the hospital	's пап	ıe,
	city, and state:											
5 📖	An organizat	ion operated for the	benefit of a college or u	niversity o	wned or op	erated by	a governi	mental uni	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🖳	A federal, sta	ate, or local govemm	ent or governmental uni	t describe	d in sectio	n 170(b)(I)(A)(v).					
7 X	An organizat	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public desc	ribed	in
	section 170	(b)(1)(A)(vi). (Comple	te Part II.)									
8 🖳	A community	trust described in s	section 170(b)(1)(A)(vi),	(Complete	Part II.)							
9 📖	An organizat	ion that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, a	nd gross re	ceipts	from
	activities rela	ited to its exempt fui	nctions - subject to certa	in excepti	ons, and (2	2) no more	than 33 1	1/3% of its	support	from gross	invest	ment
	income and	unrelated business t	axable income (less sect	tion 511 ta	ıx) from bu	sinesses a	acquired b	y the orga	inization	after June 3	80, 197	7 5.
	See section	509(a)(2). (Complete	e Part III.)									
10			perated exclusively to te				, , ,	-				
11 📖			perated exclusively for the									or
			ations described in secti				2). See sec	ction 509(a)(3). Ch	eck the box	that	
			organization and compl									
	a L Type	•			nctionally i	_		• •		n-functional		_
e 📖			at the organization is not									
			han one or more publicly						9(a)(1) or	section 509)(a)(2).	
f	If the organiz	ation received a writ	tten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				_
		rganization, check the									· · · · · · · · · · · · ·	
g			organization accepted ar			-						
			lirectly controls, either al								Yes	No
	the gov	eming body of the si	upported organization?		••••••		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	11g(i)		<u> </u>
	(ii) A family	member of a persor	n described in (i) above?			•••••	••••			11g(ii)		
			person described in (i)				• • • • • • • • • • • • • • • • • • • •			11g(iii)	<u> </u>	<u> </u>
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
41.41		T	T	Viu) in the c	rassization	(v) Did vo		(vi) Is	tho I			
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) lis	organization sted in vour		notify the ion in col.	lorganization	on in col. I	(vii) Amount		netary
or g	arnzanon		above or IRC section		document?			(i) organiz U.S	ed in the	sup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
	······································											
				,								
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					1							
		a to the state of		S 400 200 200 200 200 200 200 200 200 200								
Total												

Schedule A (Form 990 or 990-EZ) 2013 ASSOC. 52-0548411

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,678,317.	2,913,428.	3,472,289.	2,686,821.	4,561,050.	19,311,905.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5,678,317.	2,913,428.	3,472,289.	2,686,821.	4,561,050.	19,311,905.
	The portion of total contributions			######################################			
Ū	by each person (other than a						
	governmental unit or publicly	999					
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	1 (0						1 100 054
	***************************************						1,199,054.
	Public support. Subtract line 5 from line 4.						18,112,851.
		4-10000	#3.0040	() 0044			
	ndar year (or fiscal year beginning in)	(a) 2009 5,678,317,	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	3,676,317.	2,913,428.	3,472,289.	2,686,821.	4,561,050.	19,311,905.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	2,062,463.	2,490,682.	1,269,910.	1,679,306.	1,114,925.	8,617,286.
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.)	36,618.	21,041.	19,137.	79,473.	97,172.	253,441.
11	Total support. Add lines 7 through 10	74.5					28,182,632.
12	Gross receipts from related activities	, etc. (see instructi	ons)	********************		12	6,979,835.
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and sto						>
Sec	ction C. Computation of Pub	lic Support Pe	rcentage				
14	Public support percentage for 2013 (line 6, column (f) d	ivided by line 11, o	olumn (f))		14	64.27 %
15	Public support percentage from 2012	2 Schedule A, Part	II, line 14			15	64.03 %
16a	33 1/3% support test - 2013. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	ı			▶ X
b	33 1/3% support test - 2012. If the						
	and stop here. The organization qua	lifies as a publicly :	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						•
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
_	more, and if the organization meets t	-					
	organization meets the "facts-and-cir						
18	Private foundation. If the organization		-				
	ate louridadon in the organization	on did not check a	DON OFFICE TO, TO	u, 100, 17a, 01 17L	, CHECK HIS DOX &	and see a istructions	·

Schedule A (Form 990 or 990 EZ) 2013 ASSOC. 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	0.011, 5.0000 0011,	7.0.0 T u. t 11.7				
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not		V				
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		·				
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
6	the organization without charge Total. Add lines 1 through 5						
	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.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	·					
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is fo	the organization's	l first second thin	d fourth or fifth t	av vear as a socia	n 501/c/(2) organizat	tion
		i ille Organization :		•	•	1117	
Sec	ction C. Computation of Publ				***************************************	***************************************	7 —]
	Public support percentage for 2013 (column (f))		15	%
	Public support percentage from 2012					16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20) 13 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2013. If the					33 1/3%, and line 17	is not
L	more than 33 1/3%, check this box a	-	•			***************************************	> 🗀
D	33 1/3% support tests - 2012. If the	-				•	
	line 18 is not more than 33 1/3%, che	S DINS AUG SIII S	rob nere, me orga	zinzauon quannes	as a publicly supp	orteu organization	▶⊒

UNITED STATES NAVAL ACADEMY ALUMNI

Schedule A	(Form 990 or 990-EZ) 2013 ASSOC.	52-0548411	Page 4
Part IV	(Form 990 or 990-EZ) 2013 ASSOC. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Also complete this part for any additional information. (See instructions).	17b; and Part III, line	12.
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

Name of the organization		Employer identification number					
	NITED STATES NAVAL ACADEMY ALUMNI SSOC.	52-0548411					
Organization type (check		32 0340411					
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	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						
General Rule For an organizati	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule of the context of						
509(a)(1) and 170	l (c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the req D(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the I (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	=					
total contribution	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.						
contributions for If this box is che purpose. Do not	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						
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

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) (2013)

Schedule 8 (Form 990, 990-EZ, or 990-PF) (2013) Page 2 Name of organization Employer identification number UNITED STATES NAVAL ACADEMY ALUMNI ASSOC, 52-0548411 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash 147,060. (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution \mathbf{x} Person Payroli 100,650. Noncash (Complete Part II for noncash contributions.) (a) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll 911,085. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 4 Person Payroll 835,994. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll 1,846,462. Noncash (Complete Part II for noncash contributions.) (b) (c) (a) (d) Name, address, and ZIP + 4 Total contributions Type of contribution No.

Person Payroll Noncash (Complete Part II for noncash contributions.) Name of organization UNITED STATES NAVAL ACADEMY ALUMNI ASSOC.

Employer identification number

52-0548411

Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	\$100,000 CASH AND CLASS RING		
		\$\$	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	18,865 SHARES MERCK & CO, INC.		
-		\$ 911,085.	09/19/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	CASH AND VARIOUS STOCKS		
		\$ 835,994.	01/09/14
(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
323453 10-2	4-13	Schedule B (Form	990, 990-EZ, or 990-PF) (2013

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.

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

Open to Public Inspection

OMB No. 1545-0047

UNITED STATES NAVAL ACADEMY ALUMNI Name of the organization

ASSOC.

Employer identification number 52-0548411

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	***
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
	impermissible private benefit?		Yes No
Pa	tt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education)	orically important land area
	Protection of natural habitat	Preservation of a certification	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		
ь	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
ď			1 1
_	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year >		
4	Number of states where property subject to conservation ea	***************************************	
5	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		*************************************
8	Does each conservation easement reported on line 2(d) abor		
Ū	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
-	include, if applicable, the text of the footnote to the organiza	-	
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Otl	her 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 (A	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publ	lic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990, Part X		▶ \$

1,214,660,

6 300

Schedule D (Form 990) 2013

214 178.

3,030,052.

6,300.

1,000,482,

d Equipment

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

Schedule D (Form 990) 2013 ASSOC.		52-	0548411	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year marke	t value
(1) Financial derivatives				
(2) Closely-held equity interests				,
(3) Other				
(A) INVESTMENTS IN PARTNERSHIPS, HEDGE				
(B) FUNDS, OTHER	20,839,715.	END-OF-YEAR MARKET VALUE		***************************************
(C) TIFF MULTI-ASSET FUND	42,668,333.	END-OF-YEAR MARKET VALUE		
(D)				
(E)				
(F)			***************************************	
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	63,508,048.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year marke	t value
(1)				***************************************
(2)				
(3)				***************************************
(4)				***************************************
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
(a)	Description		(b) Book	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total, (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)			

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	DEPOSITS ON LIFE MEMBERSHIPS	563,406.	
(3)	CLASS SAVINGS ACCOUNTS	2,653,418.	
(4)	DEFERRED INCOME AND DEPOSITS	884,067.	
(5)	SPLIT INTEREST AGREEMENTS	909,581.	
(6)	ACCR. KEY EMPLOYEES RETIREMENT	1,013,885.	
(7)	UNAMORTIZED LIFE MEMBERSHIPS	15,318,885.	
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	21,343,242.	

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

ASSOC.

52-0548411

Par	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		Revenue per R	eturn.	
1	Total revenue, gains, and other support per audited financial statements			1	63,331,954.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		•••••		
	Net unrealized gains on investments	2a	2,800,133.		
			1,817,		
b	Donated services and use of facilities		2,027,		
	Recoveries of prior year grants		48,624,132.		
	Other (Describe in Part XIII.)			0-	51,426,082.
_	Add lines 2a through 2d			2e	11,905,872.
3	Subtract line 2e from line 1	**************		3	11,503,072.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	120 555	803	
	Investment expenses not included on Form 990, Part VIII, line 7b		120,555.		
	Other (Describe in Part XIII.)	. 4b	304,474.	5847	405 000
С	Add lines 4a and 4b			4c	425,029.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	12,330,901.
Pai	TXIII Reconciliation of Expenses per Audited Financial Staten		n Expenses per	Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	36,902,987.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,817.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)	1 1	29,079,173.		
е	Add lines 2a through 2d			2e	29,080,990.
3	Subtract line 2e from line 1			3	7,821,997.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	120,555.		
	Other (Describe in Part XIII.)		304,474.		
	Add lines 4a and 4b			4c	425,029.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	8,247,026.
-	tXIII Supplemental Information.			<u> </u>	
lines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad V, LINE 4:				
THE	ENDOWMENT CONSISTS OF APPROXIMATELY 72 INDIVIDUAL FUNDS				
EST?	BLISHED FOR A VARIETY OF PURPOSES, THESE ENDOWMENT FUNDS ARE				
DONG	R-RESTRICTED. THE ASSOCIATION DOES NOT HAVE ANY BOARD-DESIGNA	TED			
ENDO	WMENT FUNDS. AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRI	NCIPLES,			
NET	ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REP	ORTED		***************************************	
BASI	D ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.				
PART	X, LINE 2:		·······		
THE	ASSOCIATIONS HAVE ADOPTED THE ACCOUNTING FOR UNCERTAINTY	*************			
IN I	NCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX	BENEFITS		· · · · · · · · · · · · · · · · · · ·	
CLA	MED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECOR	DED IN			

29,050,026.

STATEMENTS

UNITED STATES NAVAL ACADEMY ALUMNI

Schedule D (Form 990) 2013 ASSOC.		52-0548411	Page 5
Schedule D (Form 990) 2013 ASSOC . Part XIII Supplemental Information (continued)			
TOTAL TO SCHEDULE D, PART XII, LINE 2D	29,079,173.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
TIME ALL, DAME 45 CHARLES ABOUT THE CONTROL OF THE			
GRANT FROM THE NAVAL ACADEMY FOUNDATION, INC.	304,474.		
			
•			
			,,,,,
	•		
			·····

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990. ➤ See separate instructions.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNITED STATES NAVAL ACADEMY ALUMNI

Employer identification number

ONITED STRIES MAVAE ACA	DEMI ADDIMIT				
ASSOC.				52-0548411	
Part I General Infor	mation on A	ctivities Out	tside the United States. Comple	ete if the organization answered "	es" on
Form 990, Part IV	, line 14b.				
			ds to substantiate the amount of its gra		
the grantees' eligibility fo	or the grants or a	issistance, and	the selection criteria used to award the	e grants or assistance? x	Yes No
	ribe in Part V the	organization's p	procedures for monitoring the use of it	s grants and other assistance out	side the
United States.					
			an be duplicated if additional space is i		
(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
EUROPE	0	0	PROGRAM SERVICES & GRANTMAKING	SCHOLARSHIPS	73,911.
LUKUPE			GRANIMARING	SCHODARSHIPS	13,311.
CENTRAL AMERICA AND					
THE CARIBBEAN	0	0	INVESTMENTS		8,094,550.
		·			
3 a Sub-total	C	0			8,168,461.
b Total from continuation sheets to Part I	(0			0.
c Totals (add lines 3a and 3b)		0			8,168,461.

Schedule F (Form 990) 2013

Part II | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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.

52-0548411

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
					-			
	recipient organizations he grantee or counsel	s listed above that are r has provided a section	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-ex	empt by		
 Enter total number of other organizations or entitles 	other organizations or	entitles					Schedt	Schedule F (Form 990) 2013

UNITED STATES NAVAL ACADEMY ALUMNI

Page 3

52-0548411

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2013 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance 0 (e) Manner of cash disbursement 73,911. FOREIGN DRAFT (c) Number of (d) Amount of recipients cash grant N (b) Region EUROPE (a) Type of grant or assistance SCHOLARSHIP

UNITED STATES NAVAL ACADEMY ALUMNI

			ORTIZE BITTED MINIE INCIDENCE	52-0548411	Page 4
ched	ıle F	(Form 990) 2013	ASSOC.	72-0740477	Faye 4
Part	IV	Foreign Form	ns .		
1	orga	anization may be re	a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the equired to file Form 926, Return by a U.S. Transferor of Property to a Foreign actions for Form 926)	X Yes	□ No
2	may Rec	/ be required to file eipt of Certain For	ave an interest in a foreign trust during the tax year? If "Yes," the organization Form 3520, Annual Return to Report Transactions with Foreign Trusts and eign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With tructions for Forms 3520 and 3520-A)	Yes	X No
3	the	organization may l	have an ownership interest in a foreign corporation during the tax year? If "Yes," be required to file Form 5471, Information Return of U.S. Persons With Respect To prations. (see Instructions for Form 5471)	X Yes	□ No
4	qua Info	alified electing fund	a direct or indirect shareholder of a passive foreign investment company or a during the tax year? If "Yes," the organization may be required to file Form 8621, a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.	X Yes	□ No
5	the	organization may	nave an ownership interest in a foreign partnership during the tax year? If "Yes," be required to file Form 8865, Return of U.S. Persons With Respect To Certain (see Instructions for Form 8865)	X Yes	☐ No
6	"Ye	es," the organizatio	nave any operations in or related to any boycotting countries during the tax year? If on may be required to file Form 5713, International Boycott Report. (see Instructions	\ \ Yes	x No

Part V Supplemental Information
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.
(estimated number of recipients), as applicable. Also complete this part to provide any common and applicable.
PART I, LINE 2:
THE U.S. NAVAL ACADEMY DETERMINES WHO RECEIVES THE
SCHOLARSHIP FUNDS. THE U.S. NAVAL ACADEMY ALUMNI ASSOCIATION VERIFIES
THAT THE SCHOLAR AND THEIR CHOICE OF HIGHER LEARNING ARE APPROPRIATE
BASED ON THE U.S. NAVAL ACADEMY'S SCHOLAR SELECTION PROCESS. THE FUNDS
ARE THEN TRANSFERRED DIRECTLY TO THE INSTITUTION OF HIGHER LEARNING.

≗ □ Employer identification number Open to Public (h) Purpose of grant or assistance Inspection 52-0548411 GENERAL SUPPORT X Yes Grants and Other Assistance to Governments and Organizations in the United States, Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 2,045,635 (d) Amount of cash grant (c) IRC section if applicable UNITED STATES NAVAL ACADEMY ALUMNI 31-1575142 General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government ANNAPOLIS, MD 21402 Name of the organization U.S. NAVAL ACADEMY 121 BLAKE ROAD Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990) Parti Part

OMB No. 1545-0047

Schedule I (Form 990) (2013)

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

3 Enter total number of other organizations inserting properties for Form 990. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

52-0548411

ASSOC.

Schedule I (Form 990) (2013)

ASSOC.

Part III 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 are be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
100000	uired in Part I, lin	e 2, Part III, column	(b), and any other a	lditional information.	
PAKT 1, LINE 2: THE U.S. NAVAL ACADEMY ALUMNI ASSOCIATION KEEPS DETAILED	AILED				
RECORDS OF GRANTS TO THE U.S. NAVAL ACADEMY. ALL GI	ALL GRANTS ARE REVIEWED BY	/IEWED BY			
MANAGEMENT PRIOR TO PAYMENT. THE UNRESTRICTED PORTION OF THE GRANT TO THE	TON OF THE GF	LANT TO THE			
U.S. NAVAL ACADEMY IS BUDGETED FOR AND APPROVED BY THE BOARD OF TRUSTEES.	THE BOARD OF	TRUSTEES.			
ALL OTHER GRANTS TO THE U.S. NAVAL ACADEMY ARE BASED	D ON DONOR DIRECTION OF	RECTION OF			
THEIR RESTRICTED GIFTS.					

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990. ➤ See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Information about Schedule J (Form 990) and its instructions is at www irs gov/form990 UNITED STATES NAVAL ACADEMY ALUMNI

Employer identification number

52-0548411 ASSOC. **Questions Regarding Compensation** Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) Discretionary spending account 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 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. Compensation committee Written employment contract X Compensation survey or study x Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4a x b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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: X a The organization? х b 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: x a The organization? 6b Х b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments 7 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 8 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2013

Page 2

Schedule J (Form 990) 2013

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

52-0548411

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	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			
(1) BYRON F, MARCHANT	[3	128,000.	19,200.	16,654.	5,100.	8,023.	176,977.	0
S	€	192,000.	28,800.	24,980.	7,650.	12,035.	265,465.	• 0
(2) HENRY J. SANFORD	18	76,455.		22,023.	3,823.	1,474.	115,241.	0
CFO/TREASURER (SEE SCH. J)	Ξ	93,445.	14,014.	26,917.	4,672.	1,802.	140,850.	* 0
(3) LAWRENCE HEYWORTH III	Ξ	135,000.	20,250.	3,101.	6,750.	940.	166,041,	.0
SEC. / VP COMM. (SEE SCH. J)	: €	0	0	0	0	0.	0.	• 0
(4) GERALDINE S. FARMER	18	51,975.	4,158.	10,755.	2,599.	445.	. 556, 63	• 0
	3		5,082.	13,145.	3,176.	545.	85,473.	• 0
	18		1	10,343.	6,450.	19,590.	175,703.	• 0
	: ≘		0	0.	0.	0.	0.	.0
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				,			Sched	Schedule J (Form 990) 2013

ASSOC.

Schedule J (Form 990) 2013 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. SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN, THERE WERE NO CONTIRIBUTIONS TO SOME SUCH BONUSES AWARDED ARE PROPERLY LISTED AS PAID PERFORMANCE OF CERTAIN PERSONS LISTED ON PART VII AND SCHEDULE J, AND IN COLUMN D, AND ON SCHEDULE ITS SOLE DISCRETION, AWARDS BONUSES BASED ON THEIR INTERNAL REVIEW. THE YEARS BONUSES ARE NOT PAID AS WELL, PER THE SOLE DISCRETION OF ON AN ANNUAL BASIS, THE COMPENSATION COMMITTEE REVIEWS THE THE WRITTEN EMPLOYMENT CONTRACT IS AN INTERNAL CONTRACT OR PAYMENTS FROM THE NONQUALIFIED PLAN DURING 2013, BYRON MARCHANT AND HENRY SANFORD PARTICIPATE IN A AND AS REPORTABLE COMPENSATION IN PART VII, LINE 3 SCHEDULE J. PART I, Part III Supplemental Information COMPENSATION COMMITTEE. Schedule J (Form 990) 2013 PART II, COLUMN B(II) SCHEDULE J, PART II: PART I, LINE 4B: PART I, LINE 7: FORM 990,

Page 3 Schedule J (Form 990) 2013 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. THE AMOUNTS ON COLUMNS B (I-III) REPORTED ON FORM W-2 FOR THE YEAR ENDING ON DECEMBER 31ST WHICH OCCURS THE AMOUNTS REPORTED REPORT INCOME TAXABLE TO THE ORGANIZATION'S PERSONS AND AS PROPERLY THE AMOUNTS REPORTED IN COLUMN D, REPORT ITEMS OF NONTAXABLE INCOME THAT ARE GENERALLY REPORTED ON OTHER TAX EXEMPT ORGANIZATION THESE ORGANIZATION TO THE EMPLOYEE'S RETIREMENT PLANS PER AGREEMENTS IN RECIPIENT'S PER OTHER CODE SECTIONS IN THE INTERNAL REVENUE CODE, IN COLUMN C REPORT INFORMATION RELATED TO CONTRIBUTIONS BY THE AMOUNTS REPORTED IN COLUMN D ARE GENERALLY NONTAXABLE TO THE ETC. TO PROVIDE CLARITY AS TO THE MAKEUP OF AMOUNT REPORTED FOR RETURNS, INCLUDING HEALTH INSURANCE, DENTAL INSURANCE, WITHIN THE ORGANIZATION'S TAX REPORTING PERIOD. LISTED PERSONS ON SCHEDULE J, PART II, ASSOC. Part III Supplemental Information Schedule J (Form 990) 2013 PLACE,

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Open to Public Inspection

Name of the organization

UNITED STATES NAVAL ACADEMY ALUMNI

Employer identification number

52-0548411 ASSOC. Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Method of determining Check if contributions or amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1q Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 4 Books and publications Clothing and household goods 5 Cars and other vehicles _____ 6 7 Boats and planes Intellectual property 8 1.042.727. FAIR MARKET VALUE Securities - Publicly traded Х 9 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory Drugs and medical supplies _____ 20 21 Taxidermy 22 Historical artifacts Scientific specimens 23 Archeological artifacts 24 6,950. FAIR MARKET VALUE (JEWELRY 25 Other > 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for 30a the entire holding period? b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a contributions? b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

UNITED STATES NAVAL ACADEMY ALUMNI

Schedule N	1 (Form 990) (2013) ASSOC.	52-0548411	Page 2
Part II	4 (Form 990) (2013) ASSOC. Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a conthis part for any additional information.	3, and whether the organization of both. Also	anization complete

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SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Name of the organization

UNITED STATES NAVAL ACADEMY ALUMNI

ASSOC.

52-0548411

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO SERVE AND SUPPORT THE UNITED STATES, THE NAVAL SERVICE THE NAVAL ACADEMY AND ITS ALUMNI: BY FURTHERING THE HIGHEST STANDARDS AT THE NAVAL ACADEMY; BY SEEKING OUT, INFORMING, ENCOURAGING, AND ASSISTING OUTSTANDING QUALIFIED YOUNG MEN AND WOMEN TO PURSUE CAREERS AS OFFICERS IN THE NAVY AND MARINE CORPS THROUGH THE NAVAL ACADEMY; AND BY INITIATING AND SPONSORING ACTIVITIES WHICH WILL PERPETUATE THE HISTORY, TRADITIONS, MEMORIES AND GROWTH OF THE NAVAL ACADEMY AND BIND ALUMNI TOGETHER IN SUPPORT OF THE HIGHEST IDEALS OF COMMAND CITIZENSHIP AND GOVERNMENT. THE MISSION STATEMENT OF THE RELATED ENTITY, THE U.S. NAVAL ACADEMY FOUNDATION: TO SUPPORT, PROMOTE AND ADVANCE THE MISSION OF THE NAVAL ACADEMY BY WORKING IN CONJUNCTION WITH ACADEMY LEADERSHIP TO IDENTIFY STRATEGIC INSTITUTIONAL PRIORITIES AND BY RAISING, MANAGING AND DISBURSING PRIVATE GIFT FUNDS THAT PROVIDE A MARGIN OF EXCELLENCE IN SUPPORT OF THE NATION'S PREMIER LEADERSHIP INSTITUTION. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: WITH THE BRIGADE OF MIDSHIPMEN.

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization UNITED STATES NAVAL ACADEMY ALUMNI ASSOC.	Employer identification number 52-0548411
PARTNERSHIP MARKETING - EXPENSES RELATED TO AFFINITY PROGRAMS AND	
MERCHANDISE SALES. THE ASSOCIATION OFFERS PROGRAMS TO ITS MEMBERS	
WHICH OFFER UNIQUE PRODUCTS AND SERVICES, WHILE GENGERATING REVENUE FOR	
THE ASSOCIATION.	
EXPENSES \$ 557,713. INCLUDING GRANTS OF \$ 0. REVENUE \$ 12,751.	
ALUMNI COMMUNICATIONS - SUPPORT FOR ALL ELECTRONIC AND WEBSITE-BASED	
COMMUNICATIONS. THE ASSOCIATION SUPPORTS IT MEMBERS WORLDWIDE THU ITS	
ROBUST WEBSITE AND ELECTRONIC COMMUNICATIONS, HELPING TO SUSTAIN THEIR	
BOND WITH THE SCHOOL, THEIR CLASS AND CLASSMATES.	
EXPENSES \$ 230,954. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
CAREER TRANSITIONS - EXPENSES RELATED TO THE SERVICE ACADEMICS CAREER	
CONFERENCE. THE ASSOCIATION MANAGES JOB FAIRS FOUR TIMES PER YEAR	
AROUND THE COUNTRY WHICH ARE EXCLUSIVE TO SERVICE ACADEMY ALUMNI. THE	
ASSOCIATION ALSO PROVIDES CAREER COUNSELING AND OTHER CAREER SUPPORT	
OPPORTUNITIES FOR INTERESTED ALUMNI.	
EXPENSES \$ 731,629. INCLUDING GRANTS OF \$ 0. REVENUE \$ 660,975.	
FORM 990, PART VI, SECTION A, LINE 6:	
REGULAR MEMBERS ARE GRADUATES OF THE UNITED STATES NAVAL	
ACADEMY (THE "ACADEMY") AND FORMER MIDSHIPMEN WHO DID NOT GRADUATE FROM THE	
ACADEMY, AFTER THE LAST ACADEMY CLASS OF WHICH THEY WERE A MEMBER HAS	
GRADUATED AND WHO, IN EACH CASE, HAVE APPLIED FOR MEMBERSHIP AND HAVE BEEN	
ADMITTED. REGULAR MEMBERS HAVE THE RIGHT TO VOTE, TO HOLD OFFICE, TO SERVE	
AS TRUSTEES AND SHALL PAY DUES. EACH REGULAR MEMBER IS ENTITLED TO ONE (1)	
VOTE IN ALL ELECTIONS CONDUCTED PER SECTION 4.6(A) OF THE BYLAWS, AND ALL	
QUESTIONS PRESENTED TO THE MEMBERSHIP FOR ACTION. IN ORDER TO MAINTAIN A	Schedule O (Form 990 or 990-EZ) (2013)
09-04-13	

Schedule O (Form 990 or 9	90-EZ) (2013)	Page 2
Name of the organization	UNITED STATES NAVAL ACADEMY ALUMNI ASSOC.	Employer identification number 52-0548411
STRONG AND VIBRANT O	RGANIZATION, THE ASSOCIATION MAY FROM TIME TO TIME	
ESTABLISH ADDITIONAL	CLASSES OF MEMBERSHIP WITH CRITERIA FOR SUCH CLASSES	
OF MEMBERSHIP AND AP	PROVAL OF INDIVIDUAL MEMBERS TO BE DETERMINED BY THE	
BOARD.		
FORM 990, PART VI, S	ECTION A, LINE 7A:	
SEE EXPLANATION FOR	FORM 990, PART VI, SECTION A, LINE 6.	
FORM 990, PART VI, S	ECTION B, LINE 11:	
THE FORM 990 WAS REV	TIEWED BY MANAGEMENT AND MEMBERS OF THE	Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Ma
JOINT FINANCE AND AU	DIT COMMITTEE OF U.S. NAVAL ACADEMY ALUMNI ASSOCIATION	
AND U.S. NAVAL ACADE	MY FOUNDATION WITH OUR TAX PREPARERS AND SENT, TO	
MEMBERS OF THE BOARD	OF TRUSTEES AND TO THE IRS.	
FORM 990, PART VI, S	ECTION B, LINE 12C:	
THE CONFLICT OF INTE	CREST POLICY IS SENT TO EACH BOARD/TRUSTEE	
MEMBER AT THE BEGINN	ING OF THE CALENDAR YEAR WITH A SELF ADDRESSED ENVELOPE	
FOR RESPONDING. THE	POLICY DETAILS POTENTIAL CONFLICTS OF INTEREST AND THE	
NEED TO DISCLOSE SUC	CH CONFLICTS. THE POLICY ALSO DEFINES THE	
BOARD/TRUSTEE'S MEME	BER FIDUCIARY OBLIGATION TO THE ORGANIZATION, ALL	
CONFLICTS OF INTERES	T STATEMENTS ARE RETURNED TO THE BOARD SECRETARY'S	
OFFICE AND KEPT ON F	TILE. ANY STATEMENTS WITH AN AFFIRMATIVE CONFLICT ARE	
CIRCULATED TO THE BO	DARD AND THE BOARD MEMBER AGREES TO ANSWER ANY QUESTIONS	
REGARDING THE CONFLI	CT. THE COMPLETED SIGNED CONFLICTS OF INTEREST	
STATEMENTS ARE REVIE	EWED BY THE ORGANIZATION'S AUDIT FIRM DURING THE ANNUAL	
AUDIT FOR COMPLETENE	SS AND TO ENSURE THAT ALL BOARD/TRUSTEE MEMBERS ARE	PECANIC PARAMETER (AND AND AND AND AND AND AND AND AND AND
INCLUDED.		

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization UNITED STATES NAVAL ACADEMY ALUMNI	Employer identification number
Name of the organization UNITED STATES NAVAL ACADEMY ALUMNI ASSOC.	52-0548411
FORM 990, PART VI, SECTION B, LINE 15:	
THE PROCESS FOR DETERMINING COMPENSATION OF THE CEO, OTHER	
OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION "INCLUDES A REVIEW AND	
APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS	
SUBSTANTIATION OF THE DELIBERATION AND DECISION."	
SPECIFICALLY, THE ORGANIZATION TAKES ALL OF THE STEPS NECESSARY TO ENSURE	
THAT THE COMPENSATION PACKAGES OF THESE INDIVIDUALS ARE NOT ONLY REASONABLE	
AND COMPETITIVE, BUT ARE DESIGNED AND DETERMINED IN THE PRECISE MANNER	
SPECIFIED IN THE INTERNAL REVENUE SERVICE'S "INTERMEDIATE SANCTIONS"	
REGULATIONS.	
THE PROCESS FOR DETERMINING THE COMPENSATION PACKAGES OF THESE INDIVIDUALS	
IS AS FOLLOWS:	
1. A BOARD COMPENSATION COMMITTEE IS CONSTITUTED THAT IS COMPOSED ENTIRELY	
OF TRUSTEES MEETING A STRICT "NO CONFLICTS" INDEPENDENCE TEST SET FORTH IN	
THE IRS REGULATIONS.	
2. THE COMMITTEE ACQUIRES APPROPRIATE, INDEPENDENT MARKET COMPARABILITY	
DATA FROM ITS PROFESSIONAL COMPENSATION CONSULTANT.	
3. THE COMMITTEE REVIEWS THIS COMPARABILITY DATA IN DETAIL, POSING	
APPROPRIATE QUESTIONS TO ITS PROFESSIONAL COMPENSATION CONSULTANT.	
4. THE COMMITTEE REVIEWS THE QUALIFICATIONS, EXPERIENCE AND PERFORMANCE OF	
EACH OF THE INDIVIDUALS AGAINST THE COMPARABILITY DATA ACQUIRED FROM THE	
PROFESSIONAL COMPENSATION CONSULTANT.	
332212 09-04-13	Schedule O (Form 990 or 990-EZ) (2013

Scriedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization UNITED STATES NAVAL ACADEMY ALUMNI ASSOC.	Employer identification number 52-0548411
5. THE COMMITTEE DESIGNS A PROPOSED COMPENSATION PACKAGE FOR EACH OF THE	
INDIVIDUALS AND SEEKS A WRITTEN OPINION FROM THE PROFESSIONAL COMPENSATION	
CONSULTANT THAT THE PROPOSED COMPENSATION PACKAGE IS REASONABLE. (THE	
COMMITTEE MAKES ANY ADJUSTMENTS TO THE PROPOSAL REQUIRED IN ORDER FOR THE	
PROFESSIONAL COMPENSATION CONSULTANT TO CONCLUDE THAT THE PACKAGE IS	·
REASONABLE.)	
6. THE COMMITTEE MEMORIALIZES ALL OF ITS DELIBERATIONS IN DETAILED	
COMMITTEE MINUTES THAT ARE REVIEWED, CORRECTED IF NECESSARY, AND APPROVED	
AT ITS NEXT FOLLOWING MEETING.	
7. THE COMMITTEE ACQUIRES AN OPINION OF COUNSEL CONCLUDING THAT THE	
PROCESS FOLLOWED BY THE COMMITTEE MEETS THE REQUIREMENTS OF THE IRS	
REGULATIONS.	·
8. THE COMMITTEE REGULARLY REVIEWS ITS PROCESS TO ENSURE THAT IT CONTINUES	
TO MEET ALL OF THE REQUIREMENTS OF APPLICABLE LAW.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ALL NECESSARY AND REQUIRED GOVERNING	
DOCUMENTS, CONFLICTS OF INTEREST POLICIES, FINANCIAL STATEMENTS, FORM 990S	
AND ANNUAL REPORT AVAILABLE ON ITS WEBSITE: WWW.USNA.COM FOR THE SAME	
PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).	
FORM 990, PART VII, LINE 1A, COLUMN B	
SEVERAL OFFICERS OF THE UNITED STATES NAVAL ACADEMY ALUMNI	
ASSOCIATION ARE DUALLY EMPLOYED BY A RELATED ORGANIZATION, THE U.S. 332212 09-04-13	Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization UNITED STATES NAVAL ACADEMY ALUMNI ASSOC,	Employer identification number 52-0548411
NAVAL ACADEMY FOUNDATION. HOURS DEVOTED TO THE FOUNDATION ARE LISTED	
BELOW FOR THE OFFICERS INVOLVED IN BOTH ORGANIZATIONS:	
OFFICER HOURS DEVOTED TO FOUNDATION	
BYRON F. MARCHANT 36	
HENRY J. SANFORD 33	
GERALDINE S. FARMER 33	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN SPLIT INTEREST AGREEMENTS -149,748.	
990, PART XI, QUESTION 2B - AUDITED FINANCIAL STATEMENTS	
FOR GAAP PURPOSES, THE ORGANIZATION PRESENTS ITS ACTIVITY	
IN A CONSOLIDATED FORMAT WITH ITS RELATED ENTITY, THE U.S. NAVAL	
ACADEMY FOUNDATION. THESE CONSOLIDATED FINANCIAL STATEMENTS ARE AUDITED	
BY INDEPENDENT AUDITORS. THE GAAP FINANCIAL STATEMENTS INCLUDE	-
SUPPLEMENTARY INFORMATION THAT PRESENTS THE FINANCIAL POSITION AND THE	
CHANGES IN NET ASSETS OF THE ASSOCIATION.	
FORM 990, PART I, LINE 5 AND FORM 990, PART V, LINE 2A	
THE U.S. NAVAL ACADEMY ALUMNI ASSOCIATION IS THE PAYMASTER	
FOR BOTH THE ASSOCIATION AND THE U.S. NAVAL ACADEMY FOUNDATION (A	
RELATED ORGANIZATION). DUE TO THE ASSOCIATION'S ROLE AS PAYMASTER FOR	
BOTH ORGANIZATIONS, THE ASSOCIATION REPORTS BOTH ASSOCIATION AND	
FOUNDATION EMPLOYEES FOR W-3 PURPOSES AND THE FOUNDATION DOES NOT 332212 59-04-13	Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization UNITED STATES NAVAL ACADEMY ALUMNI ASSOC.	Employer identification number 52-0548411
REPORT EMPLOYEES FOR W-3 PURPOSES. THE ASSOCIATION FILES ALL RELATED	
EMPLOYMENT TAX FORMS. ALL PAYROLL EXPENSES RELATED TO THE FOUNDATION	
ARE RECORDED AS A RECEIVABLE TO THE ASSOCIATION AND A PAYABLE FROM THE	
FOUNDATION.	
FORM 990, PART VII, SECTION A AND PART VII, SECTION B	
ALL INFORMATION REPORTED ON THIS 2013 FORM 990 IS REPORTED	
ON A FISCAL YEAR BEGINNING JULY 1, 2013 AND ENDING JUNE 30, 2014, WITH	
THE EXCEPTION OF INFORMATION THAT IS REPORTED FOR COMPENSATION ON	
SCHEDULE J AND PART VII OF THE RETURN, COMPENSATION LISTED ON THESE	
SCHEDULES IS BASED ON CALENDAR YEAR REPORTED COMPENSATION (PER THE 990	
INSTRUCTIONS) FOR THE CALENDAR YEAR JANUARY 1, 2013 AND ENDING DECEMBER	***************************************
31, 2013.	

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Part I

Related Organizations and Unrelated Partnerships

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

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

Employer identification number

52-0548411 UNITED STATES NAVAL ACADEMY ALUMNI ASSOC.

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

(a)	(q)	(0)	<u>9</u>	(a)		(£)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	r Total income	ne End-of-year assets		Direct controlling
of disregarded entity		foreign country)				entity
			···········	•		

						•
					•••••••	
Part ill organization of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	tions Complete if the organization a	nswered "Yes" on Form 990,	Part IV, line 34 be	cause it had one c	r more related tax-exer	прt
(a)	(p)	(2)	(P)	(e)	(t)	(6) ", "
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	section 3 (2) (3)
of related organization		foreign country)	section	status (if section	entity	entity?
				501(c)(3))		Yes No
U.S NAVAL ACADEMY FOUNDATION, INC	*					

{2(b)(13) blied y?	N _o			×					
(g) Section 512(bX13) controlled entity?	Yes						 		
(f) Direct controlling entity				N/A					
(e) Public charity status (if section	501(c)(3))			7	-				
(d) Exempt Code section				501(C)(3)					
(c) Legal domicile (state or foreign country)				MARYLAND					
(b) Primary activity			SUPPORT OF U.S. NAVAL	АСАDEMY					
(a) Name, address, and EIN of related organization		U.S NAVAL ACADEMY FOUNDATION, INC	23-7003516, 247 KING GEORGE STREET,	ANNAPOLIS, MD 21402					

Schedule R (Form 990) 2013

52-0548411

ASSOC, Schedule R (Form 990) 2013

General or Percentage managing ownership partner? 3 Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. 9 Code V-UBI amount in box 20 of Schedule Disproportionale Yes No allocations? Ξ (g)
Share of
end-of-year
assets Share of total income (e)
Predominant income (related, unrelated, excluded from tax under sections 512-514) (d)
| Direct controlling | entity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization <u>a</u> Part III

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(state or entity) (Corp., Scorp., income end-of-year or trust) country) country)	(a) (b) Name address and EIN	(b)	(c)	(d)	(e)		(g)	(h)	Section 5	c 5
A'RE	tion	rinaly activity	Legal comicile (state or foreign	entity	(C corp, S corp,	income	end-of-year	ownership	controlle entity	28.5
			country)		600.0				Yes	٩

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									-	
							-			

Schedule R (Form 990) 2013 ASSOC.

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

				ŀ
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
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?	is with one or more re	elated organizations listed	lin Parts II-IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	***************************************			1a ×
b Giff, grant, or capital contribution to related organization(s)				1b X
				1c ×
d Loans or loan quarantees to or for related organization(s)				x pt
				1e ×
f Dividends from related organization(s)				1
g Sale of assets to related organization(s)				1g ×
				th ×
i Exchange of assets with related organization(s)				1i x
related organization(s)				-j-
k Lease of facilities. equipment. or other assets from related organization(s)				×
	ınization(s)	# # # # # # # # # # # # # # # # # # #		×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1m ×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1n X
o Sharing of paid employees with related organization(s)				to x
				400
				\dashv
q Reimbursement paid by related organization(s) for expenses		***************************************		19 X
r Other transfer of cash or property to related organization(s)				×
s Other transfer of cash or property from related organization(s)				1s x
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	ho must complete th	is line, including covered	relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	oived
(1)				
(2)				
(3)				
(4)		,		
(5)				
(9)				
332163 09-12-13			Schedule F	Schedule R (Form 990) 2013

52-0548411

UNITED STATES NAVAL ACADEMY ALUMNI

ASSOC. Schedule R (Form 990) 2013 Part VI. Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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.

	ıtage ship																		
3	Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 parine? (Form 1065)																		
5	General or managing partner?		 			 		 		 									
-	-18 R R R R R				 _	 **********	_	 	-		 \dashv			 -			4		
(3)	V-UB Tele K- 1065)																		
	Code nount i Sche (Form																		
	nte and old	<u> </u>	 	 	 <u> </u>	 	_	 	-		 \dashv			 $\frac{1}{1}$	***************************************	······	\dashv		
Ξ	Dispropor- tionate allocations? Yes No					 		 									1		
(6)	Share of end-of-year assets																		
(j)	ຫຼ=																		
(e)	Are all partners sec. 501(c)(3) orgs.?		 			 		 											
<u>.</u> -	5 (5)		 	 ·	 _		-	 	-	 	 \dashv			 \vdash			\dashv		
(p)	Predominant income parinesse. (related, unrelated, excluded from tax under section 512-514) yes No																		
(0)	nicile oreign y)																		<u> </u>
(a)	Primary activity																		
(a) (b) (c) (d)	Name, address, and EiN of entity												A THE STREET OF THE PERSON SHOWS AND ADDRESS OF THE PERSON SHOWS ADDRESS OF THE PERSON SHOWS AND ADDRESS OF THE PERSON SHOWS AND ADDRESS OF THE PERSON SHOWS AND ADDRESS OF THE PERSON SHOWS AND ADDRESS OF THE PERSON SHOWS AND ADDRESS OF THE PERSON SHOWS AND ADDRESS OF THE PERSON SHOWS AND ADDRESS OF THE PERSON SHOWS AND ADDRESS OF THE PERSON SHOWS AND ADDRESS OF THE PERSON SHOWS AND ADDRESS OF THE PERSON SHOWS AND ADDRESS OF THE PERSON SHOWS AND ADDRESS OF THE PERSON SHOWS AND ADDRESS OF THE PERSON SHOWS A						

Schedule R (Form 990) 2013