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# 2011

## Open to Public Inspection

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 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

**A For the 2011 calendar year, or tax year beginning 06-01-2011, and ending 05-31-2012**

**B** Check if applicable

 Address change

└ Name change

Initial return

Terminated

Amended return

Application pending

**C** Name of organization  
UNITED STATES BASKETBALL WRITERS  
ASSOCIATION

|                                                                            |            |
|----------------------------------------------------------------------------|------------|
| Number and street (or P O box, if mail is not delivered to street address) | Room/suite |
| 803 WILDVIEW LANE                                                          |            |

City or town, state or country, and ZIP + 4  
MANCHESTER, MO 63021

D Employer identification number

54-1048808

E Telephone number

(314) 795-6821

F Group Exemption  
Number 

**G Accounting method** ☒ Cash ☐ Accrual ☐ Other (specify) ☐

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

**I Website:**  [WWW.USBWA.COM](http://WWW.USBWA.COM)

**J Tax-Exempt status**(check only one)— ☐ 501(c)(3) ☒ 501(c)( 6 ) ☐ (insert no ) ☐ 4947(a)(1) or ☐ 527

**K Check** ☐ If the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

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. **\$ 96,621**

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

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

|            |                                                                                          |                                                                                                                                                                                                             |           |         |
|------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| Revenue    | <b>1</b>                                                                                 | Contributions, gifts, grants, and similar amounts received . . . . .                                                                                                                                        | <b>1</b>  | 46,000  |
|            | <b>2</b>                                                                                 | Program service revenue including government fees and contracts . . . . .                                                                                                                                   | <b>2</b>  | 15,145  |
|            | <b>3</b>                                                                                 | Membership dues and assessments . . . . .                                                                                                                                                                   | <b>3</b>  | 35,434  |
|            | <b>4</b>                                                                                 | Investment income . . . . .                                                                                                                                                                                 | <b>4</b>  | 42      |
|            | <b>5a</b>                                                                                | Gross amount from sale of assets other than inventory . . . . .                                                                                                                                             | <b>5a</b> |         |
|            | <b>b</b>                                                                                 | Less cost or other basis and sales expenses . . . . .                                                                                                                                                       | <b>5b</b> |         |
|            | <b>c</b>                                                                                 | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .                                                                                                           | <b>5c</b> |         |
|            | <b>6</b>                                                                                 | Gaming and fundraising events                                                                                                                                                                               |           |         |
|            | <b>a</b>                                                                                 | Gross income from gaming (attach Schedule G if greater than \$15,000)                                                                                                                                       | <b>6a</b> |         |
|            | <b>b</b>                                                                                 | Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | <b>6b</b> |         |
|            | <b>c</b>                                                                                 | Less direct expenses from gaming and fundraising events . . . . .                                                                                                                                           | <b>6c</b> |         |
|            | <b>d</b>                                                                                 | Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)                                                                                                          | <b>6d</b> |         |
|            | <b>7a</b>                                                                                | Gross sales of inventory, less returns and allowances . . . . .                                                                                                                                             | <b>7a</b> |         |
| <b>b</b>   | Less cost of goods sold . . . . .                                                        | <b>7b</b>                                                                                                                                                                                                   |           |         |
| <b>c</b>   | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . | <b>7c</b>                                                                                                                                                                                                   |           |         |
| <b>8</b>   | Other revenue (describe in Schedule O) . . . . .                                         | <b>8</b>                                                                                                                                                                                                    |           |         |
| <b>9</b>   | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .                  | <b>9</b>                                                                                                                                                                                                    | 96,621    |         |
| Expenses   | <b>10</b>                                                                                | Grants and similar amounts paid (list in Schedule O) . . . . .                                                                                                                                              | <b>10</b> |         |
|            | <b>11</b>                                                                                | Benefits paid to or for members . . . . .                                                                                                                                                                   | <b>11</b> | 7,205   |
|            | <b>12</b>                                                                                | Salaries, other compensation, and employee benefits . . . . .                                                                                                                                               | <b>12</b> | 10,047  |
|            | <b>13</b>                                                                                | Professional fees and other payments to independent contractors . . . . .                                                                                                                                   | <b>13</b> | 8,162   |
|            | <b>14</b>                                                                                | Occupancy, rent, utilities, and maintenance . . . . .                                                                                                                                                       | <b>14</b> |         |
|            | <b>15</b>                                                                                | Printing, publications, postage, and shipping . . . . .                                                                                                                                                     | <b>15</b> | 22,551  |
|            | <b>16</b>                                                                                | Other expenses (describe in Schedule O) . . . . .                                                                                                                                                           | <b>16</b> | 50,735  |
|            | <b>17</b>                                                                                | <b>Total expenses.</b> Add lines 10 through 16 . . . . .                                                                                                                                                    | <b>17</b> | 98,700  |
| Net Assets | <b>18</b>                                                                                | Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .                                                                                                                                   | <b>18</b> | -2,079  |
|            | <b>19</b>                                                                                | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .                                                  | <b>19</b> | 151,281 |
|            | <b>20</b>                                                                                | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                                                                                                              | <b>20</b> |         |
|            | <b>21</b>                                                                                | Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .                                                                                                                            | <b>21</b> | 149,202 |

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 . . . . .                                      | 152,114               | 22              | 165,193 |
| 23                                  | Land and buildings . . . . .                                                  |                       | 23              |         |
| 24                                  | Other assets (describe in Schedule O) . . . . .                               |                       | 24              |         |
| 25                                  | Total assets . . . . .                                                        | 152,114               | 25              | 165,193 |
| 26                                  | Total liabilities (describe in Schedule O) . . . . .                          | 833                   | 26              | 15,991  |
| 27                                  | Net assets or fund balances (line 27 of column (B) must agree with line 21) . | 151,281               | 27              | 149,202 |

Part III

Statement of Program Service Accomplishments

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

☒

What is the organization's primary exempt purpose?  
TO PROMOTE THE BEST INTERESTS OF AMATEUR BASKETBALL, SPECIFICALLY COLLEGE BASKETBALL, FOR BOTH MEN AND WOMEN, THROUGH A THE RESPONSIBLE AND VIGOROUS PRACTICE OF THE CRAFT OF JOURNALISM, AND B COOPERATIVE EFFORTS WITH ORGANIZATIONS DEDICATED TO RELATED PURPOSES, SUCH AS THE NATIONAL ASSOCIATION OF BASKETBALL COACHES, BASKETBALL HALL OF FAME, NCAA, OTHER WRITERS' AND JOURNALISM ORGANIZATIONS AND JOURNALISM EDUCATIONAL INSTITUTIONS TO ENCOURAGE AND RECOGNIZE OUTSTANDING ACHIEVEMENTS IN SPORTSMANSHIP, PLAY, COACHING, SPORTS WRITING OR IN OTHER FIELDS CONTRIBUTING TO THE ADVANCEMENT OF THE GAME TO STANDARDIZE FORMS AND PROCEDURES IN THE COMPILATION OF BASKETBALL STATISTICS AND TO SECURE IMPROVED PRESS SERVICES AND FACILITIES TO IMPROVE THE DISSEMINATION OF AND ACCESS TO BASKETBALL NEWS IN ALL WRITTEN MEDIA TO BRING BASKETBALL WRTIERS TOGEHTER IN A CLOSER BOND OF FELLOWSHIP TO PROMOTE BETTER UNDERSTANDING AND GREATER RESPECT AND BETTER WORKING RELATIONSHIPS AMONG BASKETBALL WRITERS AS A

Expenses  
(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| 28 | TO PROMOTE THE BEST INTERESTS OF AMATEUR BASKETBALL, SPECIFICALLY COLLEGE BASKETBALL, FOR BOTH MEN AND WOMEN THROUGH SELECTING, RECOGNIZING AND AWARDDING COLLEGE BASKETBALL PARTICIPANTS WITH THE FOLLOWING 1 OSCAR ROBERTSON TROPHY (SINCE 1959) - RECOGNIZING THE USBWA PLAYER OF THE YEAR 2 HENRY IBA AWARD (SINCE 1959) - RECOGNIZING THE COLLEGE BASKETBALL COACH OF THE YEAR 3 WAYMAN TISDALE AWARD (SINCE 1989) - RECOGNIZING THE NATIONAL TOP FRESHMAN PLAYER OF YEAR 4 SELECTS A NATIONAL WOMEN'S PLAYER, FRSHMAN AND COACH OF THE YEAR 5 SELECTS THE ALL DISTRICT TEAMS 6 SELECTS THE ALL-AMERICAN TEAMS FOR MEN AND WOMEN (SINCE 1959) 7 SELECTS A MOST COURAGEOUS WINNER ANNUALLY, RECOGNIZING COACHES AND PLAYERS WHO PROVIDE INSPIRATION TO OTHERS 8 WORKS WITH THE NCAA TO PROVIDE BETTER WORKING REALTIONS BETWEEN JOURNALISTS AND COACHES 9 WORK WITH VARIOUS MEDIA FORMS TO PROMOTE COLLEGE BASKETBALL 10 TO BE A PRESENCE AT EACH FINAL FOUR EVENT PROMOTING THE USBWA, THE MEMBERS, THE SPORT OF COLLEGE BASKETBALL, SPORTS JOURNALIST AND THE INTERACTIONS OF ALL PARTIES FOR THE BENEFIT OF THE SPORT<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a |  |
| 29 | TO PROMOTE THE BEST INTERESTS OF SPORTS JOURNALISM, SPECIFICALLY THROUGH SPORTS JOURNALISTS AND STUDENTS OF THE CRAFT OF JOURNALISM 1 PROMOTE, ORGANIZE AND PERFORM AN ANNUAL SPORTS WRITING SEMINAR DURING THE FINAL FOUR EVENTS FOR STUDENT JOURNALISTS 2 AWARD OF AN ANNUAL 1,000 SCHOLARSHIP THROUGH THE WRITING SEMINAR PROGRAM 3 ENCOURAGE AND RECOGNIZE OUTSTANDING ACHIEVEMENTS IN SPORTS WRITING 4 BRING BASKETBALL WRTIERS TOGETHER IN A CLOSER BOND OF FELLOWSHIP TO PROMOTE JOURNALIST ETHICS<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 29a |  |
| 30 | PROMOTION OF COLLEGE BASKETBALL, JOURNALISTS AND MEDIA THROUGH PUBLICATION OF 1 USBWA 2011 MEMBERSHIP DIRECTORY 2 QUARTERLY PUBLICATION OF THE "TIPOFF" MEMBER NEWSLETTER 3 PUBLICATION AND BROADCAST OF THE USBWA WEB SITE<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 30a |  |
| 31 | Other program services (describe in Schedule O) . . . . .<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 31a |  |
| 32 | Total program service expenses (add lines 28a through 31a) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 32  |  |

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

☐

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes | No |
| 33  | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O                                                                                                                                                                                                                                                                     | 33  | No |
| 34  | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)                                                                                                                                                                              | 34  | No |
| 35  | 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, explain in Schedule O why the organization did not report the income on Form 990-T                                                                                                                                                                                        |     |    |
| a   | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?                                                                                                                                                                                                                                                    | 35a | No |
| b   | If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O                                                                                                                                                                                                                                                                                                        | 35b |    |
| c   | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III                                                                                                                                                                                                                        | 35c | No |
| 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  | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions                                                                                                                                                                                                                                                                                                                                            | 37a |    |
| b   | Did the organization file <b>Form 1120-POL</b> for this year?                                                                                                                                                                                                                                                                                                                                                                           | 37b | No |
| 38a | 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 tax year covered by this return?                                                                                                                                                                                                     | 38a | No |
| b   | If "Yes," complete Schedule L, Part II and enter the total amount involved                                                                                                                                                                                                                                                                                                                                                              | 38b |    |
| 39  | Section 501(c)(7) organizations. Enter                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| a   | Initiation fees and capital contributions included on line 9                                                                                                                                                                                                                                                                                                                                                                            | 39a |    |
| b   | Gross receipts, included on line 9, for public use of club facilities                                                                                                                                                                                                                                                                                                                                                                   | 39b |    |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under 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 |    |
| c   | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958                                                                                                                                                                                                                                                         |     |    |
| d   | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization                                                                                                                                                                                                                                                                                                                           |     |    |
| e   | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T                                                                                                                                                                                                                                                                                | 40e | No |
| 41  | List the states with which a copy of this return is filed                                                                                                                                                                                                                                                                                                                                                                               |     |    |
| 42a | The organization's books are in care of UNITED STATES BASKETBALL WRITERS<br>DAVID SIVCOVICH CPA PC<br>1855 BOWLES AVE STE 230<br>Located at FENTON, MO ZIP + 4 63026<br>Telephone no (314) 439-0339                                                                                                                                                                                                                                     |     |    |
| 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)?<br>If "Yes," enter the name of the foreign country<br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b> | 42b | No |
| c   | At any time during the calendar year, did the organization maintain an office outside of the U S ?<br>If "Yes," enter the name of the foreign country                                                                                                                                                                                                                                                                                   | 42c | No |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year                                                                                                                                                                                                                                           | 43  |    |
| 44a | Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.                                                                                                                                                                                                                                                                                                                     | 44a | No |
| 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 | No |
| c   | Did the organization receive any payments for indoor tanning services during the year?                                                                                                                                                                                                                                                                                                                                                  | 44c | No |
| d   | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                                                                                                                                                                                                                                                                                     | 44d |    |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                                                                 | 45a | No |
| 45b | 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)                                                                                                                                                                                      | 45b |    |

|    |                                                                                                                                                                                            |     |    |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|    |                                                                                                                                                                                            | Yes | No |
| 46 | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I |     | 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 47-49b and 52.

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

|     |                                                                                                                                                            |     |    |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     |                                                                                                                                                            | Yes | No |
| 47  | 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 |     |    |
| 48  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                          |     |    |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization?                                                                  |     |    |
| 49b | 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 |
|----------------------------------------------------------------|----------------------------------------------------------|------------------|---------------------------------------------------------------------|------------------------------------------|
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |

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 |
|------------------------------------------------------------------------------|---------------------|------------------|
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |

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       |                                     |                                           |
|                          | JOE MITCH EXECTIVE DIRECTOR                                               |            |                                     |                                           |
| Paid Preparer's Use Only | Preparer's signature                                                      | Date       | Check if self-employed              | Preparer's taxpayer identification number |
|                          | JOHN E MORONEY CPA                                                        | 2012-08-21 | <input checked="" type="checkbox"/> | (See instructions)                        |
|                          | Firm's name (or yours if self-employed), address, and ZIP + 4             | EIN        |                                     | Phone no                                  |
|                          | DAVID SIVCOVICH CPA PC<br>1855 BOWLES AVE STE 230<br>FENTON, MO 630261900 |            |                                     | (636) 343-4511                            |

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

|                                                                             |                                                  |
|-----------------------------------------------------------------------------|--------------------------------------------------|
| Name of the organization<br>UNITED STATES BASKETBALL WRITERS<br>ASSOCIATION | Employer identification number<br><br>54-1048808 |
|-----------------------------------------------------------------------------|--------------------------------------------------|

| Identifier             | Return Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OTHER EXPENSES         | FORM 990-EZ, PART I, LINE 16   | NCAA FINAL 4 BREAKFAST TRAVEL 1,233 EVENT ADMISSION 1,760 COST OF GOODS SOLD 24,257 EXPENSES PROMOTION 1,250 OFFICE 719 OFFICE 720 OFFICE 719 MVC EXPENSE 269 MVC EXPENSE 268 MVC EXPENSE 269 TRAVEL 1,440 TRAVEL 1,439 TRAVEL 1,440 CONFERENCES & MEETINGS 529 MONDAY BFAST & ADMIN CONF 9,450 INTEREST EXPENSE 25 INTEREST EXPENSE 25 INTEREST EXPENSE 24 WEBSITE 4,500 BANK FEES 399 TOTAL 50,735                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| OTHER LIABILITIES      | FORM 990-EZ, PART II, LINE 26  | ACCOUNTS PAYABLE AND ACCRUED EXPENSES 833 15,991                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| PRIMARY EXEMPT PURPOSE | FORM 990-EZ, PART III          | TO PROMOTE THE BEST INTERESTS OF AMATEUR BASKETBALL, SPECIFICALLY COLLEGE BASKETBALL, FOR BOTH MEN AND WOMEN, THROUGH A THE RESPONSIBLE AND VIGOROUS PRACTICE OF THE CRAFT OF JOURNALISM, AND B COOPERATIVE EFFORTS WITH ORGANIZATIONS DEDICATED TO RELATED PURPOSES, SUCH AS THE NATIONAL ASSOCIATION OF BASKETBALL COACHES, BASKETBALL HALL OF FAME, NCAA, OTHER WRITERS' AND JOURNALISM ORGANIZATIONS AND JOURNALISM EDUCATIONAL INSTITUTIONS TO ENCOURAGE AND RECOGNIZE OUTSTANDING ACHIEVEMENTS IN SPORTSMANSHIP, PLAY, COACHING, SPORTS WRITING OR IN OTHER FIELDS CONTRIBUTING TO THE ADVANCEMENT OF THE GAME TO STANDARDIZE FORMS AND PROCEDURES IN THE COMPILATION OF BASKETBALL STATISTICS AND TO SECURE IMPROVED PRESS SERVICES AND FACILITIES TO IMPROVE THE DISSEMINATION OF AND ACCESS TO BASKETBALL NEWS IN ALL WRITTEN MEDIA TO BRING BASKETBALL WRTIERS TOGEHTER IN A CLOSER BOND OF FELLOWSHIP TO PROMOTE BETTER UNDERSTANDING AND GREATER RESPECT AND BETTER WORKING RELATIONSHIPS AMONG BASKETBALL WRITERS AS A GROUP AND COACHES, PLAYERS, ATHLETIC DIRCTORS, SPORTS INFORMATION DIRECTORS, CONFERENCE AND NATIONAL ASSOCIATIONS AND OTHERS |
| FIRST ACCOMPLISHMENT   | FORM 990-EZ, PART III, LINE 28 | TO PROMOTE THE BEST INTERESTS OF AMATEUR BASKETBALL, SPECIFICALLY COLLEGE BASKETBALL, FOR BOTH MEN AND WOMEN THROUGH SELECTING, RECOGNIZING AND AWARDING COLLEGE BASKETBALL PARTICIPANTS WITH THE FOLLOWING 1 OSCAR ROBERTSON TROPHY (SINCE 1959) - RECOGNIZING THE USBWA PLAYER OF THE YEAR 2 HENRY IBA AWARD (SINCE 1959) - RECOGNIZING THE COLLEGE BASKETBALL COACH OF THE YEAR 3 WAYMAN TISDALE AWARD (SINCE 1989) - RECOGNIZING THE NATIONAL TOP FRESHMAN PLAYER OF YEAR 4 SELECTS A NATIONAL WOMEN'S PLAYER, FRSHMAN AND COACH OF THE YEAR 5 SELECTS THE ALL DISTRICT TEAMS 6 SELECTS THE ALL-AMERICAN TEAMS FOR MEN AND WOMEN (SINCE 1959) 7 SELECTS A MOST COURAGEOUS WINNER ANNUALLY, RECOGNIZING COACHES AND PLAYERS WHO PROVIDE INSPIRATION TO OTHERS 8 WORKS WITH THE NCAA TO PROVIDE BETTER WORKING REALTIONS BETWEEN JOURNALISTS AND COACHES 9 WORK WITH VARIOUS MEDIA FORMS TO PROMOTE COLLEGE BASKETBALL 10 TO BE A PRESENCE AT EACH FINAL FOUR EVENT PROMOTING THE USBWA, THE MEMBERS, THE SPORT OF COLLEGE BASKETBALL, SPORTS JOURNALIST AND THE INTERACTIONS OF ALL PARTIES FOR THE BENEFIT OF THE SPORT                                      |
| SECOND ACCOMPLISHMENT  | FORM 990-EZ, PART III, LINE 29 | TO PROMOTE THE BEST INTERESTS OF SPORTS JOURNALISM, SPECIFICALLY THROUGH SPORTS JOURNALISTS AND STUDENTS OF THE CRAFT OF JOURNALISM 1 PROMOTE, ORGANIZE AND PERFORM AN ANNUAL SPORTS WRITING SEMINAR DURING THE FINAL FOUR EVENTS FOR STUDENT JOURNALISTS 2 AWARD OF AN ANNUAL 1,000 SCHOLARSHIP THROUGH THE WRITING SEMINAR PROGRAM 3 ENCOURAGE AND RECOGNIZE OUTSTANDING ACHIEVEMENTS IN SPORTS WRITING 4 BRING BASKETBALL WRTIERS TOGETHER IN A CLOSER BOND OF FELLOWSHIP TO PROMOTE JOURNALIST ETHICS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| THIRD ACCOMPLISHMENT   | FORM 990-EZ, PART III, LINE 30 | PROMOTION OF COLLEGE BASKETBALL, JOURNALISTS AND MEDIA THROUGH PUBLICATION OF 1 USBWA 2011 MEMBERSHIP DIRECTORY 2 QUARTERLY PUBLICATION OF THE "TIPOFF" MEMBER NEWSLETTER 3 PUBLICATION AND BROADCAST OF THE USBWA WEB SITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

Additional Data

Software ID:  
Software Version:  
EIN: 54-1048808  
Name: UNITED STATES BASKETBALL WRITERS  
ASSOCIATION

Form 990-EZ, Special Condition Description:

|                               |
|-------------------------------|
| Special Condition Description |
|-------------------------------|

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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| JOE MITCH <br>803 WILDVIEW LANE<br>MANCHESTER,MO 63021                       | EXECUTIVE DI 15 00                                       | 10,046                                     |                                                                     |                                          |
| LENOX RAWLINGS <br>803 WILDVIEW LANE<br>MANCHESTER,MO 63021                  | PRESIDENT 5 00                                           | 0                                          |                                                                     |                                          |
| JOHN AKERS<br>BASKET BALL TIMES <br>803 WILDVIEW LANE<br>MANCHESTER,MO 63021 | 1STVICE PRE 5 00                                         | 0                                          |                                                                     |                                          |
| KRIK WESSLER <br>803 WILDVIEW LANE<br>MANCHESTER,MO 63021                    | 2ND VICE PRE 5 00                                        | 0                                          |                                                                     |                                          |
| DANA O'NEIL <br>803 WILDVIEW LANE<br>MANCHESTER,MO 63021                   | 3RD VICE-PRE 5 00                                        | 0                                          |                                                                     |                                          |

**TY 2011 Compensation Explanation**

**Name:** UNITED STATES BASKET BALL WRITERS  
ASSOCIATION

**EIN:** 54-1048808

| Person Name                     | Explanation |
|---------------------------------|-------------|
| JOE MITCH                       |             |
| LENOX RAWLINGS                  |             |
| JOHN AKERS<br>BASKET BALL TIMES |             |
| KRIK WESSLER                    |             |
| DANA ONEIL                      |             |