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Form 990-EZ

Short Form

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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

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

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

G Accounting method: Cash. I Website: www.msassoc.org. J Tax-Exempt status: 501(c)(3)

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows and 3 columns: Description, Amount, and Total. Rows include Revenue (Contributions, Program service, etc.), Expenses (Grants, Salaries, etc.), and Net Assets (Excess or deficit, beginning/end of year).

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	147,656	22	162,774
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	2,034
25 Total assets	147,656	25	164,808
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	147,656	27	164,808

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(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.

28 Supported dinner events for AAMA and ACHE professional meeting for members. Provided additional functions such as breakfasts, and socials for all attendees. (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

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

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, tax reporting, and financial accounts. Includes checkboxes for 'Yes' and 'No' and input fields for amounts and dates.

Yes No

Table with 3 columns: Question number, Question text, Yes, No. Rows 45, 45a, 46.

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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

Table with 3 columns: Question number, Question text, Yes, No. Rows 47, 48, 49a, 49b.

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"

Table with 5 columns: (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"

Table with 3 columns: (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

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

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

Sign Here: Signature of officer, Date (2011-06-27), Alphonso Obuchowski Treasurer, Type or print name and title.

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Preparer's taxpayer identification number, Firm's name (or yours if self-employed), address, and ZIP + 4, EIN, Phone no.

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

Additional Data

Software ID: 10000077
Software Version: v1.00
EIN: 58-1998518
Name: USAF MSC ASSOCIATION INC

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
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 2	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 10	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

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization USAF MSC ASSOCIATION INC

Employer identification number 58-1998518

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and e-mail solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

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

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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 AAMA Annual Meeting Air Force Dinner (event type)	(b) Event #2 ACHE Annual Congress Air Force Dinner Day (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	6,556	39,211		45,767
	2 Less Charitable contributions	0	0		0
	3 Gross income (line 1 minus line 2)	6,556	39,211		45,767
Direct Expenses	4 Cash prizes	0	0		0
	5 Non-cash prizes	0	0		0
	6 Rent/facility costs	0	4,500		4,500
	7 Food and beverages	5,146	34,474		39,620
	8 Entertainment	0	500		500
	9 Other direct expenses	0	1,986		1,986
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				46,606
11 Net income summary Combine lines 3 and 10 in column (d) ▶				-839	

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
 Employee
 Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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 ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

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Department of the Treasury
Internal Revenue Service

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

Name of the organization
USAF MSC ASSOCIATION INC

Employer identification number
58-1998518

Identifier	Return Reference	Explanation
F99Z_P01_S00_L08	Form 990-EZ, Part I, Line 8	New sletter refund Editor received an amount of \$17 04 more than w as needed for sending the new sletter

Identifier	Return Reference	Explanation
F99Z_P01_S00_L10	Form 990-EZ, Part I, Line 10	No entry made

Identifier	Return Reference	Explanation
F99Z_P01_S00_L16	Form 990-EZ, Part I, Line 16	Expenses for travel to annual meetings and new sletter expenses were paid

Identifier	Return Reference	Explanation
F99Z_P02_S00_L24	Form 990-EZ, Part II, Line 24	Inventory of history books and various items such as mouse pads, AFMSCA coins, and clothing items