

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



### Form 990

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)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2012 calendar year, or tax year beginning , 2012, and ending D Employer Identification Number Check if applicable: Address change TWU FORMER STUDENTS ASSOCIATION 23-7201733 P.O. BOX 425795 Telephone number Name chance DENTON, TX 76204-5795 (940) 898-2587 Initial return Terminated Amended return G Gross receipts \$ 100,643. H(a) Is this a group return for affiliates? Application pending F Name and address of principal officer: PATRICIA EDWARDS Yes X No H(b) Are all affiliates included?
If 'No,' attach a list. (see Instructions) Same As C Above Yes No 527 Tax-exempt status X 501(c)(3) 4947(a)(1) or 501(c) ( (insert no.) Website: ► www.twu.edu/alumni/fsa H(c) Group exemption number L Year of Formation: 1905 M State of legal domicile: Form of organization: X Corporation Part L Summary 1 Briefly describe the organization's mission or most significant activities: PROMOTE TEXAS WOMAN'S UNIVERSITY Activities & Governance Check this box ► | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... 3 Number of independent voting members of the governing body (Part VI, line 1b)..... 16 Total number of individuals employed in calendar year 2012 (Part V, line 2a)..... 5 Total number of volunteers (estimate if necessary)..... 50 7a Total unrelated business revenue from Part VIII, column (C), line 12...... b Net unrelated business taxable income from Form 990-T, line 34..... 0. **Current Year** Contributions and grants (Part VIII, line 1h)..... 65,008 31,585. Program service revenue (Part VIII, line 2g)..... 16,845 15,130. Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 19,513 14,032 29,401 28,909. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 130,767. 89,656. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 28,125 28,113 Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . 20,739 30,092 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 24,860 34,123. Total expenses. Add lines 13-17 (must equal Part IX, column (A) line 25). 73,724. 92,328. Revenue less expenses. Subtract line 18 from line 12. -2,672.57,043. **End of Year Beginning of Current Year** MAY. 2.0.2013 839,286. 841.958. Total liabilities (Part X, line 26)...... 0. 0. Net assets or fund balances. Subtract line 21 from 958 839,286. Signature Block 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 PATRICIA EDWARDS President Type or print name and title. Print/Type preparer's name Check self-employed P00002753 **₹Paid** Carl M. Deaton 🕽 Preparer Tonn & Seay, Hankins, Deaton, Firm's name Eastup, 🗐 Use Only PO BOX 977 Firm's EIN ► 75-1333383 Firm's address DENTON, TX 76202-0977 (940)387-8563

May the IRS discuss this return with the preparer shown above? (see instructions).....

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Yes

TEEA0113L 12/18/12

Form 990 (2012)

	DENTS ASSOCIATION	23-7201733 Page 2
<u></u>	Service Accomplishments	
	a response to any question in this Part III	
1 Briefly describe the organization's m PROMOTE TEXAS WOMAN'S		
TROMOTE TEXAS WOMAN 5	ONIVERSIII & ALUMNAE	
2 Did the organization undertake any s	ignificant program services during the year which were	e not listed on the prior
Form 990 or 990-EZ?		Yes X No
If 'Yes,' describe these new services		
	ng, or make significant changes in how it conducts, any	program services? Yes X No
If 'Yes,' describe these changes on S		
Section 501(c)(3) and 501(c)(4) orgai	service accomplishments for each of its three largest nizations and section 4947(a)(1) trusts are required to nue, if any, for each program service reported.	program services, as measured by expenses. report the amount of grants and allocations to
4a (Code: ) (Expenses \$	28,113. including grants of \$	) (Revenue \$
	UDENTS AS DEFINED BY VARIOUS ENDOW	
	ETINGS PROVIDE A FORUM FOR ALUMNAE NTS THEREBY STRENGTHENING THE RELA	
4c (Code ) (Expenses \$	3,114. including grants of \$	) (Revenue \$ )
	DLVEMENT STRENGTHEN TIES BETWEEN T	HE UNIVERSITY AND STUDENTS
4 d Other program services (Describe in (Expenses \$	•	(Payanya É
(Expenses \$ 4 e Total program service expenses ▶	including grants of \$ )	(Revenue \$ )
	38,179.	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	-	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations 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	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	<b>a</b> Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	11 a	Х	
ı	<b>b</b> Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		Х
•	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		X
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
t	o If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	1	

Form 990 (2012) TWU FORMER STUDENTS ASSOCIATION

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		Х
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		Х
ł	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			v
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	<u>.                                    </u>	Х
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
Ŀ	olf 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 (	2012)

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
_			Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.			
	<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2 a 2			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
4	a 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)?	4 a		Х
	b If 'Yes,' enter the name of the foreign country. ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
	<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	-	X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		•
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the organization make any taxable distributions under section 4966?	9 a		
	<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:		-	
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	- 1		
11	Section 501(c)(12) organizations. Enter		- 1	
	a Gross income from members or shareholders	.		
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	. [	1	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	a Is the organization licensed to issue qualified health plans in more than one state?	13a	]	
	Note. See the instructions for additional information the organization must report on Schedule O.			
١	b Enter the amount of reserves the organization is required to maintain by the states in	1	1	
	which the organization is licensed to issue qualified health plans  Enter the amount of reserves on bond	1		
	c Enter the amount of reserves on hand			۲۶-
	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
	If 'Yes.' has it filed a Form 720 to report these payments? If 'No ' provide an explanation in Schedule O	146	I	

Part VIS Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI... Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year . . . . 16 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent ... 16 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?... 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors or trustees, or key employees to a management company or other person?..... 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Did the organization become aware during the year of a significant diversion of the organization's assets? . . . 5 X Did the organization have members or stockholders?..... 6 X 7 a 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8 a a The governing body?..... 8 h X b Each committee with authority to act on behalf of the governing body?..... is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O ........... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No Yes X 10 a 10 a Did the organization have local chapters, branches, or affiliates?...... b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their X operations are consistent with the organization's exempt purposes?..... 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?...... 11 a **1** b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c 13 Х 13 Did the organization have a written whistleblower policy?............ 14 Did the organization have a written document retention and destruction policy?..... X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official ....... 15 a 15 b X b Other officers of key employees of the organization..... If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 1 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a ..... b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?..... 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Other (explain in Schedule O) Another's website Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MARY PAGANO TEXAS WOMAN'S UNIVERSITY DENTON TX 76204

# Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

King Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

		(C)				_				
(A) Name and Title	(B) Average hours per week (list	one bo offic	er an	less p	erso	more to n is bot or/truste	han	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from	<b>(F)</b> Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MADGE BOYNTON	5									
Treasurer	0	X		X				0.	0.	0.
(2) PATRICIA EDWARDS	5									
President	0	Х		Х	l			0.	0.	0.
(3) NANCY GLICK	0									
2nd Vice Pres	0	Х		Х				0.	0.	0.
(4) BARBARA TAYLOR	_ 0									
Director	0	X		X				0.	0.	0.
(5) CONNIE SITTERLY	0									
Vice President	0	X		X				0.	0.	0.
(6) GAY LYNN BYNUM	0									
4th Vice Pres	0	X		X				0.	0.	0.
(7) VIRGINIA KLINE	5									
Director	0	X		X				0.	0.	0.
(8) VICKI HINES	0									•
4th Vice Pres	0	X		X				0.	0.	0.
(9) JUDY ELIAS	0								<u>-</u> .	
Exec Secretary	0	X		X				0.	0.	0.
(10) NORA SIERRA	0									
Parliamentarian	0	X		X				0.	0.	0.
(11) BONNIE POTTS	0									
<u>Secretary</u>	0	X		X				0.	0.	0.
(12) CAROLYN GUNNING	0									
Director	0	X		X				0.	0.	0.
(13) EMILY-MAE STAFFORD	0									
Communications	0	X		X				0.	0.	0.
(14) MICKEY FAUST	0									
Membership	0	X		X				0.	0.	0.

Part VII Section A. Officers, Directors, Trus	I Highest Compensated Employees (cont)											
	(B)	(C)										
(A) Name and title	Average hours per	box	, unie	ess po	erson	e than is bot or/trus	ih an	(D)  Reportable compensation from	(E)  Reportable compensation from	E	(F) stimated	<u>.</u>
				_	क्र	19.3	7	the organization (W-2/1099-MiSC)	related organizations (W-2/1099-MISC)	cor	npensation of the from the	
	week (list any hours for related organiza - tions below dotted line)	direc	nstitutional trustee	Officer	Key employee	employee	픮	,	,	or a	ganizatio nd related	3
	organiza - tions	§ <u>₽</u>	표		ploye	e con				Org	anızatıor	15
	below dotted line)	See	ruste		ő	SE						
	iiie)		ő			8	1					
(15) BONNIE STAYER	0				-		<u> </u>			<del>                                     </del>		
Scholarship	0	X		Х				0.	0.	ļ		0.
(16) MEG BARRY	1-2-			l ,					_			٥
Director (17)	0	X		X		├	┢	0.	0.	<u> </u>		0.
2.22		1										
(18)												
(19)	<del>                                     </del>		Н		-	$\vdash$	H		· · · · · ·	<del> </del>		
		<u> </u>								<u> </u>		
(20)	<del> </del>											
(21)												
(22)	<del> </del>											<del></del>
(23)							<del> -</del>					
										<u> </u>		
(24)	┨											
(25)												
1 b Sub-total			Ш.	L		L	┢	0.	0.			0.
c Total from continuation sheets to Part VII, Section	n A						<b>&gt;</b>	0.	0.			0.
d Total (add lines 1b and 1c)					· · · ·	<i>.</i>	<b>&gt;</b>	0.	0.			0.
2 Total number of individuals (including but not limited to from the organization ► 0	o those li	sted	abo	ve) v	who	recei	ved	more than \$100,00	00 of reportable comp	pensatio	n	
from the organization 0											Yes	No
3 Did the organization list any former officer, director	or or trus	itee,	key	em	ploy	ee, o	or hi	ighest compensat	ed employee	1.20.		建沙
on line 1a? If 'Yes,' compléte Schedule J for such	individu	al				• •	••	ī		3	. E. J. J. 18	X
4 For any individual listed on line 1a, is the sum of r the organization and related organizations greater	eportable	le co 50 0	mpe	ensa If 'Y	tion (es'	and	oth	er compensation	from			
such individual.										4	100 - 1000	X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	compen comple	satio	n fr	om dule	any J fo	unre or suc	elate ch p	ed organization or person	individual	5		X
Section B. Independent Contractors									4100 000			
Complete this table for your five highest compensation from the organization. Report compensation.	ated indestion for	epen the c	den alen	t co dar	ntra year	ctors endi	tha ng v	at received more t with or within the or	nan \$100,000 of ganization's tax yea	r.		
(A) Name and business addre	ss							(B) Description (	of services	Comp	C) ensatio	'n
										<u> </u>		
2 Total number of independent contractors (including but	t not lim	ted to	o the	ose I	ister	abo	ve)	who received more	than 🎏	1512-19512-5		<u> </u>
\$100,000 in compensation from the organization												
												0010

Part VII Section A. Officers, Directors, Truste		y e.r	npı			and	ואנ	Ignest Comper	isated Employee	s (con	<u>t)</u>	
(A) Name and title	Average hours per week	box, offic	unle er an	ss pe	more more erson direct	than is bot or/trus	h an tee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	Es <sup>s</sup> amous	(F) timated nt of othe pensation	
	(list any hours for related organiza tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	omer	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the inization I related nizations	
(15) BONNIE STAYER Scholarship	- 0	X		Х				0.	0.	<u> </u>		0.
(16) MEG BARRY	0_		Ι.									
Director (17) ANNE SCOTT	$\frac{0}{0}$	X		X	-			0.	0.			0
(18)	- <u>-</u>	-										
(19)												
(20)											<del></del>	
(21)												
(22)												
(23)												
(24)		T										
(25)											-	
1 b Sub-total	1				1		<b>&gt;</b>	0.	0.			0
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	Α						<b>►</b>	0.	0.			0
2 Total number of individuals (including but not limite from the organization ▶ 0	ed to tho	se li	sted	abo	ove)	who	rec		100,000 of reportab	ole comp	ensatio	
3 Did the organization list any former officer, directo	r or truc	taa	kov	ome	alou/		r bu	ahast sampansata	d omployee		Yes	No
on line 1a <sup>3</sup> If 'Yes,' compléte Schedule J for such	ındıvıdu	al İ		Ċ		,			, ,	3		X
4 For any individual listed on line 1a, is the sum of r the organization and related organizations greater such individual	than \$1	50,00	)0?	lf 'Y	es'	anu comp	oute	Schedule J for	om	4		X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	compen ' <i>comple</i>	satio te Sc	n fro	om a lule	any i	unre r <i>suc</i>	ateo h pe	d organization or i erson	ndıvıdual	. 5		Х
Section B. Independent Contractors  1 Complete this table for your five highest compensations.												
compensation from the organization. Report comp  (A)  Name and business addre		ior	ine d	cale	ndai	yea	r en	Description	)			
Trains and passings date								2 2 3 3 1 2 3 1 7				
Total number of independent contractors (including \$100,000 in compensation from the organization)	•	t lımı	ted	to th	nose	liste	d al	bove) who receive	d more than			
project in compensation nom the organization		TEFA	0100		<b></b>					<u> </u>	990 /2	~~~

	n 990 (2012) TWU FORMER STUDENTS ASSOCIATI	ON		23-7201733	Page
ar	t VIII Statement of Revenue Check if Schedule O contains a response to any questi	on in this Part VIII			Г
_		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions).  1 a 1 b 1 c 1 c 1 d 1 d 1 e 1 c 1 d 1 e 1 d 1 e 1 d 1 e 1 f All other contributions, gifts, grants, and similar amounts not included above 1 f 31 585				
VENUE AND O	similar amounts not included above 1 f 31,585.  g Noncash contributions included in lins la-lf \$ h Total. Add lines la-lf  Business Code  2 a Membership Dues & Assessments 611710	31,585. 15,130.	15,130.		
PROGRAM SERVICE REVENUE	b c d e f All other program service revenue		10,100		
	<ul> <li>g Total. Add lines 2a-2f</li> <li>3 Investment income (including dividends, interest and other similar amounts)</li> <li>4 Income from investment of tax-exempt bond proceeds</li> <li>5 Royalties</li> </ul>	15,130. 14,032.	14,032.		
	(i) Real (ii) Personal  6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses  c Gain or (loss)  d Net gain or (loss)				
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18  b Less: direct expenses  c Net income or (loss) from fundraising events.	1,885.			

호낉	•	dovormione grants (contributions).	<u>                                   </u>					
CONTRIBUTION AND OTHER S	f	All other contributions, gifts, grants, an similar amounts not included above	d 1 f	31,585.				
돌물	g	Noncash contributions included in lns 1	a-If \$					
3	h	Total. Add lines 1a-1f			31,585.			
				Business Code	31,303.			
PROGRAM SERVICE REVENUE	2 a	Membership Dues & Assess	ments	611710	15,130.	15,130.	:	
읟								
6	ا				<u> </u>			
\$			<del>-</del>		· · · · · · · · · · · · · · · · · · ·			
8		All other program service rever			-			
ջ	'	· -	iue	<u> </u>				<del></del>
-	9	Total. Add lines 2a-2f			15,130.			
	3	Investment income (including dother similar amounts)	ividend	s, interest and	14 022	14 022		
	4	Income from investment of tax-			14,032.	14,032.		
	5	Royalties	CXCITIP	bona proceeds	-		<del></del>	
	,		Real	(ti) Personal				
	6 2	Gross rents		(1) 1 01301121				
		Less rental expenses		_				
Ì		Rental income or (loss)						
		Net rental income or (loss)						
		` C We	curities	(ii) Other			·····	
	7 a	Gross amount from sales of assets other than inventory		(ii) Olier				
	b	Less cost or other basis and sales expenses						
]	C	Gain or (loss)						
	d	Net gain or (loss)		<b>&gt;</b>				
OTHER REVENUE	8 a	Gross income from fundraising (not including \$						
짍		of contributions reported on line	elc).					
8		See Part IV, line 18		a 12,872.				
틹		Less: direct expenses		b 10,987.				
٦	С	Net income or (loss) from fundr	aising (	events.	1,885.			
	9 a	Gross income from gaming acti See Part IV, line 19	vities.	a				
	b	Less: direct expenses		b				
	С	Net income or (loss) from gamin	ng activ	rities •	Ì	ĺ		
	10 a	Gross sales of inventory, less reand allowances	eturns	a 1,344.				<del>• • • • • • • • • • • • • • • • • • • </del>
	b	Less: cost of goods sold		b				
	C	Net income or (loss) from sales	of inve	ntory	1,344.	1,344.		
		Miscellaneous Revenue		Business Code				
	11 a	AFFINITY CARD			25,680.	25,680.	ĺ	
	b							
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d		•	25,680.			<del></del>
	12	Total revenue. See instructions		•	89,656.	56,186.	0.	U
BAA			-	TEEA	0109L 12/17/12			Form <b>990</b> (2012)

Sec	tion 501(c)(3) and 501(c)(4) organizations must (			ust complete column (A	
	Check if Schedule O contains a r	esponse to any question			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	28,113.	28,113.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	27,848.		27,848.	
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	,		,	
9	Other employee benefits				
10	Payroll taxes	2,244.		2,244.	-
11	Fees for services (non-employees):	_,			
а	Management				
b	Legal				
c	Accounting	6,750.		6,750.	
d	Lobbying			2, 1223	· · · · · · · · · · · · · · · ·
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
_	Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch 0) Advertising and promotion		.,		
13			<u>-</u>		
14	Information technology				<u> </u>
15	Royalties				<del>.</del>
16	Occupancy				
17	Travel	756.		756.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	730.		730.	
19 20	Conferences, conventions, and meetings.				
	Payments to affiliates				
	Depreciation, depletion, and amortization				<del></del>
23	Insurance				· · · · · · · · · · · · · · · · · · ·
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	CLASS GIFTS CAMPAIGN	3,952.	3,952.		
	AWARDS	3,114.	3,114.		
	MEMBERSHIP EXPENSES	2,966.		2,966.	
	Postage and Shipping	2,959.		2,959.	
	All other expenses See Sch. 0	13,626.	3,000.	10,626.	
25	Total functional expenses. Add lines 1 through 24e	92,328.	38,179.	54,149.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)			, = - ·	

**Balance Sheet** 

Check if Schedule O contains a response to any question in this Part X (A) Beginning of year (B) End of year Cash - non-interest-bearing 61,230 1 50,904. Savings and temporary cash investments 2 2 779,183. 786,988. Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 R Inventories for sale or use 8 Prepaid expenses and deferred charges. 9 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 a 12,975. 10 b b Less: accumulated depreciation 11,581. 10 c 1,545 1,394. 11 Investments - publicly traded securities 11 12 Investments – other securities. See Part IV, line 11 12 13 Investments - program-related, See Part IV, line 11 13 14 Intangible assets. 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 841,958 839,286 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties. 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 25 Total liabilities. Add lines 17 through 25 0. 26 0. Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets ASSETS 27 636,493. 633,821. 28 Temporarily restricted net assets 28 66,953. 66,953. Permanently restricted net assets 29 138,512. 138,512. R Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. FUND Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 841,958. 33 839,286. 34 Total liabilities and net assets/fund balances 841,958. 839,286. BAA Form 990 (2012)

	1990 (2012) IWO FORMER STUDENTS ASSOCIATION	<u> 23-7201733</u>	3	P	age 12
Pa	↑ XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		89,	656.
2	Total expenses (must equal Part IX, column (A), line 25)	2			328.
3	Revenue less expenses Subtract line 2 from line 1	3			572.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8		958.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8	39.	286.
Pa	t XII   Financial Statements and Reporting	<del></del>		0,7,1	
	Check if Schedule O contains a response to any question in this Part XII				
	Chest in Contracts of Contains a response to any question in this rail All			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		ļ	163	140
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain				
	in Schedule O				
2 :	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Х	1
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both:	iewed on a			
	X Separate basis Consolidated basis Both consolidated and separate basis				
ı	Were the organization's financial statements audited by an independent accountant?		2b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both:	parate			
	Separate basis Consolidated basis Both consolidated and separate basis				
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 a	ı As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3 a		x
1	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3ь		
BAA		····	Form	990	(2012)

#### **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.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name o	of the orga	nization			-			·-···				Employe	r identifica	tion number		
TWU	FORM	ER STUDE	NTS	ASSOCI	ATION							23-7	20173	3		
Parl	I Re	ason for P	ublic	Charity	Status	(All organiz	zations n	nust co	mplete	this p	art.) S					
The c	rganiza	tion is not a p	orivate	foundatio	n becaus	se it is: (For li	nes 1 throi	ugh 11, d	check or	nly one b	oox.)					
1	A c	hurch, conve	ntion	of churche	s or asso	ciation of chi	urches des	cribed in	section	170(b)(	1)(A)(i).					
2	☐ A s	chool describ	ed ın	section 17	0(Ь)(1)(А	Xii). (Attach	Schedule E	Ξ.)								
3	∏ A h	ospital or a c	ooper	ative hosp	ıtal servi	ce organizatio	on describe	ed in sec	tion 170	(b)(1)(A)	Xiii).					
4	∏ A n	nedical resea	rch or	ganızatıon	operated	d in conjunction	on with a h	ospital c	lescribe	d in sect	ion 170	(b)(1)(A)	(iii). Ent	er the hosp	ıtal's	
	nar	ne, city, and	state:											·		
5	二 1/0	(b)(1)(A)(IV).	(Com	iplete Part	11 )	of a college o				_		nmental	unit des	cribed in se	ction	
6						jovernmental										
7	∺ıns	ection 1/0(b)	(IXA)	<b>(vi).</b> (Com	plete Pa					vernmen	ital unit	or from	the gene	eral public o	lescrib	ed
8						70(b)(1)(A)(vi)										
9	unre (Co	ted to its exemelated business implete Part I	ipt tun s taxat II.)	ctions – sul ple income (	oject to ce less secti	ore than 33-1/3 ertain exception on 511 tax) fro	ns, and (2) r m businesse	no more t es acquire	han 33-1 ed by the	/3% of its organiza	s support ation afte	t from gro r June 30	acc invoc	tmont income	a and	
10						exclusively to										
11	— sup	orted organiza	ations	described ir	i section :	isively for the to 509(a)(1) or se ss 11e throug	ction 509(a)	perform (2). See	the funct section	ions of, o 509(a)(3)	or carry o	out the pu the box t	urposes o nat descr	of one or more libes the type	e public of	aly
	a [	Type I	þ	Type II	•	c Type III	<ul><li>Functio</li></ul>	nally inte	egrated		d 🗍 .	Type III	- Non-fi	unctionally	ntegra	ited
e	otne	checking this er than found tion 509(a)(2)	ation	I certify tha managers	at the org and othe	janization is r r than one or	not controll more pub	ed direct licly supp	tly or incoorted o	lirectly b rganizat	y one o ions des	r more o scribed i	disqualifi n section	ed persons n 509(a)(1)	or	
f	If th	e organizatio	n rec	eived a wri	tten dete	rmination fro	m the IRS	that is a	Type I,	Type II	or Type	III supp	orting or	ganızatıon,		
g	Sin	ce August 17	, 2006	i, has the c	organizat	on accepted	any gift oi	r contribi	ution fro	m any o	f the fol	lowing p	ersons?		Yes	N-
	<b>(i)</b>	A person we below, the	/ho dıı gover	rectly or in- ning body	directly o	ontrols, eithe pported orga	r alone or nization?	together	with pe	rsons de	escribed	ın (ıı) a	nd (III)	11 g (i)	res	No
	(ii)	A family m	embei	r of a perso	on descri	bed in (i) abo	ve?							11 g (ii)		
	(iii)	A 35% con	trolled	l entity of a	person	described in	(ı) or (ıı) at	oove?						11 g (iii)		
h	Pro	vide the follow	wing ii	nformation	about th	e supported	organızatıo	n(s).						7.5()		
	(i) N	ame of supported organization		(ii) El	Ň	(described of above or II	organization on lines 1-9 RC section ructions))	column (	Is the tation in i) listed in overning ment?	(v) Did yo the organ column ( supp	ization in	organiz colur organize	s the sation in mn (i) ed in the S ?	(vii) Amoun sup	t of mone	etary
	_							Yes	No	Yes	No	Yes	No			
(A)							_									
(B)																
(C)							_									
<del>('')</del>		<del></del>	+			<del> </del>		<del> </del>		<del>                                     </del>			<u> </u>	_		
(D)												_				
(E)		<u></u>														
Tetal									:							
Total	P-			A . 4 A P . 11	<del></del>			1	<u> </u>							
DAA	or Pap	erwork Kedu	ction.	ACT NOTICE	, see the	Instructions	tor Form 9	90 or 99	J-EZ.		5	Schedule	e A (For	m 990 or 99	10-EZ)	2012

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support									
	endar year (or fiscal year inning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	2	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')									
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					++++++++++++++++++++++++++++++++++++++				
6	<b>Public support.</b> Subtract line 5 from line 4									
Sec	tion B. Total Support				-					
Cale beg	endar year (or fiscal year inning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	<b>(e)</b> 201	2	<b>(f)</b> Total		
7	Amounts from line 4									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10										
11	Total support. Add lines 7 through 10									
12	Gross receipts from related activi	ties, etc (see ins	tructions)		•	<u> </u>	12			
13	First five years. If the Form 990 a organization, check this box and		ation's first, secon	d, third, fourth, or	fifth tax year as a	a section 501	(c)(3)	► []		
Sec	tion C. Computation of Pu	blic Support	Percentage					<del>-</del>		
	Public support percentage for 20	•	•	e 11, column (f))			14	%		
15	Public support percentage from 2	1011 Schedule A,	Part II, line 14			į	15	%		
16 a	a <b>33-1/3% support test – 2012.</b> If to and <b>stop here.</b> The organization of				d the line 14 is 33	-1/3% or moi	e, che	eck this box		
ŀ	33-1/3% support test — 2011. If the and stop here. The organization				i, and line 15 is 33	3-1/3% or mo	re, ch	eck this box ►		
17 a	n 10%-facts-and-circumstances tes or more, and if the organization r the organization meets the 'facts-	neets the 'facts-a	ind-circumstances	test, check this t	box and stop here	. Éxplain in l	Part I	/ how		
ŀ	• 10%-facts-and-circumstances tes or more, and if the organization r organization meets the 'facts-and	neets the 'facts-a	ind-circumstances	i' test, check this t	box and stop here	. Explain in l	⊃art I\	5 is 10% / how the ► ∏		
18	Private foundation. If the organiz	ation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	box and see	ınstru	uctions ► 🗌		

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 under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal yr beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1 Gifts, grants, contributions		<del></del>			·····	
and membership fees received (Do not include any 'unusual grants.')	69,759.	118,426.	52,073.	81,853.	46,715.	368,826.
2 Gross receipts from admis-	09, 139.	110,420.	32,073.	01,033.	40,713.	300,020.
sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	12,222.	10,073.	15,164.	14,293.	14,216.	65,968.
3 Gross receipts from activities that are not an unrelated trade or business under section 513			-			0.
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	81,981.	128,499.	67,237.	96,146.	60,931.	434,794.
7 a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
for the year	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7և	0.	0.	0.	0.	0.	0.
Public support (Subtract line 7c from line 6)						434,794.
Section B. Total Support	4 > 0000	# > 0000	1,0010	4 N 0011	( ) 0010	45 T. I. I
Calendar year (or fiscal yr beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6  10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	81,981.	128,499.	67,237.	96,146.	60,931.	434,794.
similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	22,463.	23,374.	15,715.	19,513.	14,032.	95,097.
c Add lines 10a and 10b	22,463.	23,374.	15,715.	19,513.	14,032.	95,097.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	22,463.	23,374.	15,715.	19,513.	14,032.	95,097.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain In Part IV)	33,830.	31,557.	32,611.	27,025.	25,680.	150,703.
13 Total support. (Add Ins 9, 10c, 11, and 12)	138,274.	183,430.	115,563.	142,684.	100,643.	680,594.
14 First five years. If the Form 990 is organization, check this box and	s for the organizati					<u> </u>
Section C. Computation of Pu	blic Support P	ercentage				<u></u>
15 Public support percentage for 20	12 (line 8, column	(f) divided by line	13, column (f))		15	63.88 <sup>%</sup>
16 Public support percentage from 2	2011 Schedule A, F	Part III, line 15			16	63.81 %
Section D. Computation of Inv	estment Incor	ne Percentage				
	× 2012 (line 10e e	alumn (f) duudad l	by line 13 column	n (fl)	17	13.97 <sup>%</sup>
17 Investment income percentage for	or 2012 (line 100, 0	olumn (i) alvidea i	by line 15, coluin	. (1))	l''	13.37
<ul> <li>17 Investment income percentage for</li> <li>18 Investment income percentage fr</li> <li>19 a 33-1/3% support tests — 2012. If</li> </ul>	om <b>2011</b> Schedule	A, Part III, line 1	7		18	14.71 %

**b 33-1/3% support tests** – **2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form 990 or	990-EZ) 2012	TWU FORMER	STUDENTS	ASSOCIATION	23-7201733	Page 4
Part IV	Supplemen Part II, Ime (See instru	tal Information 17a or 17b; uctions).	. Complete this and Part III, I	s part to prov ne 12. Also	ride the explanation complete this par	s required by Part II, line 10; t for any additional information.	
			·	<del></del>			<del>-</del>
			<b></b>				
					. – – – – – – –		
			. – – – – – <del>–</del>				
		<b>_</b>					
	. – – – –						
	·						
				<b></b>			
					·		
	· <del></del> -					<b>-</b>	
					<del>-</del>		
	<del>-</del>						
			<b></b> -	. <b></b> _			
				· <b></b>			
		<b>-</b>					
	·		·				
			. <b></b> _		·		
			<b></b>				

201.2
-------

# **Schedule A, Part IV - Supplemental Information**

Page 5

#### TWU FORMER STUDENTS ASSOCIATION

23-7201733

Nature and Source	2012	2011	2010	2009	2008
AFFINITY CARD ROYALTIES \$ Total \$	25,680. 25,680.		\$ 32,611. \$ 32,611.	\$ 31,557. \$ 31,557.	\$ 33,830. \$ 33,830.

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions. 2012

Open to Public

Inspection
Employer Identification number

	J FORMER STUDENTS ASSOCIATION				3-7201733	
Pai	Organizations Maintaining Donor A the organization answered 'Yes'	dvised Funds or Other Simi to Form 990, Part IV, Iin	ilar Funds or Acco e 6.	ounts. Con	nplete if	
		(a) Donor advised fi	unds	(b) Fund	is and other acc	ounts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the a organization's exclusive legal c	ssets held in donor a ontrol?	advised fund	S Yes	No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing of the donor or donor advisor,	g that grant funds ca or for any other purp 	n be used or lose conferri	nly ng <b>Yes</b>	□ No
531	Conservation Easements. Comp	plete if the organization a	nswered 'Yes' to	Form 99	0 Part IV Ju	 ne 7
1	Purpose(s) of conservation easements held by	<del></del>		<u> </u>	<u> </u>	
-	Preservation of land for public use (e.g., r	` _	Preservation of ar	historically	important land a	rea
	Protection of natural habitat		Preservation of a	-	•	
	Preservation of open space	L		mot		
2	· '	on held a qualified conservation	contribution in the fo	orm of a con	servation easem	ent on the
				Held	at the End of th	e Tax Year
	Total number of conservation easements			2 a		
	Total acreage restricted by conservation ease		<u> </u>	2 b		
•	Number of conservation easements on a certif	fied historic structure included in	n (a)	2 c		
	I Number of conservation easements included in structure listed in the National Register	•		2 d		
3	Number of conservation easements modified, tax year ▶	transferred, released, extinguis	hed, or terminated b	y the organi	zation during the	•
4	Number of states where property subject to co	nservation easement is located	<b>•</b>			
5	Does the organization have a written policy reand enforcement of the conservation easement	its it holds?			Yes	No
6	Staff and volunteer hours devoted to monitoring					_
7	Amount of expenses incurred in monitoring, in \$	specting, and enforcing conserv	vation easements du	ring the year	r	
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the req	uirements of section	170(h)(4)(B)	(i) Yes	No
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote toonservation easements	orts conservation easements in o the organization's financial sta	its revenue and exp atements that descrit	ense statem ses the orga	ent, and balance nization's accoui	e sheet, and nting for
³aı	Organizations Maintaining Collection Complete if the organization ans	tions of Art, Historical Tre swered 'Yes' to Form 990	asures, or Other , Part IV, line 8.	Similar As	sets.	
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finan	s held for public exhibition, educ	cation, or research in	tatement and furtherance	d balance sheet of public service	works of e, provide,
k	If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items	SFAS 116 (ASC 958), to report d for public exhibition, education	t in its revenue state n, or research in furt	ment and ba therance of p	ilance sheet worl oublic service, pr	ks of art, ovide the
	(i) Revenues included in Form 990, Part VIII,	line 1			<b>►</b> \$	
	(ii) Assets included in Form 990, Part X				<b>►</b> \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other 116 (ASC 958) relating to these	sımılar assets for fin items:	ancıal gaın,	provide the follo	wing
a	Revenues included in Form 990, Part VIII, line	1			<b>►</b> \$	
Ŀ	Assets included in Form 990, Part X				►\$	

Schedule D (Form 990) 2012 TWU ] Part III Organizations Maintain				23-7201 er Similar Assets (d	
Using the organization's acquisitivems (check all that apply).					
a Public exhibition		d Loan or exc	change programs		
<b>b</b> Scholarly research		e Other			
c Preservation for future gener	ations				
4 Provide a description of the organ Part XIII.	nization's collections	and explain how they	further the organizat	tion's exempt purpose	ın
5 During the year, did the organiza to be sold to raise funds rather the	ian to be maintained	as part of the organiz	ation's collection?	i	Yes No
Part IV Escrow and Custodial Arra reported an amount o	ngements. Complete n Form 990, Par	e if the organization at X, line 21.	inswered 'Yes' to Fo	orm 990, Part IV, line	9, or
1 a Is the organization an agent, trus on Form 990, Part X?		-		assets not included	Yes No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and comp	olete the following tab	le:		
					Amount
c Beginning balance				1 c	
d Additions during the year				1 d	
e Distributions during the year				1 e	
<ul><li>f Ending balance.</li><li>2 a Did the organization include an a</li></ul>	mount on Form 990	Part Y line 212		[ 1f]	Yes No
<b>b</b> If 'Yes,' explain the arrangement	•	•	as heen provided in	Part YIII	الاها الاها ا
Sin 100, explain the dirangement	THE GITTAIN. OFFICIALLY	ore in the explanation in	as been provided in	r are Am	ليا
Part V Endowment Funds. Co	mplete if the org	anization answere	ed 'Yes' to Form	990, Part IV, line	10.
<u> </u>	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance	178,512.	178,512.	177,422	. 94,122.	325.
<b>b</b> Contributions			1,090	<del></del>	
c Net investment earnings, gains, and losses					
d Grants or scholarships	. =				
Other expenditures for facilities and programs		·		1,700.	
f Administrative expenses					94,122.
<b>g</b> End of year balance	178,512.	178,512.	178,512	. 177,422.	94,122.
<ol><li>Provide the estimated percentage</li></ol>	e of the current year	end balance (line 1g,	column (a)) held as		
a Board designated or quasi-endov		% 			
<b>b</b> Permanent endowment ►	<del></del> 8				
c Temporarily restricted endowmer		_ %			
The percentages in lines 2a, 2b,	and 2c should equal	100%.			
3a Are there endowment funds not a organization by:	n the possession of t	ne organization that a	re held and administ	ered for the	Yes No
(i) unrelated organizations					3a(i) X
(ii) related organizations					3a(ii) X
<b>b</b> If 'Yes' to 3a(II), are the related of	-	•			3b
4 Describe in Part XIII the intended				XIII	
Part VI Land, Buildings, and					
Description of property			Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land					
<b>b</b> Buildings					
c Leasehold improvements			10 222		
d Equipment			12,975.	11,581.	1,394.
e Other  Total. Add lines 1a through 1e. (Column	n (d) must soud Fam	n 000 Part V salisma	(P) Inc. 10(a) )	<b>•</b>	1 204
BAA	i (u) must equal roll	n 990, Fart A, COMMIN	(10), 11110 10(0)		1,394. ule <b>D</b> (Form 990) 2012
<del></del>				Concut	~~~ ~ v ~~~ ~~~ ~~~~~~~~~~~~~~~~~~~~~~

TEEA3302L 06/07/12

Part VII	Investments - Other Securities. See Fo	orm 990, Part X, line	12. N/A	
	(a) Description of security or category (including name of security)	<b>(b)</b> Book value	(c) Method of valuation end-of-year market	
(1) Financ	al derivatives			
	y-held equity interests			· · · · · · · · · · · · · · · · · · ·
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)		_		
(G)		<del></del>		
Ή) — — —		-		
(l)		-		
	nn (b) must equal Form 990, Part X, column (B) line 12.)	<b>&gt;</b>		
	Investments – Program Related. Se		, line 13. N/A	
1 CH . V 121	(a) Description of investment type	(b) Book value	(c) Method of valuation	or Cost or
	(a) Bosonphore of involutional type	(B) Book Value	end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		•		
(8)				<del></del>
(9)	· ···			
(10)	<u> </u>			
<u> </u>	nn (b) must equal Form 990, Part X, column (B) line 13.)	<b>&gt;</b>		
Part IX	Other Assets. See Form 990, Part X	<del></del>	<u> </u>	
IT SUL IN		escription		(b) Book value
(1)	(4) 5	-		(D) DOOM TURB
(2)				
(3)	· · · · · · · · · · · · · · · · · · ·			
(4)	<del></del>	. <u></u>		
(5)	· · · · · · · · · · · · · · · · ·			
(6)			· · · · ·	
		<del></del>		
(7)		<del></del>		<u> </u>
(8)			<del></del>	
(9)		<del></del>		
(10)				
	lumn (b) must equal Form 990, Part X, column (			
Part X	Other Liabilities. See Form 990, Par			
	(a) Description of liability	(b) Book value		
	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)		<del></del>		
	nn (b) must equal Form 990, Part X, column (B) line 25.)	<b>&gt;</b>		
	SC 740) Footnote In Part XIII, provide the text of the footnote		statements that reports the organization's liability	for uncertain, tax positions
	(ASC 740) Check here if the text of the footnote has been pro		The state of the second of the second	

Schedule D (Form 990) 2012 TWU FORMER STUDENTS ASSOCIATION

Page 3

23-7201733

	3-7201733 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	n N/A
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains on investments	
b Donated services and use of facilities 2 b	
c Recoveries of prior year grants.	]
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	1 1
c Add lines 4a and 4b	<b> </b>
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	urn N/A
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	
b Prior year adjustments 2b	
c Other losses 2c	
d Other (Describe in Part XIII )	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)  4b	
c Add lines 4a and 4b	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
Part XIII Supplemental Information	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	lines 1b and 2b; Part V,
The 4, Fart A, line 2, Fart A, lines 2d and 40, and Fart An, lines 2d and 40 Also complete this part to provide any a	additional information.
Part V, Line 4 - Intended Uses Of Endowment Fund	
EARNINGS FROM THE FUNDS WILL BE USED FOR SCHOLARSHIPS	<del></del>
BAA	Sahadula D /Farm 000\ 2012
W/V1	Schedule <b>D</b> (Form 990) 2012

# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States

Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No 1545-0047 2012

Open to Public Inspection

Employer identification number 23-7201733 Part I General Information on Grants and Assistance TWU FORMER STUDENTS ASSOCIATION

□Yes

**%** ⊠

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' Form 990 Part IV line 21 for any recinient that received more than \$5,000. Part II can be displicated if additional space is need.

Schedule I (Form 990) (2012)	Sched	11/30/12	TEEA3901L 11/30/12		for Form 990.	see the Instructions	BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
0		:	:		table	rs listed in the line 1	3 Enter total number of other organizations listed in the line 1 table
0	:			listed in the line 1 table	ions	and government org	
	-						(8)
							(6)
							(5)
		-					
							(4)
							<u></u> (e)
							(2)
	:						(J)
(h) Purpose of grant or assistance	(g) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non-cash assistance	(d) Amount of cash grant	(c) IRC section if applicable	(b) EIN	(a) Name and address of organization or government
jed.	space is need	icateu ii auditioi ia	art II can be dupi	nore tnan ֆ၁,∪∪∪. r	that received r	tor any recipieni	Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Schedule I (Form 990) (2012) TWU FORMER STUDENTS ASSOCIATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(f) Description of non-cash assistance								provide the information required in Part I, line 2, Part III, column (b), and any other				! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(e) Method of valuation (book, FMV, appraisal, other)								art I, line 2, Part III, co			 	; ; ; ; ; ; ; ; ;	 	 	   1   1   1   1   1   1   1	! ! ! ! ! ! !	
(d) Amount of non-cash assistance								ition required in P		             		 	 	 	! ! ! !	1 	
(c) Amount of cash grant	28,113.							rovide the informa			                 		 	] 	 	                     	
(b) Number of recipients	62									               	 	 	 	 	r                 	! 	 
(a) Type of grant or assistance	1 SCHOLARSHIPS TO TWU STUDENTS	2	23	4	S	9	7	Part IV         Supplemental Information. Complete this part to additional information.					j				

BAA

Schedule I (Form 990) (2012)

#### SCHEDULE O (Form 990 or 990-EZ)

#### 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.

OMB No 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number TWU FORMER STUDENTS ASSOCIATION 23-7201733 Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body ELECTION TO THE BOARD OF DIRECTORS IS SUBJECT TO APPROVAL BY THE MEMBERSHIP. Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders CHANGES TO THE BYLAWS OF THE ORGANIZATION ARE SUBJECT TO APPROVAL BY THE MEMBERSHIP. Form 990, Part VI, Line 11b - Form 990 Review Process THE RETURN WILL BE REVIEWED BY THE ORGANIZATION BEFORE FILING. Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

2012

# **Schedule O - Supplemental Information**

Page 2

#### TWU FORMER STUDENTS ASSOCIATION

23-7201733

Form 990, Part IX, Line 24e Other Expenses

		(A)	(B)	(C)	(D)
		Total	Program <u>Services</u>	Management & General	Fundraising
BANK CHARGES/CREDIT CARD FE	ES	999.		999.	
BENEFIT LUNCHEON		1,500.	1,500.		
COMMUNICATIONS		219.	·	219.	
DEPRECIATION		874.		874.	
DUES & MEMBERSHIPS		151.		151.	
FOUNDER'S DAY		1,500.	1,500.		
INSURANCE & BONDS		2,146.		2,146.	
MISCELLANEOUS		61.		61.	
OFFICE SUPPLIES		2,665.		2,665.	
PIONEER MAGAZINE		2,462.		2,462.	
Printing and Publications		362.		362.	
SUPPORT TO CHAPTERS		687.	·	687.	<del></del>
	Total	\$ 13,626.	\$ 3,000.	\$ 10,626.	<u>\$ 0.</u>
	Total	\$ 13,626.	\$ 3,000.	\$ 10,626.	\$ 0.

TWU FORMER STUDENTS ASSOCIATION	Page 1
TWU FORMER STUDENTS ASSOCIATION	
	23-7201733
	: