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Attachment B: Pages from Tougaloo College National Alumni Association 2007 IRS 990 and 8868

AMENDED

Form **990** OMB No. 1545-0047

Return of Organization Exempt From Income Tax

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

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning **2007**, and ending **2007**

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

C Name of organization
Tougaloo College Alumni
 Mailing and street (or P.O. box if mail is not delivered to street address) Room/suite
Post Office Box 288
 City, town or county State ZIP code + 4
Tougaloo MS 39174

D Employer identification number
64-0809714

E Telephone number
(601) 957-0865

F Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify):

G Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No
H (b) If "Yes," enter number of affiliates: ☐ Yes ☒ No
H (c) Are all affiliates included? ☐ Yes ☒ No
 (If "No," attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number: ☐ Yes ☒ No

M Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

1 Organization type (check only one): ☒ 501(c) ☐ 501(c) ☐ 527

2 Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 = **61,967.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received

a Contributions to donor advised funds **1a**

b Direct public support (not included on line 1a) **1b** **51,980.**

c Indirect public support (not included on line 1a) **1c**

d Government contributions (grants) (not included on line 1a) **1d**

e Total (add lines 1a through 1d) (cash \$ **51,980.** noncash \$ **0.**) **1e** **51,980.**

2 Program service revenue including government fees and contracts (from Part VII, line 93) **2**

3 Membership dues and assessments **3** **8,595.**

4 Interest on savings and temporary cash investments **4** **119.**

5 Dividends and interest from securities **5** **1,273.**

6a Gross rents **6a**

b Less: rental expenses **6b**

c Net rental income or (loss) **6c**

7 Other investment income (describe) **7**

8a Gross amount from sales of assets other than inventory (A) Securities (B) Other **8a**

b Less: cost or other basis and sales expenses **8b**

c Gain or (loss) (attach schedule) **8c**

d Net gain or (loss) Combine line 8c, columns (A) and (B) **8d**

9 Special events and activities (attach schedule) If any amount is from gaming, check here ☐

a Gross revenue (not including \$ of contributions reported on line 1b) **9a**

b Less: direct expenses other than fundraising expenses **9b**

c Net income or (loss) from special events Subtract line 9b from line 9a **9c**

10a Gross sales of inventory, less returns and allowances **10a**

b Less: cost of goods sold **10b**

c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a **10c**

11 Other revenue (from Part VII, line 103) **11**

12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 **12** **61,967.**

13 Program services (from line 44, column (B)) **13** **52,456.**

14 Management and general (from line 44, column (C)) **14** **10,009.**

15 Fundraising (from line 44, column (D)) **15** **0.**

16 Payments to affiliates (attach schedule) **16**

17 Total expenses. Add lines 16 and 44, column (A) **17** **62,465.**

18 Excess or (deficit) for the year Subtract line 17 from line 12 **18** **-498.**

19 Net assets or fund balances at beginning of year (from line 73, column (A)) **19** **37,849.**

20 Other changes in net assets or fund balances (attach explanation) **20**

21 Net assets or fund balances at end of year Combine lines 18, 19, and 20 **21** **37,351.**

IAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 12/27/07 Form 990 (2007)

SCANNED JUN 09 2014 5 35 25 3 MAY 20 14

No statute issue

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MAY 16 2014
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MAY 12 2014
OGDEN, UT

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13)N/A
Yes No**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

Yes No

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

Yes No

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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

Please Sign Here

Signature of officer: Herman Porter Date: 11/17/2008

Type or print name and title: Herman Porter, Treasurer

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 11/17/08 Check if self-employed: ☐ Preparer's SSN or PTIN (See General instruction X):

Firm's name (or yours if self-employed): Banks, Finley, White & Co. EIN:

address and ZIP - 4: 308 Highland Park Cove Ridgeland MS 39157 Phone no:

BAA

Form 990 (2007)

M 2-8

Form **8868**

(Rev April 2007)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒
 - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3 month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)Section 501(c) corporations required to file Form 990 T and requesting an automatic 6-month extension — check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3 month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3 month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990 T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or
printFile by the
due date for
filing your
return. See
instructions

Name of Exempt Organization

Tougaloo College Alumni

Employer identification number

64-0809714

Number, street, and room or suite number. If a P.O. box, see instructions.

Post Office Box 288

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

Tougaloo

MS 39174

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041 A | <input type="checkbox"/> Form 8870 |

- The books are in the care of Herman Porter

Telephone No (601) 956-4511

FAX No _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3 month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time

until Aug 15, 20 08, to file the exempt organization return for the organization named above

The extension is for the organization's return for

▶ ☒ calendar year 20 07 or▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

3a \$ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

3b \$ 0.

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

3c \$ 0.

Caution If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 4-2007)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II: Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	Tougaloo College Alumni	64-0809714
	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS use only
	Post Office Box 288	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Tougaloo MS 39174	

Check type of return to be filed (File a separate application for each return).

- | | | | |
|--|--|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **Herman Porter**
Telephone No. **(601) 956-4511** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **Nov 17**, 20 **08**5 For calendar year **2007**, or other tax year beginning _____, 20____, and ending _____, 20____6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period7 State in detail why you need the extension **THE ORGANIZATION HAS CONTRACTED WITH A CPA FIRM TO PERFORM AN AUDIT FOR THE CALENDAR YEAR 2007. ADDITIONAL TIME IS NEEDED FOR THE CPA'S TO COMPLETE THE AUDIT. THE TAX RETURN IS PREPARED FROM DATA CONTAINED IN THE AUDIT REPORT.**8a If this application is for Form 990-BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 8a \$ **0.**b If this application is for Form 990-PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 8b \$ **0.**c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs 8c \$ **0.****Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **[Signature]** Title **CPA** Date **08/07/08**

BAA

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Form 8868 (Rev 4-2008)