

## 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



**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** 

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

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<u>A</u>	For the	2012 calendar yea							ending			, 20		_	
В	Check if	f applicable: C Name	of organization Ui	niversity o	of Arkan	sas at Pine Bl	uff AM&N	Nati A	lumni /	\ssoc.	D Employer	identification	number		
	Address		Business As									71-0503764		_	
	Name ci	hange Numbe	er and street (or P.	O. box if ma	el is not d	elivered to street	address)	Roc	om/suite		E Telephone	number			
	Initial re	turn 1200 N.	<b>University Driv</b>	/e, Mail Sl	ot 4813			i			8	70-536-2309	)	_	
	Termina	ted City, to	wn or post office,	state, and 2	ZIP code									_	
	Amende	od return Pine Blu	uff, AR 71601								G Gross receipts \$				
	Applicat	ion pending F Name a	and address of prin	ncipal office	r. Calv	in E. Booker.	Sr			H(a) is this a	aroup return for	affiliates? Y	s V No	-	
	• •	1	gency Center I			-						uded? Y	_		
_	Tax-exe			501(c) (		(insert no.)	4947/aV1) or	52	 27			st. (see instruct			
<u></u>	Website					, , , , , , , , , , , , , , , , , , ,	-10-17 (B/V.17-01			H(c) Group	exemption n	umber ▶			
ĸ		organization 🗸 Corpor		Associati	100 T Ot	ther >	Tiv	ear of fr	ormation			legal domicile	: AR	-	
	art I	Summary	TOUR L		.0.1			- C. II	Dimetion	. 1308	IN GLAIC CI	legal comiene	- AR	-	
	1	Briefly describe to	he organizatio	n'e mieci	on or m	ost significan	t activitie	<u></u>			<del> </del>	<del></del>		-	
	1 '					<del>-</del>								•	
8	1	The UAPB/AM&N					rovide gra	ouates	s, stude	nts, and o	tner interes	teo parties	a way to	-	
Ě	Ì	support the Unive	rsity in retainin	ig and rec	ruiting s	students.								-	
Ē		Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.													
Activities & Governance	2		_			•		dispos	ed of r	nore than	1 1	net assets	•		
45	3	Number of voting		_	_	•	•				3		17	-	
es	4	Number of indep	_					-	•		4		17	_	
¥	5	Total number of in				•	(Part V, Iir	ne 2a)			5		1	_	
ç	6	Total number of v	•			• •					6		17	1	
•		Total unrelated be									7a			_	
	b	Net unrelated bus	siness taxable	income f	rom Foi	m 990-T, line	<u>34 .</u>		<u></u>	<u> </u>	7b				
	1									Prior Ye	87	Current '	Year	_	
•	8	Contributions and	d grants (Part \	VIII, line 1	h)					20	1,740.89		171,797.77	V	
Š	9	Program service i	ogram service revenue (Part VIII, line 2g)											•	
Revenue	10	Investment incom	ne (Part VIII, co	olumn (A),	lines 3,	, 4, and 7d)			.					•	
Œ	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								1	0,606.82		412.15	/		
		12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)									2,347.71		172,209.92	• .	
		Grants and simila							<del></del>		6,649.27		26,705.25	•	
		Benefits paid to o	-	•		1 1000	<b>O</b> ,	• •	·		3,043.27	20,70.			
		Salaries, other con	1	- 4		· · · · · · · · · · · · · · · · · · ·	. · · · · · · · · · · · · · · · · · · ·	5_10	: H		224 05	<del></del>	35,709.58		
Expenses		Professional fund					ii (Ay, iii kes	J10)	′ ├─-	3	0,324.05	<del></del>	35,709.50	-	
ĕ		Total fundraising	- ''	11 F I		· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		• •	·	१ व जन्मकु दूर	191, 500	1,12, 1,21	(1444)		
ă	(	Other expenses (F	•	4		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	. <del></del>					1			
		-			11 11 11 11 11 11 11 11 11 11	77 n n n n -		· ·	` ├──		9,923.91		89,496.06	٠.	
ł		Total expenses. A					(A), line 2	D) .	·		5,897.23		51,910.89		
	19	Revenue less exp	erises. Subira	Ct line 16	TOTT III	ie iz	· · · · ·	<del></del>	-		5,450.48	F-4-4V	20,299.03	v	
Net Assets or Fund Balances	•	Total space (D=:4	V II 40\						neg	ning of Cur	<del></del>	End of Y			
856		Total assets (Part	•			· · · · · · · · ·			<u> </u>	93	3,545.79	1	<u> 25,743.34</u>		
25		Total liabilities (Pa	•						ļ		,276.65		<u>1,995.49</u>		
		Net assets or fund		btract line	e 21 fro	m line 20 .	· <u>· · · ·</u>	<u>· · ·                                  </u>		92	,269.14	1	23,747.85		
	rt II	Signature Blo													
Und	ler penalt	es of penury, I declare	that I have examp	hed this reti	um, includ	ding accompany	ng schedule	s and s	tatemen	ts, and to the	best of my k	knowledge and	d belief, it is		
	, correct,	and complete. Declara	tion of pasparer (o	other than of	ricer) is bi	ased on all inform	nation of wh	ich prep	parer has	any knowle	dge.				
<b>3</b> 77	j	- CM	2/1	<u> </u>						i	2-28	-13			
Sigi		Signature of office	cer/_ —	<del></del>	_					Date	)				
Her	e		+15 M	bnes	, 14	Lea sur	2eR								
₹		Type or print name	ne and title				<del></del>								
Pai	 d	Print/Type preparer	's name	Pi	reparer's	signature			Date		Check [7]	PTIN			
		.1		ł				1			Check [_] self-employe				
	parer			<u></u>						F '					
ĮS€	Only	Firm's address				·					S BN ►	<del></del> -			
lav	the IRS	discuss this retu	m with the pre	poarer shr	own ab	ove? (see incl	tructions)			Phon	5 (1O.	. TYe	s No		
<del>ار برز</del> مد ا	2000000	at Daduction Act								· · ·	<del>· · · · ·</del>		200 /20121		
								~-	44						

Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$

- 111	A	 	chedules
Part IV			

			1	, 140
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	1	
<b>2</b> 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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		1
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	ļ	1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
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.			1000
а	complete Schedule D, Part VI	11a	1	
	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? If "Yes," complete Schedule D, Part VII	11b		1
С	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	11c		1
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	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 .	11e	<b>√</b>	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>✓</b>
4 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	]	✓_
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		1
5	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		<b>-</b>
6	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		<u>·</u> ✓
7	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		<u>·</u> ✓
8	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	/	
9	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		<b>✓</b>
0 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>√</b>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		-		

Form	990 (2012) 71-0503764			Page
Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No
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		1
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? If "Yes," complete Schedule J	23		1
24a	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, 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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d 25a		✓ ✓
b	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		1
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		1
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		1
28	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):	124	13 3 4 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
C	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	28c		<b>✓</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
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		<u>·</u>
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		<b>✓</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<b>√</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	$\neg \dagger$	<b>√</b>
	If "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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 

37

36

37

38

13c

Form	990 (2012) 71-0 503 764			Page !
Pai	1 V Statements Regarding Other IRS Filings and Tax Compliance			- 30
	Check if Schedule O contains a response to any question in this Part V		<u> </u>	<u>.                                    </u>
			Yes	No
1a				
þ				12.02
С	we applicate the second terms of the secon	24		1338
0-	reportable gaming (gambling) winnings to prize winners?	1c	1	+
2a	, , , ,		24	1.
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	[F		TENET.
b	_ ,	2b	1 310	13000
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	"A. Acets		LA
_	ere are argumentative and are a second group and the part of the p	3a 3b	┼─-	<del>                                     </del>
b 4a		36	+	╁──
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	<u> </u>	1
b		135.5	167.34	
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	27.2		26.60
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	<b> </b> ✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<del> </del>	ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	۱_	1	١,
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	┼─-	<del>                                     </del>
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	188	24,37	100
а		1. S. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	0.27	4
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с	<u> </u>	✓
đ	If "Yes," indicate the number of Forms 8282 filed during the year	74 S	**************************************	11/201
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	1
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		<u> </u>
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		7: 15:
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		-7¢	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		1,000	1.3943
9	Sponsoring organizations maintaining donor advised funds.	W.	5-35	* 5 F (E)
а	Did the organization make any taxable distributions under section 4966?	% '9	A. C. 33.4.	£-07 6
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	31.3	To sati	e ( 3-1 a)
а	Initiation fees and capital contributions included on Part VIII, line 12		100	7107
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	\$	42	
11	Section 501(c)(12) organizations. Enter:			147.3
а	Gross income from members or shareholders		. F.	450
b	Gross income from other sources (Do not net amounts due or paid to other sources	1.7		
	against amounts due or received from them.)	Ä.		2
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	(5)	20,4	V <sub>u</sub>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u>. []</u>		1.00
а		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	433	14 5	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
b	3	1. 154		15. Tr
	the organization is licensed to issue qualified health plans		P.	14

c Enter the amount of reserves on hand . . . . . . . . . . . . . . .

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . .

If "Vac " has it filed a Form 700 to report these narments? If "Alo " provide an evolunation in Schedule ()

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response to any question in this Part VI			. 🗹
Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17		1:5-	
	If there are material differences in voting rights among members of the governing body, or	14.	11.	
	if the governing body delegated broad authority to an executive committee or similar	. 57		
	committee, explain in Schedule O.	77.58		34.73
b	<u> </u>		155	13(3)
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	3.00	200	14 T T
_	any other officer, director, trustee, or key employee?	2	L	<b>✓</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct	[		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	Ļ	<b>✓</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	<b>/</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<u> </u>	<b>V</b>
6	Did the organization have members or stockholders?	6	<b>✓</b>	
7a		l _	}	
_	one or more members of the governing body?	7a	<u> </u>	<b>V</b>
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			1
		7b	3.77	- 19 A 19 A
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13.4%	2.00
	• •	434	18. 14.	237,62
a	The governing body?	8a	<b>-</b>	<b>}</b>
9 9	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>	<del> </del>
3	Is there any officer, director, 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		]	
Socti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	9	000	✓
3001	ion b. Policies (This Section B requests information about policies not required by the linternal never	<u> </u>	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1	
b		IVa	-	
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	1	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	7	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	15	130
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	APRIL STATE OF	لآه تدمودفن
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	7	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		<u> </u>	
	describe in Schedule O how this was done	12c	· i	
13	Did the organization have a written whistleblower policy?	13		<b>√</b>
14	Did the organization have a written document retention and destruction policy?	14		<u></u>
15	Did the process for determining compensation of the following persons include a review and approval by	3 30	" Fg'.	25-41
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	AT TO		
а	The organization's CEO, Executive Director, or top management official	15a	,,	
b		15b	1	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	: 135°	L 19,45	-3643
16a	The same of the sa	7.7.7		113 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		16a	7	<b>7</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10.5	1-25.	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1)	1.4. 1.4.	
	organization's exempt status with respect to such arrangements?	16b		
ectio	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c	:)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	intere	est po	olicy,
	and financial statements available to the public during the tax year.			
	State the name, physical address, and telephone number of the person who possesses the books and records of	f the		
	organization:	_		
	Nie Jones 909 Wintercrestet Arbitan To 76017 (co) 284-079.	r		

#### 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.

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a 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.

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

	1		(C)					[		
(A)	(B)	ldo a	not cl		ition	e than o	200	(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week (list any		ran			rector/trustee)		compensation from	compensation from related	amount of other
	hours for	유	2	Officer	3	3,7	Former	the	organizations	compensation
	related		喜	8	9	<b>P E</b>	Ē	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations below dotted	ğ	8	l	Key employee	Former Highest compensated		(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	Institutional trustee		ě	l ag		İ		organizations
	1	8	<b>\$</b>		}	nsa	]			
<del></del>			L	L		8		i		
	سر ا							]		
(1) Calvin E. Booker, Sr - President	5									
1230 Regency Center Drive, Atlanta, GA 30331		<b>_</b>		✓	Ш					
(2) Bobbye Sweat - 1st Vice President	3					i				
928 Diann Circle, Lancaster, TX 75146		<b>✓</b>		<b>✓</b>	Ш					
(3) Napoleon Carter - 2nd Vice President										
12175 Rollingsford, Florissant, MO 63033		<b>\</b>		✓						
(4) Gloria Soldon-Snowden - Recording Secretary										
11643 Overland Park, KS 66210		<b>✓</b>		✓			_			
(5) Otis Jones - Treasurer	5		1				- {		ŀ	
909 Wintercrest Court, Arlington, TX 76017		<u> </u>	_	✓			_			
(6) Gary Owens - Parliamentarian			- 1		}	' I	- 1		]	
709 Chestnut Street, Camden, AR 71701		<b>✓</b>	_	✓	_					
(7) John Kuykendall						1			1	
206 W. 34th Street, Pine Bluff, AR 71601		1		_	_		$\dashv$			
(8) Hannibal Bolton					ł	- 1		1		
20640 Shoal Place, Potomac Falls, VA 20165		<b>✓</b>	_	_	_		_			
(9) Jackey Cason		!		-	1	i	- {	ļ		
8950 South Jeffery, Chicago, IL 60617		<b>✓</b>	_	_			_			
(10) Grover Gibson		1	j	I	- 1	1	Ì		Í	
14287 O'Shay Ct, Centerville, VA 20120		<b>✓</b>	_		_		_			
(11) Verlia Davis-Hoggard		1	I	- 1		İ	ł	İ		
1401 Sharon Road, Las Vegas, NV 89106		<b>✓</b>	_	_	ightharpoonup					
(12) Emeree Martin						- 1		Ţ	Ţ	
2130 E. 171st Place, St. Holland, IL 60473		1	$\perp$				$\perp$		l	
(13) Kason Branch		<b>[</b>					- [	T		
726 Creekstone Dr, Cedar Hill, TX 75104		1		$\perp$						
(14) Johnnie Terry-Flemming		- 1	- [	T	T	$\Box$	T	- T		
5108 W. 112th Street, Leawood, KS 66211		<b>✓</b>	$\perp$							

Part VII Section A. Officers, Directors, Trus	tees, key E	трю	yee	<u> </u>	na r C)	rigne	ST C	ompensated E	трюуее	3 (COntir	Tuea)	
<b>(A)</b>	(m)	ł		-	etion					,		<b>(</b> 5)
(A)  Name and title	(B) Average			neck	mor	e than		(D) Reportable	(E) Report		F.	(F) stimated
realite and title	hours per			•		is boti or/trus		compensation	compensat			nount of
	week (list any hours for						Ť	from	relate organiza		ı	other
	related	흑	1	Officer	Key employee	불	Former	the organization	(W-2/1099			pensation om the
	organizations	3 5	ᅙ	٦	클	1 A8 C	۳	(W-2/1099-MISC)	1			anization
	below dotted line)	٦٤	흔		oye e	§	1	j	l	,		d related anizations
		Individual trustee or director	Institutional trustee		"	Highest compensated employee		}	Ì			
(4E)					<u> </u>	8	-		ļ			
(15) Tammie Hall	<i> </i>	1				i	i					
4814 Rockport Drive, Durham, NC 27703	<del>                                     </del>	<del>                                     </del>	$\vdash$	_		├─	$\vdash$		<b></b>		<del> </del>	
(16) David R. Jones	<i>[</i>	1				i		<u> </u>		l		
6649 Crest Top Drive, West Bloomfield, MI 48322 (17) Nathaniel McGee		<u>*                                   </u>	╁╌┤		_	<del> </del>	<del>  -</del>	<del> </del>				
21237 Dogwood Maple Creek, Hensley, AR 72065	<b>Z</b>	1				İ	1			- 1	 	
(18) Isaac G. Wilburn, III	7		$\vdash$		Н		$\vdash$					
PO Box 3036, Forrest City, AR 72336	<i>L</i>	1					Ì			ļ	1	
(19) Eunice Williamson		<b>-</b>	$\vdash$			-	Н				<del></del>	
PO Box 55092, Riverside, CA 92517	<i>[</i> ]						] ]			]		
(20) Harvey Williams			$\vdash$	$\dashv$			Н					
2201 Harbor Cliff, Las Vegas, NV 89128		1	1				] ]			ì		
(21) Michelle L. White - Exec. Secretary					-		Н					
1200 N. University Dr. Pine Bluff, AR 71601	40					1	ll	26,832.51		l		
(22)				-	-1		Н	20,032.51				
<u> </u>				ł	- 1			1				
(23)			+	$\dashv$	$\dashv$							
(23)		1		1	1					1		
(24)			一	$\dashv$	一		$\Box$					
3		·	1	l	١		1			i		
(25)												
				ŀ								
1b Sub-total					-		<b>&gt;</b>	26,832.51				
c Total from continuation sheets to Part	VII, Section	AΓ				. 1	▶ [					
d Total (add lines 1b and 1c)	<u> </u>				<u>.</u>	!		26,832.51				
2 Total number of individuals (including but reportable compensation from the organized)		to the	ose i	liste	ed a	bove	) wh	o received mo	ore than \$	100,000	) of	
												Yes No
3 Did the organization list any former off	icer, direct	or, o	r tru	ste	e, k	œy e	mple	oyee, or high	est comp	ensater	d (exis	美術 支持。
employee on line 1a? If "Yes," complete S							•				3	
4 For any individual listed on line 1a, is the	sum of rep	ortab	le co	omi	oen:	sation	1 an	d other compo	ensation f	rom the	B 2/5	198 P.
organization and related organizations of												33182
indıvidual											4	
5 Did any person listed on line 1a receive or									ation or in	dividua	J (25 50 5	1. Ola 5
for services rendered to the organization?	If "Yes," co	mple	te S	che	dul	e J fo	r su	ich person .	· · ·	<u> </u>	5	✓
Section B. Independent Contractors												
1 Complete this table for your five highest or	ompensate	d inde	eper	nde	nt c	ontra	ctor	s that received	d more tha	in \$100	),000 of	
compensation from the organization. Repo	ort compen:	satior	1 for	the	ca	lenda	r ye	ar ending with	or within	the org	janizatio	on's tax
(A)								(B)			(C)	
Name and business addre	SS							Description of ser	vices		Compens	ation
						_						
2 Total number of independent contractors	(including	L but	no+	li-	nit o	1 +2	the	ea listed above	(0) 440		<del>_ :-,</del>	<del></del> _
received more than \$100,000 of companies							uiC	e iisteu ado/	(C) WIN		Parties :	, V.,

Part VIII			Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII										
		Check if Schedule O	contains a response	onse to any que	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514					
s, Grants	1a b	Federated campaign Membership dues	1b	55,960.00									
E E		Related organization Government grants (co	s 1d ntributions) 1e	57,761.41	A many as the next		الما المالية المستويدية						
Contributions, and Other Sim	g	All other contributions, q and similar amounts not in Noncash contributions inclu	cluded above 11	58,076.36	The state of the s	A Comment of the Comm							
	h	Total. Add lines 1a-1	<u>if</u>	Business Code	171,797.77	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	San San Carlo	The state of the s					
Program Service Revenue	2a b c d												
Program S	e f g	All other program ser Total. Add lines 2a-2	<u>f</u>	•		estados estados		The second second second					
	3 4 5	Investment income and other similar amount income from investment Royalties	ounts)	•									
	6a b c	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(II) Personal									
	d 7a	Net rental income or Gross amount from sales of assets other than inventory	(loss) (i) Securities	(ii) Other	Cardinal Same	4 1 7 7							
	b c	Less: cost or other basis and sales expenses . Gain or (loss)					-						
enu	d 8a	Net gain or (loss) . Gross income from fu	ndraising	•	-	, `							
Other Revenue		events (not including \$ of contributions reporte See Part IV, line 18	a a					e e e e e e e e e e e e e e e e e e e					
ŏ	C	Less: direct expenses Net income or (loss) fr Gross income from ga See Part IV, line 19	om fundraising e	events . ►		`		· · · · · · · · · · · · · · · · · · ·					
	C	Less: direct expenses Net income or (loss) fr Gross sales of inv returns and allowance	om gaming activentory, less	ities ▶									
		Less: cost of goods so	old <b>b</b> om sales of inver	ntory ► Business Code									
	11a b c	Hotel Reservation Fee			412.15								
	d e 12	All other revenue .  Total. Add lines 11a-1  Total revenue See in	1d	•	412.15								
					172,209.92	·	•						

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon	nse to any question	n in this Part IX .		
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	26,705.25	26,705.2	5 经基本证	高级等等
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			· 经收益 经收益 (1)	· (建原生物)。(其代表)。
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,832.51		26,832.51	
9	Other employee benefits	5,060.57		5,060.57	
10	Payroll taxes	3,816.50		3,816.50	
11	Fees for services (non-employees):				
а	Management			<u> </u>	
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		人心學的複數的疾病,	から ない はんこう	
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	400.00		400.00	
13	Office expenses	22,262.70		400.00 22,262.70	<del></del>
14	Information technology	13,574.13	<del></del>	13,574.13	
15	Royalties	13,374.13		13,374.13	<del></del>
16	Occupancy	<del></del>			<del></del>
17	Travel	<del></del>			<del> </del>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		,,,,,,,,,,,,,,,,,,,,,,,		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization .	,		,	
<b>23</b>	Insurance	1,895.00		1,895.00	
24	Other expenses, Itemize expenses not covered		"我就是我的一个人。"	The second secon	and the light threat the
	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.)	产等。但特别	<b>"我是是是特别</b>	<b>建筑是是是</b>	
а	Banquet	24,844.66			24,844.66
b	Printing	6,000.00			6,000.00
C	Summer Conference Expense	6,433.07			6,433.07
d	Luncheon	5,824.00			5,824.00
e	All other expenses	8,262.50		2,885.37	5,377.13
25_	Total functional expenses. Add lines 1 through 24e	151,910.89	26,705.25	76,726.78	48,478.86
	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)				

Part X Balance Sheet

_		Check if Schedule O contains a response to any question in this Part	X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	29,368.59	1	19,371.4
	2	Savings and temporary cash investments	51,077.20		93,271.9
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
য	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	Park to the control of the control o		
	6	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	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a		是北京的企業的	7.3	的社会的特殊的特别
				流数	
	1	Less: accumulated depreciation 10b 111,108.54	13,100.00		13,100.00
	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	<u></u>
	14	Intangible assets	<del> </del>	14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	93,545.79		125,743.34
	17	Accounts payable and accrued expenses		17	<del></del>
	18 19	Grants payable	<del></del>	18	
	20	Deferred revenue		19	<u> </u>
	21	Tax-exempt bond liabilities		20	<u> </u>
		Escrow or custodial account liability. Complete Part IV of Schedule D.  Loans and other payables to current and former officers, directors,		21	is es l'aliana rational de s
Liabilities	22	trustees, key employees, highest compensated employees, and			
i iii		disqualified persons. Complete Part II of Schedule L		22	and the state of the state of the state of
.E.	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			<del></del>
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,276.65	25	1,995.49
	26	Total liabilities. Add lines 17 through 25	1,276.65	26	1,995.49
一		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		14/5 17	マン・フェアイ 大大会 マンチ おんする
88		complete lines 27 through 29, and lines 33 and 34.		が記れた事	
or Fund Balances	27	Unrestricted net assets	92,269.14	27	123,747.85
曹	28	Temporarily restricted net assets	32,233.14	28	120,747.00
9	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	Principal designation		to attribute a week in the first
٦		complete lines 30 through 34.	THE RESERVE OF THE PROPERTY OF	3.1.2.2.5 2.1.2.2.5 2.1.2.2.5	
<u>s</u>	30	Capital stock or trust principal, or current funds	es represent the set of the territory	30	e partitude in early proprietable files
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥	32	Retained earnings, endowment, accumulated income, or other funds .	<del></del>	32	
ا <u>چ</u>	33	Total net assets or fund balances	92,269.14	33	123,747.85
		Total liabilities and net assets/fund balances		34	125,743.34
_			00,040.781	ــــــــــــــــــــــــــــــــــــــ	

Form **990** (2012)

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>		<u> </u>	. 🗸
1	Total revenue (must equal Part VIII, column (A), line 12)	1		172,	209.92
2	Total expenses (must equal Part IX, column (A), line 25)	2		151,	910.89
3	Revenue less expenses. Subtract line 2 from line 1	3		20,	299.03
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		92,	269.14
5	Net unrealized gains (losses) on investments	5			_
6	Donated services and use of facilities	6			
7	Investment expenses	7	1		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		11,	179.68
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		 		
	33, column (B))	10		123,	747.85
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>	<u> </u>		. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990:			12/2	13.19
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in Page		11.70
	Schedule O.		مراد مراد		14.8
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		<b>/</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled o	or A		32.53
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		7.E.A		
b	Were the organization's financial statements audited by an independent accountant?		. 2b	<u> </u>	✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a Light		1
	separate basis, consolidated basis, or both:		354		100
	Separate basis Consolidated basis Both consolidated and separate basis				N. F.
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				ĺ
	of the audit, review, or compilation of its financial statements and selection of an independent accou				
	If the organization changed either its oversight process or selection process during the tax year, ex	plain i	n 🎼		
	Schedule O.			21.3	認為
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i			
	the Single Audit Act and OMB Circular A-133?		. 3a	<u> </u>	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b	<u></u>	
			Fo	m <b>990</b>	(2012)

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **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

Employer identification number

			&N National Alumni As			<del> </del>				0503764	
Par			arity Status (All org			<del>`</del> _			instruct	ions.	
_		-	dation because it is: (F		_	•	•	•			
1	_		rches, or association of			bed in se	ection 17	0(b)(1)(A)	(i).		
2			n 170(b)(1)(A)(ii). (Att		•		4700 1/4	14416:2			
3			ospital service organi						70/51/41/	Mill Enter#	
4		ame, city, and sta	tion operated in conju	inction wi	ıın a nosp	ntai desci	ribed in s	ecuon i	/U(D)(1)(	A)(III). Enter u	IE
5			r the benefit of a coll	000 or 11	niversity.	overed o		d by a a	0.400000	ntal unit des	ribad i
J		(b)(1)(A)(iv). (Cor		ege or u	iliversity (	owned o	Operate	u by a g	ovenine	niai unii desi	MUCU II
6	☐ A federal, st	ate, or local gove	emment or governmer	ntal unit d	lescribed	in sectio	n 170(b)	(1)(A)(v).			
7			y receives a substant 1)(A)(vi). (Complete Pa		of its supp	oort from	a govern	nmental L	init or fro	om the gener	al public
8			in <b>section 170(b)(1)</b> (		•	-					
9	receipts fror support fror	n activities relate n gross investm	y receives: (1) more the dot its exempt func- ent income and unra after June 30, 1975. S	ctions—si elated bu	ubject to usiness t	certain e axable ir	exception acome (le	is, and (2 ess section	2) no mo	re than 331/3	% of its
10	An organizat	ion organized an	d operated exclusivel	y to test t	for public	safety. S	See <b>secti</b>	on 509(a)	(4).		
11			and operated exclusive blicly supported organical braining and the control of the								
	509(a)(3). Ch	neck the box that	describes the type of	f supporti	ing organ	ization a	nd compl	ete lines	11e throu	ıgh 11h.	
	a 🔲 Type	I b 🗌 Type	ell c 🗌 Typel	III-Functi	onally into	egrated	d 🗌	Type III-	Non-fund	ctionally integ	rated
е			that the organization								
			ers and other than or	ne or moi	re publich	y suppor	ted orgar	nizations	describe	d in section 5	509(a)(1)
	or section 50										
f		zation received check this box	a written determinat		the IRS	that it is	a Type	I, Type 	II, or Ty 	pe III suppo: 	rting · 🔲
g	Since Augus following per		the organization acce	pted any	gift or c	ontributi	on from a	any of th	е		
			indirectly controls, eitody of the supported					describe	d in (ii) a		s No
	- ·		•	_			• • •		• • •	11g(i)	_}
			on described in (i) about the							. 11g(ii)	
h			a person described in ion about the support				• • •		• •	. [11g(iii)]	
(i) N	arne of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section	(iii) Type of organization (iv) is the organization (v) Did you notify in col. (i) ilsted in your the organization in					Is the ton in col. ized in the S.?	(vii) Amount of suppor	
		<u> </u>	(see instructions))	Yes	No	Yes	No	Yes	No	1	
(A)											
(B)											
(C)											
(D)											
E)		<del>                                     </del>		<del> </del>			<del> </del>	<del> </del>	<b></b>	<del> </del>	
	<del></del>	1.05 . 5 5	Egophales Lactor Berlin	1.5.3	1 15 17	[	4-21 3.	1200 200	- 1790 - 411	ļ	
Total		The state of the s		A PARKSHITS		4 112 214	4-11-27		Sugar San	1	
		B -4 1 7	the common terms of the co	and the	471 1					•	

	(Complete only if you checked to Part III. If the organization fails to						alify under		
Sect	tion A. Public Support	o quality uno	er trie tests in	sted below, p	ilease compie	ste i dit iii.)			
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(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						·· <del>·</del>		
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	Public support. Subtract line 5 from line 4.	CHARLES AND AND AND AND AND AND AND AND AND AND	<b>"我们是大家的</b> "。	Fig. 64 . Bally	門大学的學樣的	The state of the s			
	ion B. Total Support	- N140774 ( - 2 -	15 0 Sec 10 5 1 1 1 1	- Mark 14- 3344	1713 1641 165 145	1 334 7 04 3 7 1 3 1 3	<del></del>		
Caler	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) 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	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10	如种类性物。	は、大学をは、	明明是古典	物点等分物				
12	Gross receipts from related activities, etc.					12	504(1)(0)		
13	First five years. If the Form 990 is for the organization, check this box and stop her								
Secti	on C. Computation of Public Suppor			· · · · ·	· · · · ·	<del></del>	<i>.</i> . ▶ □		
14	Public support percentage for 2012 (line 6			1 column (f))	<del></del>	14			
15	Public support percentage from 2011 Sch				F	15	%		
16a	331/3% support test-2012. If the organiz			on line 13, and	line 14 is 331/2				
b	box and <b>stop here.</b> The organization qualifies as a publicly supported organization								
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization meet Part IV how the organization meets the "fa organization	ts the "facts-a	nd-circumstan	ices" test, che	ck this box and	stop here. E	oplain in		
b	10%-facts-and-circumstances test-20 15 is 10% or more, and if the organization	on meets the	"facts-and-cire	cumstances" t	est, check this	s box and sto	and line p here.		
18	Explain in Part IV how the organization me supported organization					·	. 🕨 🗆		
	instructions				· · · · · ·		. <u> </u>		

## 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.)

	ir the organization rans to quality	y under the te	sis listed bei	ow, please co	impiete Fart	n. <i>)</i>	
	tion A. Public Support						T'
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	2,717.00	10,000.00	37,691.45	201,740.89	171,797.7	423,947.11
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the			,			
	organization's tax-exempt purpose		[	1		ļ	1
3	Gross receipts from activities that are not an						<del>                                     </del>
_	unrelated trade or business under section 513	1	•	34,866.15	10,606.82	412.15	45,885.12
4	Tax revenues levied for the	<del></del>		34,800.15	10,000.82	412.13	43,003.12
-	organization's benefit and either paid	ł					İ
	to or expended on its behalf	}	1				}
_	•						<del> </del>
5	The value of services or facilities	j					
	furnished by a governmental unit to the	İ					
	organization without charge						<b> </b>
6	Total. Add lines 1 through 5	2,717.00	10,000.00	72,557.60	212,347.71	172,209.92	469,832.23
7a	Amounts included on lines 1, 2, and 3	į					ŀ
	received from disqualified persons .						<u></u>
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			ľ			
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	<b>经验证</b>	一方言とは本文を言い	世間という情であ	A STATE OF THE STA	·····································	
	line 6.)		在對表質新				469,832.23
Sect	ion B. Total Support			7 971 1 1 5 27		72-1-1	
$\overline{}$	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	2,717.00	10,000.00	72,557.60	212,347.71	172,209.92	<del> </del>
-	Gross income from interest, dividends,	2,717.00	10,000.00	12,337.00	212,347.71	172,203.32	403,032.23
···u	payments received on securities loans, rents,						
	royalties and income from similar sources .			2 252 44			2 254 44
<b>h</b>	Unrelated business taxable income (less			2,351.11			2,351.11
D	section 511 taxes) from businesses				}		
	acquired after June 30, 1975		ł	1			
	·			<del></del>			
	Add lines 10a and 10b			2,351.11			2,351.11
11	Net income from unrelated business	1	1		1		
	activities not included in line 10b, whether			į	ţ		<b>[</b>
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets				ļ		
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	2,717.00	10,000.00	74.908.71	212,347.71	172,209.92	472,183.34
14	First five years. If the Form 990 is for the						
	organization, check this box and stop her	_	· · · · ·		•		
Secti	on C. Computation of Public Support						
15	Public support percentage for 2012 (line 8			Column (f)		15	100 %
16	Public support percentage from 2011 Sch					16	100 %
	on D. Computation of Investment Inc			<del></del> _	<del> </del>	1 10	100 /0
17	Investment income percentage for 2012 (li			lina 12 natura	- (4N)	147	0 %
						17	
18	Investment income percentage from 2011					18	0 %
19a	331/3% support tests—2012. If the organization not mare than 231-9% shock this have						
	17 is not more than 331/3%, check this box a						
b	331/3% support tests—2011. If the organiza						
	line 18 is not more than 331/3%, check this b						
20	Private foundation if the omanization did	not check a h	ov on line 14 1	10a or 10h ch	eck this hav a	nd see instru	ctions -

#### 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, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

**Employer Identification number** 

University of Arkansas at Pine Bluff AM&N National Alumni Association 71-0503764 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year . . . . . 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . . Aggregate value at end of year . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 八分子 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Accate included in Form OON Part Y

Pai	rt III Organizations Maintaining Co	ollections of	Art, Hi	storical	Treasure	s, or O	ther Similar	Asset	s (cont	inued)
3	Using the organization's acquisition, according to the collection items (check all that apply):	cession, and o	other rec	ords, che	ck any of t	the follow	wing that are	a signif	icant us	se of its
а	Public exhibition		d	☐ Loan	or exchar	nge prog	rams			
b	Scholarly research		е	☐ Othe	er .					
C										
4	Provide a description of the organization XIII.	n's collections	and exp	lain how t	they furthe	r the or	ganization's e	kempt į	ourpose	in Part
5	During the year, did the organization so assets to be sold to raise funds rather that								ີ Yes	□ No
Par	rt IV Escrow and Custodial Arrang	gements. Co	mplete	if the org						
	line 9, or reported an amount o						·			
1a	Is the organization an agent, trustee, cuincluded on Form 990, Part X?								] Yes	☐ No
b	If "Yes," explain the arrangement in Part	XIII and compl	lete the f	ollowing t	able:		<del></del>	Amou	nt -	
С	Beginning balance					10	:			
d						10				
е						1e				
f	Ending balance					11	<del></del>			
2a								. [	Yes	☐ No
b	If "Yes," explain the arrangement in Part									$\overline{\Box}$
	rt V Endowment Funds. Complete									
		a) Current year	(b) Pr	or year	(c) Two yes	ars back	(d) Three years b	ack (e)	Four yea	rs back
1a	Beginning of year balance									
b										
C	Net investment earnings, gains, and losses									
d	Grants or scholarships		<del> </del>		<u>                                     </u>		<del></del>			
e					<u> </u>			-   -		
	programs							ļ		
f	Administrative expenses		<b></b>							
g	End of year balance							-+		
2	Provide the estimated percentage of the o	current vear er	nd balano	ce (line 1a	. column (a	a)) held a	as:			
а	Board designated or quasi-endowment	<b>&gt;</b>	%		, (	-,,				
b	Permanent endowment ▶ 9	%	•••							
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c st	hould equal 10	00%.							
3a	Are there endowment funds not in the po	ssession of th	ne organi	ization tha	at are held	and adi	ministered for	the		
	organization by:							_	Ye	s No
	(i) unrelated organizations							. 3	a(i)	
	(ii) related organizations							. 3	a(ii)	
b	If "Yes" to 3a(ii), are the related organization							. [	3b	
4	Describe in Part XIII the intended uses of t									
Part	t VI Land, Buildings, and Equipme	nt. See Form	1 990, P	art X, line	e 10.					
	Description of property	(a) Cost or oth		1 ' '	other basis her)		occumulated preciation	(d)	Book val	lue
1a	Land				13,100.00	17 18 34	, হ' দ দুরুদ্ধী দুর্দ্ধী ক		13	,100.00
b	Buildings				79,000.00		79,000.00			
c	Leasehold improvements				,					
ď	Equipment				20,679.33		20,679.33	· · · · · · · · · · · · · · · · · · ·		
8	Other				11,429.21		11,429.21			
	Add lines 1a through 1e. (Column (d) must	equal Form 99	0. Part )	(, column		)(c).)	. ▶		13	,100.00

<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
2) Closely-held equity interests		
(3) Other		
(A)	<u> </u>	
(B) (C)		
, (C)		
(C) (D) (E)		
(E) (F)		
(F) (G)		<del> </del>
(H)	<u> </u>	
(l)		<del></del>
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	· · · · · · · · · · · · · · · · · · ·	The transfer of the transfer o
Part VIII Investments—Program Related	1 See Form 990 Part	
(a) Description of investment type	(b) Book value	(c) Method of valuation:
(a) Description of investment type	(D) BOOK VAIUS	Cost or end-of-year market value
(1)		<del></del>
(2)		<del> </del>
(3)		<del> </del>
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
10)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		n 的影響的學學的人們可以是一下的。而可如此的影響等。例如"特別"的
Part IX Other Assets. See Form 990, Pa	rt X, line 15.	
(a	Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)	<del></del>	
10) O <b>tal.</b> (Column (b) must equal Form 990, Part X, co	I (R) line 15 )	
Part X Other Liabilities. See Form 990,		· · · · · · · · · · · · · · · · · · ·
. (a) Description of liability	(b) Book value	(2000) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(1) Federal income taxes	(2) 2331 1323	
(2) Payroll Taxes Withheld	1 005 4	
(3)	1,995.49	
(4)	<del></del>	
5)	<del></del>	
6)	<del></del>	
7)		
8)		
9)		
0)		
1)		
		- 1 man water will also be made as a transfer of the first of the second of the first of the fir
tal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,995.49	

1 Total revenue, gains, and other support per audited financial statements 2 Armounts included on line 1 but not on Form 990, Part Vill, line 12:     Net unrealized gains on investments     Donated services and use of facilities 2    Donated services and use of facilities 2    Council lines 2	Par	Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	Return	- rage
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 c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  1 Total expenses and losses per audited financial statements 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 c Other (Describe in Part XIII.) c Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b b Other (Describe in Part XIII.) c Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 5 Part XIII Supplemental Information Complete this part to provide the descriptions required for Part IX, lines 2d and 4b. Also complete this part to provide any additional	-			7	
a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 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 c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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.) c Add lines 4a and 4b 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 2d and 4b, Also complete this part to provide any additional	2	· · · · · · · · · · · · · · · · · · ·		<u>जुल</u>	
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 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 Return 1 Total expenses and losses per audited financial statements 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 C Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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.) 5 Charl Expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 5 Part XIII Supplemental Information Complete this part to provide the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XII, lines 2d and 4b. Also complete this part to provide any additional	а	· · · · · · · · · · · · · · · · · · ·	2a		
C Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Investment expenses not 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 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 Return Total expenses and losses per audited financial statements 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 c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18.) 5 Part XIII Supplemental Information Complete this part to provide the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional	b	<u> </u>			
d Other (Describe in Part XIII.) e Add lines 2a through 2d	-				
e Add lines 2a through 2d	_	· · · · · · · · · · · · · · · · · · ·	<del></del>		
3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 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 Return 1 Total expenses and losses per audited financial statements 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 c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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.) c Add lines 4a and 4b 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 III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, 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 additional	_		201	2e	
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 b Other (Describe in Part XIII.)  C Add lines 4a and 4b Total expenses and losses per Audited Financial Statements With Expenses per Return  Total expenses and losses per audited financial statements 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 C Other (Describe in Part XIII.) e Add lines 2a through 2d  Subtract line 2e from line 1  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 C Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional		<u> </u>		<del></del>	
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c Other losses	-				
d Other (Describe in Part XIII.)			<del></del>		
e Add lines 2a through 2d	_				
3 Subtract line 2e from line 1	_	· · · · · · · · · · · · · · · · · · ·	[ 20 ]	200	
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a Investment expenses not included on Form 990, Part VIII, line 7b	_		i . i	3 .m.\v.	
b Other (Describe in Part XIII.)	-		1 1	3 C	
c Add lines 4a and 4b					
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		· · · · · · · · · · · · · · · · · · ·	40		
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Part V, 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 additional			Or Don't III. Have do and 4. D		<u></u>
	Compi	line 4: Part Y line 2: Part Y lines 2d and 4b, and Part Y lines 2d and 4b	9; Part III, lines 1a and 4; Pa	art IV, lines 10 and 1	20;
			. Also complete this part to	Provide any addition	лы
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#### SCHEDULE G. (Form 990 or 990-EZ)

**Supplemental Information Regarding** Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number

University of Arkansas at Pine Bluff AM&N National Alumni Association 71-0503764 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants Phone solicitations g 

Special fundraising events C ☐ In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) (HI) Did fundraiser have (vii) Amount paid to (i) Name and address of individual (iv) Gross receipts (ii) Activity custody or control of contributions? (or retained by) organization or entity (fundraiser) from activity fundraiser listed in col. (I) Yes No 2 3 5 8 9 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. Parameter Park salar for National and the Institute of the Parameter Paramet O-4 N- COOCOLL C.L.J I. C IT ... CON .. CON ET CO.C.

P	art II	Fundraising Events. Co than \$15,000 of fundrais gross receipts greater th	ing event contributions			
			(a) Event #1  Retention (event type)	(b) Event #2  Recruitment (event type)	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	19,165.50	7,539.75		26,705.29
<u>ac</u>	2 3	Less: Contributions Gross income (line 1 minus line 2)	19,165.50	7,539.75		26,705.25
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages			· · · · · · · · · · · · · · · · · · ·	
Direct	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ac Net income summary. Comb	ine line 3, column (d), a	nd line 10		()
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9		red "Yes" to Form 990	), Part IV, line 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other garning	(d) Total gaming (add col. (a) through col. (c))
æ	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes			····	
Direct E	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes%   ☐ No	☐ Yes%	☐ Yes% ☐ No	
	7	Direct expense summary. Add	d lines 2 through 5 in co	olumn (d)		( )
	8	Net gaming income summary	. Combine line 1, colum	nn d, and line 7	<u></u> <b>&gt;</b>	
9 6	is th	er the state(s) in which the org ne organization licensed to op No," explain:	erate gaming activities			🗎 Yes 🗎 No
10a		re any of the organization's ga		suspended or terminate	-	

Sched	dule G (Form 990 or 990-EZ) 2012 71-0503 76 Y			p.	age
11	Does the organization operate gaming activities with nonmembers?		☐ Yes		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other of formed to administer charitable gaming?	entity	☐ Yes	_	
13	Indicate the percentage of gaming activity operated in:	1		٠.	
а		13a			%
b		13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books records:	and			
	Name ►			•••••	
	Address ▶				
15a	Does the organization have a contract with a third party from whom the organization receives gar revenue?		∏ Yes	. 🗀	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$				
С	If "Yes," enter name and address of the third party:				
	Name ▶				·
	Address ▶				
16	Gaming manager information:				
	Name ►				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	□ Director/officer □ Employee □ Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceed retain the state gaming license?		] Yes		Nο
b	Enter the amount of distributions required under state law to be distributed to other exempt organization spent in the organization's own exempt activities during the tax year > \$				•••
Part	التركيب المركين والمنافض والمركين والمركين والمركز والمركز والمركز والمركز والمركز والمركز والمركز والمركز والمركز	rt I, lir com	ne 2b, plete ti	his	
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CHEDULE Form 990) epartment of the Treasury ternal Revenue Service ame 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

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Schedule I (Form 990) (2012) **2** □ Retention & Recruitmnt (h) Purpose of grant or assistance Employer identification number □ Yes 71-0503764 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . (g) Description of non-cash assistance Part IV, line 21, for any reciplent that received more than \$5,000. Part II can be duplicated if additional space is needed. (e) Amount of non- (f) Method of valuation cash assistance (book FMV appraisal, other) Cat. No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash 24,205,25 grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? niversity of Arkansas at Pine Bluff AM&N National Alumni Association General Information on Grants and Assistance 501(c)(3) or Paperwork Reduction Act Notice, see the Instructions for Form 990. 71-0469736 (b) EIN 1 (a) Name and address of organization (1) University of Arkansas at (7) or government Pine Bluff 2 De ล <u>ල</u> **3** 2 9 8 6 0 15: ন

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. chedule I (Form 990) (2012) Part III Grants an

-cash assistance								dditional	s for						
(f) Description of non-cash assistance								), and any other a	who administer fund						
(e) Method of valuation (book, FMV, appraisal, other)								, line 2, Part III, column (b	rsity Relations/Development,						
(d) Amount of non-cash assistance								on required in Part I	e Bluff, Office of Unive						
(c) Amount of cash grant								ovide the informatic	niversity of Arkansas at Pine Bluff, Off				- 1		
(b) Number of recipients								ete this part to pro	funds to the Univer		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
(a) Type of grant or assistance								Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	The UAPB/AM&N National Alumni Association donate funds to the University of Arkansas at Pine Bluff, Office of University Relations/Development, who administer funds for	,					
	-	8	9	4	5	9	7	art IV	The UAPE			; ; ; ; ; ; ; ; ; ;		• • • • • • •	

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

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer Identification number

University of Arkansas at Pine Bluff AM&N National Alumni Association	71-0503764
Form 990, Part VI, Section B, Line 11: The organization submits an electronic version of Form 990 to t	he governing board for their review
and comments. The return is filed once approved by the Board of Directors.	
Form 990, Part VI, Section B, Line 15: The Executive Secretary's compensation is set on an annual bas	sis by the Board of Directors.
Compensation is based on the Executive Secretary's annual performance review and data derived from	n a compensation market review.
Upon completion of the annual performance review and a review of market data, the President present	ts his recommendation to the
Board. The Board reviews and approves the compensation.	
Form 990, Part VI, Section C, Line 19: The documents are provided to the public upon request and made	de available to members via email.
Form 990, Part IX, Line 24e: Walk for Education - \$297.00, Equipment Rental - \$45, Founders Day Expe	
Banquet - \$275, Alumni King/Queen Drive - \$2350, Homecoming Expense - \$279.59, Convention Center	Room Rental - \$1100, and
Dinner Dance - \$1350.54	

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