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.Form **990-EZ**

Department of the Treasury

Internal Revenue Service

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 \$12(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

Α			010 calendar <code>year</code> , or tax <code>year</code> beginning $ ext{APRIL} \hspace{0.1in} ext{01} \hspace{1.5in}$, 2010, and ending $\hspace{0.1in} ext{N}$	IARCH 3	1	, 20 11					
В	Che	ck if icable	C Name of organization	D Emplo	yer ide	entification number					
	Add	ress ch	ange USTPMTBBAA INC		02-0683753						
П	Nam	e chan	Number & street (or P.O. box, if mail is not delivered to street addr.) Room/suite	E Teleph	phone number						
П	Initia	al return	1								
П	Tern	nınated	P O BOX 45	(3)	19)354-3456						
П	Ame	nded re	City or town, state or country, and ZIP + 4	F Group	Exemp	otion					
П	App	lication ding	Iowa City IA 52244	Numbe	er	▶ 0501					
G	Acc	ountir	ng Method X Cash Accrual Other (specify) ▶ H	Check X r	f organ	zation is not required					
ı	We	ebsit	,			B (Form 990, 990-EZ,					
J	Тах	-ехег	npt status (check only one) X 501(c)(3) 501(c)() ◀ (insert no) 4947(a)(1) or 527	or 990-PF).							
K	Che	eck 🕨	X if the organization is not a section 509(a)(3) supporting organization and its gross receipt	s are normal	ly not r	more than \$50,000. A					
	For	m 990	 EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (s	see instructio	ns). Bu	t if the organization					
	cho	oses 1	to file a return, be sure to file a complete return.		-	-					
L	Ad	d lines	55b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more	, or							
	ıf to	otal as	sets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form	990-EZ	▶ \$	3,412					
П	Parl	11	Revenue, Expenses, and Changes in Net Assets or Fund Balances	(see the instr	uctions	for Part I)					
			Check if the organization used Schedule O to respond to any question in this Part I	,							
		1	Contributions, gifts, grants, and similar amounts received		1						
		2	Program service revenue including government fees and contracts		2	- · · · · · · · · · · · · · · · · · · ·					
		3	Membership dues and assessments		3	2,390					
		4	Investment income		4	12					
		5a	Gross amount from sale of assets other than inventory								
		b	Less. cost or other basis and sales expenses 5b	1							
	R	С									
	Ę	6	Gaming and fundraising events								
	REVENU	а	a Gross income from gaming (attach Schedule G if greater than								
	NU		\$15,000)								
! !	Ē	b	Gross income from fundraising events (not including \$ of contributions)	utions]]						
			from fundraising events reported on line 1) (attach Schedule G if the								
			sum of such gross income and contributions exceed \$15,000) 6b								
		С	Less direct expenses from gaming and fundraising events 6c								
2		d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	at .							
3			line 6c)		6d						
•		7a	Gross sales of inventory, less returns and allowances 7a								
		b	Less cost of goods sold								
5		С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c						
		8	Other revenue (describe in Schedule O)		8	1,010					
_		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	>	9	3,412					
		10	Grants and similar amounts paid (list in Schedule O)	.	10						
	E	11	Benefits paid to or for members		11						
	EXPEZSES	12	Salaries, other compensation, and employee benefits	¹ Ο'	12						
	E	13	Professional fees and other payments to independent contractors	(V).	13	150					
	S	14	Occupancy, rent, utilities, and maintenance	<u>k</u>	14						
	S	15	Printing, publications, postage, and shipping.		15	275					
		16	Other expenses (describe in Schedule O)		16	1,228					
_	-	17	Total expenses. Add lines 10 through 16		17	1,653					
	A	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	1,759					
N E T	S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree wit	h							
Ī	ASSETS		end-of-year figure reported on prior year's return)		19	10,660					
	s	20	Other changes in net assets or fund balances (explain in Schedule O)		20	9					
_		21	Net assets or fund balances at end of year Combine lines 18 through 20	▶	21	12,428					

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

TWF 41823

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TE	Check if the organization used Sche	•	question in th	ıs Part II				[
		, , , , , , , , , , , , , , , , , , , ,			nning of year	T		(B) End of year
22	Cash, savings, and investments .		. [10,660	2	2	12,428
23	Land and buildings					2	-	
24	Other assets (describe in Schedule O)					2		
25	Total assets			1	0,660	2	-	12,428
26 27	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of o		June 21)	1	0,660	2	-	12,428
~	art III Statement of Program Se					+	.,	Expenses
33	Check if the organization used Sci	•	- ·		· ,			red for section 501(c)(3)
Wh	at is the organization's primary exempt purp					1		i1(c)(4) organizations and n 4947(a)(1) trusts, optional
Des	scribe what was achieved in carrying out the	organization's exempt purp	ooses. In a cl	ear and cor	icise manner,			ners.)
	scribe the services provided, the number of p	persons benefited, & other r	relevant infori	mation for e	ach program title			
28								
	(Grants \$) If this a	mount includes foreign gra	nts, check he	ere	▶ □	١١,	28a	
29	(Control of the control of the contr	g g. a				+		
	(Grants \$) If this a	mount includes foreign gra	nts, check he	ere	▶ │	Ц.	29a	
30			 					
			-					
	(Grants \$) If this a	mount includes foreign gra	ints, check he	ere	•	1 ;	30a	
31	Other program services (describe in Sched					+		
		mount includes foreign gra					31a	
	Total program service expenses (add line						32	0
P 3	List of Officers, Directors Check if the organization used Sc	•				pens	ated.	(see the instr for Part IV.)
_	(a) Name and address	(b) Title and average	(c) Comp	ensation	(d) Contribution			(e) Expense account and
_		hours per week devoted to position	(If not enter	-0)	employee benefit deferred comper			other allowances
Se	ee attachment #2							
			 					
		<u> </u>	<u> </u>					
_								
_			1			-	_	
			<u> </u>					
			ļ					

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Form 990~EZ (2010) 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		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed		163	NO
00	description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the			
34	amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O			l
	(and instructions)	34		х
35	(see instructions) If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	57		<u> </u>
55	not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
9	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or			f
a	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		х
h	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b	 	$\frac{\lambda}{X}$
	• • •	330	┝──┤	
36	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	36		X
272		36		
37a		-		x
b	Did the organization file Form 1120-POL for this year?	37b		<u> </u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
.	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	ļ	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations Enter:			
a		-		
	Gross receipts, included on line 9, for public use of club facilities	-		ŀ
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under		1	
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	-[
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction			
	during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its			
	prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	ļ	X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			ł
	organization managers or disqualified persons during the year under sections		1	1
	4912, 4955, and 4958			
a	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			[
	reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	į		l
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NONE			
42a	The organization's books are in care of ▶ See attachment #3 Telephone no ▶			
_	Located at ► ZIP + 4 ►			
þ	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		Yes	_
	account)?	42b	↓	X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			ł
	and Financial Accounts.			1
С	At any time during the calendar year, did the organization maintain an office outside of the U.S?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here			▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			_
	of Form 990-EZ	44b	<u></u>	X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	The state of the s			
	Schedule O	44d		X
JVA		990-	-EZ (2010

Form 990-EZ (2010)	USTPMTBBAA I	NC 02-06837	53				Pa	age 4
							Yes	
Is any related orga	nization a controlled entity	of the organization with	in the meaning o	of section s	512(b)(13)?	45		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within								ĺ
the meaning of sec	ction 512(b)(13)? If "Yes,"	Form 990 and Schedule	R must be comp	pleted inst	ead of			ļ
	instructions)					45a		X
Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates								ļ
for public office? If	"Yes," complete Schedule	e C, Part I	<u> </u>		· · · · · · · · · · · · · · · · · · ·	46		X
	n 501(c)(3) organiza							
) organizations and sectio	n 4947(a)(1) nonexempt	charitable trusts	must ans	wer questions 47-49b	and 52, and	comp	lete
	es for lines 50 and 51.							_
Check if	the organization used Sci	hedule O to respond to a	any question in the	his Part VI			137	
		. 01/10/1				<u> </u>	Yes	No
•	on engage in lobbying acti					47	├	X
	a school as described in				le E	48	-	X
_	on make any transfers to a		_			49a	├	X
	elated organization a section					49b	<u> </u>	
	e for the organization's five					and key em	ployee	3 S)
	d more than \$100,000 of c	T	ī		(d) Contributions to	(a) r		
	ess of each employee	(b) Title and average hours per week	(c) Compens	sation	employee benefit plans &	accou	xpense int and	
NONE	han \$100,000	devoted to position	 		deferred compensation	otheral	lowance	35
NONE								
		 				ļ		
		-			- · · · · · · · · · · · · · · · · · · ·			
				i				
				-				
f Total number of o	ther employees paid over	\$100,000, .						
51 Complete this table	le for the organization's fiv	e highest compensated i	ndependent cor	ntractors w	ho each received more	e than \$100,	,000 of	:
compensation froi	m the organization If there	e is none, enter "None"		_				
	ress of each independent	contractor paid more that	an \$100,000	(b)	Type of service	(c) Comp	ensati	on
NONE								
								_
				<u> </u>				
					į			
		·····		ļ				
				<u> </u>				
	ther independent contract	-			 			
	on complete Schedule A?		3) organizations	and 4947	(a)(1)	П.,	E-	a
 	able trusts must attach a c			<u> </u>		<u> </u>	_	No
under penaities of perju knowledge and belief, it	ry, I declare that I have ex is true, correct, and comp	camined this return, inclu- plete. Declaration of prep	ding accompany arer (other than	/ing sched officer) is l	lules and statements, a	nd to the be	est of n	ny er bee
any knowledge		note: Designation of prop	arer (emer man	0111001,10	Dasco on an imorniano	ii oi willon p	лераге	71 HQ3
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	CITY IA 52240				<u>319-354-</u>	11		a :
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JVA 10 990EZ4	TWF 41826 Copyright Fo	rms (Software Only) - 2010 T\	N			Form 990 -	-EZ (2010)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2010

Open to Public inspection

Name of the organization

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate Instructions. Employer Identification number

USTPMTBBAA INC 02-0683753 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(I). 2 A school described in section 170(b)(1)(A)(II). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(lv). (Complete Part il) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part il) R A community trust described in section 170(b)(1)(A)(vI). (Complete Part II) An organization that normally receives. (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c | Type III-Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) X 11g(i) Х 11g(ll) 11g(III) X Provide the following information about the supported organization(s) (VI) Is the (I) Name of supported (II) EIN (III) Type of organization (IV) is the organization (V) Did you notify the (vii) Amount of organization in col. (1) organization in col (I) listed in your organization in col (I) (described on lines 1-9 support organized in the governing document? above or IRC section of your support? (see Instructions)) Yes No Yes Yes No **Total**

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

JVA

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 un	nder the tests lis	ited below, pleas	se complete Pan	[.)		
	tion A. Public Support		T	T	1	1	(n T .)
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not 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 organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	·						
С	Add lines 7a and 7b			ļ			
8	Public support (Subtract line 7c from line 6.)	<u> </u>					0
	tion B. Total Support		1	T	T		
Cal 9	endar year (or fiscal year beginning in) Amounts from line 6	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here	ganization's firs			x year as a secti		. .
Sec	tion C. Computation of Public Sup						· · · <u></u>
15	Public support percentage for 2010 (line 8, o					15	0.00 %
16	Public support percentage from 2009 Sched	lule A, Part III, li	ne 15			16	%
Sec	tion D. Computation of Investmen	t Income Pe	ercentage				
17	Investment income percentage for 2010 (line					17	0.00 %
18	Investment income percentage from 2009 S					18	%
19a	,						
	not more than 33 1/3 %, check this box and						
b	33 1/3 % support tests 2009. If the organ						3 %, and line
	18 is not more than 33 1/3 %, check this both						▶ [
20	Private foundation. If the organization did r	not check a box	on line 14, 19a,	or 19b, check th	nis box and see	instructions	▶ 🔯

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization USTPMTBBAA INC

Employer identification number 02 - 0683753

No reunion held nor scholarships donated in 2010

990 PRIMARY EXEMPT PURPOSE

Attachment	1: page 0 - 990-EZ Page 2	2, Part III		
Open to Public				
Inspection	For calendar year 2010 or tax period beginning	04-01	, and ending	03-31-2011.
Name of Organization	on			Employer Identification Number
USTPMTBBAA	INC			02-0683753

Primary Purpose

This organization reunites alumni and offers scholarships to University of St Thomas in the Phillipines largely through donations and fund-raising events.

990 BOOKS ARE IN CARE OF

Attachment	: 3 - 990-EZ P	age 3, Part V	, Line 42a		
Open to Public					
Inspection	For calendar year 2010 o	r tax period beginning	04-01	, and ending	03-31-2011.
Name of Organizati	TATC				ployer Identification Number -0683753
Part V - Line 42a					
Individual Name		. ,	Purifica	cion Gall	ardo
or Business Name					
Street Address			РО Вох	45	····
U.S. Address					
Zıp code	52244	City Iowa City		State	IA
or Foreign Address					
City				·····	
Province or	State				
Country				•	· ·
Postal code					•••
Phone Nun	nber			• •	(319)354-3456
Fax Numbe	er		• •		

2010 DETAIL STATEMENTS

USTPMTBBAA INC 02-0683753 Page 1 STATEMENT #1 - Assets included (SCH D, PG 1 Line 2b) Petty Cash..... 9 TOTAL CARRIED TO SCH D, PG 1 Line 2b..... 9 STATEMENT #2 - () Mini Reunion Reservation..... 810 Scholarship Donations..... 200 TOTAL CARRIED TO 1,010 STATEMENT #3 - () Reunion Expense..... 810 Office Supplies..... 267 Miscellaneous Expense..... 151 TOTAL CARRIED TO 1,228

JVA

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