



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: USAF MSC ASSOCIATION INC
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 860 Oak Hill Drive
City or town, state or country, and ZIP + 4: Monument, CO 801328829

D Employer identification number: 58-1998518
E Telephone number: (866) 818-2110
F Group Exemption Number

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

G Accounting method: [X] Cash [ ] Accrual
Other (specify)

I Website: www.mscassociation.org

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

J Tax-Exempt status (check only one): [X] 501(c)(4) (insert no) [ ] 4947(a)(1) or [ ] 527

K Check [X] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 110,905

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

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for special events and inventory.

Part II Balance Sheets—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

Table with 2 columns: (A) Beginning of year, (B) End of year. Rows 22-27: Cash, Land and buildings, Other assets, Total assets, Total liabilities, Net assets or fund balances.

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? The USAF MSC Association is a professional organization for health care administrators. We provide a way for you to stay in touch with other MSCs, support survivors upon the death of a member and maintain a focus on documenting the history of the Medical Service Corps.  Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
<b>28</b>	Conducted biennial meeting of members. Provided items such as pins, history anthologies, mouse pads, and shirts for membership. (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	0
<b>29</b>	(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	
<b>30</b>	(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>	
<b>31</b>	Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>31a</b>	
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	0

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV )				
<b>(a)</b> Name and address	<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-.)	<b>(d)</b> Contributions to employee benefit plans & deferred compensation	<b>(e)</b> Expense account and other allowances

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		<b>Yes</b>	<b>No</b>
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>33</b>		No
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	<b>34</b>		No
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T . . . . .			
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements? . . . . .	<b>35a</b>		No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>35b</b>		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	<b>36</b>		No
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> <b>37a</b> <input style="width:100px;" type="text" value="0"/>			
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>		No
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .	<b>38a</b>		No
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>		
<b>39</b> <i>Section 501(c)(7) organizations.</i> Enter			
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>		
<b>40a</b> <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____			
<b>b</b> <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 Schedule L, Part I . . . . .	<b>40b</b>		No
<b>c</b> <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . <input type="checkbox"/> 0			
<b>d</b> <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/> 0			
<b>e</b> <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	<b>40e</b>		No
<b>41</b> List the states with which a copy of this return is filed <input type="checkbox"/> _____			
<b>42a</b> The organization's books are in care of <input type="checkbox"/> <u>Alphonso J Obuchowski</u> Telephone no <input type="checkbox"/> <u>(703) 352-1380</u> 10815 Stanhope Place Located at <input type="checkbox"/> <u>Fairfax, VA</u> ZIP + 4 <input type="checkbox"/> <u>220322937</u>			
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	<b>42b</b>	<b>Yes</b>	<b>No</b>
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____	<b>42c</b>		No
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="checkbox"/> <b>43</b> <input style="width:100px;" type="text"/>			
<b>44</b> Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	<b>44</b>	<b>Yes</b>	<b>No</b>
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	<b>45</b>		No

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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		
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
<b>48</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		
<b>49b</b> If "Yes," was the related organization a section 527 organization?		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

**50(f)** Total number of other employees paid over \$100,000 . . . . .

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

**51(d)** Total number of other independent contractors each receiving over \$100,000 . . . . .

**Please Sign Here**

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.

Signature of officer: \_\_\_\_\_ Date: 2010-08-04

Alphonso Obuchowski, Treasurer  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ Preparer's identifying number (See instructions): \_\_\_\_\_

EIN: \_\_\_\_\_ Phone no: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No



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

		(a) Event #1 <b>ACHE Congress AF Meeting</b> (event type)	(b) Event #2 <b>Biennial Reunion of MSC officers held in Charleston, SC</b> (event type)	(c) Other Events <b>1</b> (total number)	(d) Total Events (Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	42,040	54,851	6,060	102,951
	<b>2</b> Less Charitable contributions . . . . .	0	0	0	0
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	42,040	54,851	6,060	102,951
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .	0	0	0	0
	<b>5</b> Non-cash prizes . . . . .	1,507	0	0	1,507
	<b>6</b> Rent/facility costs . . . . .	4,250	1,373	0	5,623
	<b>7</b> Food and beverages . . . . .	34,474	28,046	5,953	68,473
	<b>8</b> Entertainment . . . . .	500	2,100	0	2,600
	<b>9</b> Other direct expenses . . . . .	729	23,939	44	24,712
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				102,915
<b>11</b> Net income summary Combine lines 3, column d, and line 10. . . . . ▶				36	

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

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

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

		Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in			
<b>a</b> The organization's facility . . . . .	<b>13a</b>		
<b>b</b> An outside facility . . . . .	<b>13b</b>		
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ _____			
Address ▶ _____			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .		<b>15a</b>	
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
<b>c</b> If "Yes," enter name and address			
Name ▶ _____			
Address ▶ _____			
<b>16</b> Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .		<b>17a</b>	
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

## TY 2009 General Explanation Attachment

**Name:** USAF MSC ASSOCIATION INC

**EIN:** 58-1998518

**Software ID:** 09000073

**Software Version:** v1.00

Identifier	Return Reference	Explanation
F99Z_P00_S00_L0J	Form 990-EZ, Header, Line J	Organization is a civic organization composed of active duty, retired, and other Medical Service Corps officers and surviving spouses Error was made in original submission
SchG_P02_S00_L01	Schedule G, Part II, Line 1	Funds are raised for 3 annual meetings Companies sponsor by providing donations These activities include meals for the 2 first events and the 3rd event is a biennial reunion of MSC officers
SchG_P02_S00_L02	Schedule G, Part II, Line 2	No charitable donations were made
SchG_P02_S00_L09	Schedule G, Part II, Line 9	A large part of the direct expenses for the biennial meeting is for outside tours that are paid for by individuals who take the tours

## TY 2009 Other Changes in Net Assets Schedule

**Name:** USAF MSC ASSOCIATION INC

**EIN:** 58-1998518

**Software ID:** 09000073

**Software Version:** v1.00

Description	Amount
Support provided for ACHE AF meeting from AF SGO	15,591

## TY 2009 Other Expenses Schedule

**Name:** USAF MSC ASSOCIATION INC

**EIN:** 58-1998518

**Software ID:** 09000073

**Software Version:** v1.00

Description	Amount
Insurance	1,055
Member travel expense reimbursement to meetings	632
Website expense	210
Awards for various departees and meeting honorees	2,442
Dues expenses for PayPal and overpayment returns	147
Administrative expenses	4,527
Sales of inventory expenses for PayPal	6

**TY 2009 Reasonable Cause Explanation**

**Name:** USAF MSC ASSOCIATION INC

**EIN:** 58-1998518

**Software ID:** 09000073

**Software Version:** v1.00

**Explanation:** Extension for 90 days was approved previously by IRS.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 58-1998518  
**Name:** USAF MSC ASSOCIATION INC

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
Jim Moreland Jim Moreland 9622 Primrose Garden Ridge, TX 78266	Board Chairman 5	0	0	0
Ed Nugent Ed Nugent PO Box 71291 Marietta, GA 30007	Chairman Emeritus 1	0	0	0
Joe Vocks Joe Vocks 923 Riverway Spring Branch, TX 78070	President 5	0	0	0
Debra Cavanaugh Debra Cavanaugh 11703 N Shadow Creek Way Anthem, AZ 85086	Vice President 5	0	0	0
Charles Brown III Charles Brown III 860 Oak Hills Drive Monument, CO 80132	Secretary 7	0	0	0
Al Obuchowski Al Obuchowski 10815 Stanhope Place Fairfax, VA 22032	Treasurer 5	0	0	0
Ralph Charlip Ralph Charlip 4380 King Street 1604 Alexandria, VA 22302	Director 2	0	0	0
Bill Copeland Bill Copeland 5324 Timberhollow Lane Cincinnati, OH 45247	Director 2	0	0	0
Bob Hauser Bob Hauser 31011 Keeneland Drive Fair Oaks Ranch, TX 78015	Director 2	0	0	0
Ray Inman Ray Inman 2638 Bayhill Cove San Antonio, TX 78258	Director 2	0	0	0
Denise Lew Denise Lew 9338 Mainsail Drive Burke, VA 22015	Director 2	0	0	0
Jim Pearce Jim Pearce 3406 Buckhaven Place San Antonio, TX 78230	Director 2	0	0	0
Tim Morgan Tim Morgan 1116 Fawn Drive Schertz, TX 78154	Director 2	0	0	0
Wayne Terry Wayne Terry 2081 Germantown Road Farmville, VA 23901	Director 2	0	0	0