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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

► 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 7/1/2012 and ending 6/30/2013 C Name of organization Employer identification number Check if applicable USAO Alumni Association, Inc. Doing Business As Address change USAO Alumni 73-1366971 Name change Number and street (or P O box if mail is not delivered to street address) E Telephone number Initial return 1727 Alabama (405) 224-3140 City, town or post office, state, and ZIP code Terminated 73018 Amended return Chickasha OK G Gross receipts \$ 153,738 F Name and address of principal officer Yes X No Application pending H(a) is this a group return for affiliates? Robert Newbrough 2640 County Street 2846, Chickasha, OK 73018 H(b) Are all affiliates included? If "No," attach a list (see instructions) X 501(c)(3) Tax-exempt status 501(c) () < (insert no) J Website: ▶ www usao edu H(c) Group exemption number ▶ X | Corporation K Form of organization Trust Association Other ▶ L Year of formation M State of legal domicile 1995 Part I Summary Briefly describe the organization's mission or most significant activities The purpose of the Association is to perpetuate and promote the interest of the University of Science and Arts of Oklahoma (USAO), to provide leadership for the alumni, to encourage enrollment the University and to Activities & Governance take other action as may be deemed beneficial for the advancement of the University and the Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets 2 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 0 4 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 25 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 74,515 88,393 9 Program service revenue (Part VIII, line 2g). 9,055 7,075 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 61,788 56,138 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 2.692 2.132 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 148,050 153,738 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 121,678 94,523 18 Total expenses Add lines 13 17 (must equal Part IX, column (A), line 25) 121,678 94,523 Revenue less expenses Subtract line 18 from line 12 19 26,372 59,215 Beginning of Current Year **End of Year** Total assets (Part X, Intent 6) - 3 0 3 2014 20 1,827,760 1,887,124 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 1,887,124 Signature Block UGUHM Part II 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 Sian Signature of officer Here Robert Newbrough, Treasurer 12/3/2012 Type or print name and title Date PTIN Print/Type preparer's name Check X if Paid 1/23/2014 self-employed P01079304 Robert Newbrough Preparer Firm's name ► R L Newbrough, CPA Firm's EIN ▶ 73-1211099 **Use Only** Firm's address ▶ 2640 County Street 2846, Chickasha, OK 73018 (405) 519-9890 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Form 990 (2012)

Form 9	90 (2012)	USAO Alumni Association, Inc	73-1366971	Page 2
Pai	rt III	Statement of Program Service Accomplishments	— ·· ·	
		Check if Schedule O contains a response to any question in this Part III		. <u>X</u>
1	Briefly	describe the organization's mission	_	
		rpose of the Association is to perpetuate and promote the interest of the University		
	of Scie	nce and Arts of Oklahoma (USAO), to provide leadership for the alumni, to encourage		
		ent the University and to take other action as may be deemed beneficial for the		
	advanc	ement of the University and the Association		
2	Did the	organization undertake any significant program services during the year which were not listed on		
	the pric	or Form 990 or 990-EZ?	Yes	X No
	If "Yes,	" describe these new services on Schedule O		
3	Did the	organization cease conducting, or make significant changes in how it conducts, any program		
	service	s?	Yes	X No
	If "Yes,	" describe these changes on Schedule O		
4	Describ	be the organization's program service accomplishments for each of its three largest program service	ces, as measured by	/
	expens	ses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	allocations to others	s,
	the tota	al expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 77,761 including grants of \$) (Reve	enue \$ 5	3,155)
	Schola	rships used for USAO students		
				
4b	(Code) (Expenses \$ 3,865 including grants of \$) (Reve	enue \$	0)
	Alumni	Special Projects for USAO		
				-++

			·	
4c	(Code) (Expenses \$ 10,091 including grants of \$) (Revenue to the content of the conte	enue \$	6,775)
	Homeo	coming and other events and projects for alumni and the Universtiy		-
				-
		•		
	O4L	Other Common (December of Other Common Commo		
4d		program services (Describe in Schedule O)	. .	
	(Exper		0)	
<u> 4e</u>	rotar	orogram service expenses 🕨 91,717		

Part IV Checklist of Required Schedules

			105	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	x	
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	$\hat{\mathbf{x}}$	
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		_^ _x
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		
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	x	
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	x	
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	x	
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	x	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
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? If "Yes," complete Schedule D, Part VII	11b		х
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	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	11d	х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
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		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ь	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			
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
4.0	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	_	<u> </u>
16	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	ا مرا		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16		_X
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	_	х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	_		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

	Oncoknist of Required Constants		Yes	No
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		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		_X_
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		_X_
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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	امدا		V
	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24u		-
2 5a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	200		``
-	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			1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		-	l
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		 ^-
ŭ	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	ļ	<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>X</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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	133		 ^
J- 7	III, or IV, and Part V, line 1	34		x_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		1	
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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	 	×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	990	X (0040)
		Form	フラリ	(2012)

rai	Check if Schedule O contains a response to any question in this Part V			П
		 -	Yes	H _{No}
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		1.00	 "
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			İ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			l
	gaming (gambling) winnings to prize winners?	1c	x	ŀ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			一
	Statements, filed for the calendar year ending with or within the year covered by this return 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		l
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			\vdash
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		 ^
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			\vdash
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		x
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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Ė
6a	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	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible? .	6b	х	ĺ
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	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?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		X
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			ĺ
b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		·	ĺ
11	Section 501(c)(12) organizations. Enter			ĺ
a	Gross income from members or shareholders	.]		ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources			l
-	against amounts due or received from them)	. 1		ĺ
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	-=-	_	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	,		
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			
b	Enter the amount of reserves the organization is required to maintain by the states in which			ĺ
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand		ļ	
14a		14a		Х
b		14b		

Form 990 (2012) USAO Alumni Association, Inc. 73-1366971 Part VI 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. Check if Schedule O contains a response to any question in this Part VI Section 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 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 Enter the number of voting members included in line 1a, above, who are independent 0 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 of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a Each committee with authority to act on behalf of the governing body? 8ь Х 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 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 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 take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► OK 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 X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest 19 policy, 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 the

2640 County Street 2846, Chickasha, OK 73018

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organization Robert Newbrough

Form 990 (2012)	USAO Alumni Association, Inc. 73-1366971	Page
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	
1a Complete organization's	this table for all persons required to be listed. Report compensation for the calendar year ending with or within the stax year.	
List all	of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount	
	tion 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 	e 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 a	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

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

11 Eric Feuerborn	(A) Name and Title	(B) Average hours per week (list any	box, office	unle: er an	Pos neck ss pe	rson Irrecte	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other
Director		related organizations below dotted	dividual trustee director	stitutional trustee	ficer	y employee	phest compensated	rmer	organization		from the organization and related
(2) Nancy Powell 7 00 President 0 00 (3) Patsy Jo Heidlage 3 00 Past President 0 00 (4) Robert Newbrough 8 00 Treasurer 0 00 (5) (6) (7) (8) (9) (10) (11) (12) (13) (13)	(1) Eric Feuerborn	40 00									
President 0.00 X (3) Patsy Jo Heidlage 3.00 X Past President 0.00 X (4) Robert Newbrough 8.00 X Treasurer 0.00 X (5) (6) (7) (8) (9) (10) (11) (13)			X		<u> </u>						
(3) Patsy Jo Heidlage 3 00 Past President 0 000 X	(2) Nancy Powell										
Past President 0 00 X (4) Robert Newbrough 8 00 X Treasurer 0 00 X (5) (6) (7) (8) (9) (10) (11) (12) (13)		0 00		<u> </u>	X	L				<u> </u>	
(4) Robert Newbrough 8 00 Treasurer 0 0 00 (5) (6) (7) (8) (9) (10) (11) (12)	(3) Patsy Jo Heidlage	3 00									
Treasurer 0 000 X (5) (6) (7) (8) (10) (11) (12) (13)			L	_	X	L					
(6) (7) (8) (9) (11) (12) (13)	(4) Robert Newbrough								1		
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(12)											
(13)	(11)										
	(12)										
(14)	(13)										,
	(14)										

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r	not ch unles	Pos neck ss pe	c) intion more irson	than strust Highest compensated	one i an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)		ation amoun ated other tions compens		
(15)				\vdash			ä				_			
(16)								_						
(17)								_				•		
(18)													_	
(19)								_				- <u> </u>		
					_	_		_			-			
				_				_						
			<u> </u>	_		_								
						<u> </u>								
											_			
(25)														
1b c	Sub-total Total from continuation sheets to Part VII, Se	ection A		_				> >	0		0			0
<u>d</u>	Total (add lines 1b and 1c)		.4	<u> </u>				>	0		0			0
	Total number of individuals (including but not lir reportable compensation from the organization	Tilted to those ils	sted a		e) v 0	vno	recei	ved	more than \$100),UUU ot				
3	Did the organization list any former officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>				loye	e, o	r higl	nes	t compensated		ſ	3		<u>lo</u> X
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual	of reportable con	npens	satic						h		4		<u>.</u> x
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye									ridual		<u> </u>	-	<u>x</u>
Sec 1	ion B. Independent Contractors Complete this table for your five highest compe compensation from the organization Report co year	nsated independ mpensation for t	dent o	cont	ract dar	ors yea	that r	ece	eived more than swith or within the	\$100,000 of e organizati	on's t	ax		-
	(A) (B) Name and business address Description of services							vices	C	(C) ompens	ation			
														0
								\vdash						0
														0
2	Total number of independent contractors (included more than \$100,000 of compensation from the	ding but not limit	ted to	tho	se I	ıste	d abo	ve)	who received		-			0

	VIII	Check if Schedule O contains	a response to	any question in th	ıs Part VIII			
			· · · · · · · · · · · · · · · · · · ·	ent kana.	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns		a 0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		b 3,581				
A ts	С	Fundraising events		0				
후	d	Related organizations		d 0		•		1
Sm.	e	Government grants (contribution	_	l e 0				
F K	f	, J , g						
풀히	_	similar amounts not included abo	<u> </u>	1f 84,812				
S a	g	Noncash contributions included in I	ines ra-ir:	\$0	00 000			
	<u>h</u>	Total. Add lines 1a-1f		Business Code	88,393			
Program Service Revenue	2a	Homecoming			6,775	6,775		
Seve	b	Christmans donations			300	300		· · · · · · · · · · · · · · · · · · ·
9	C				0			
<u>5</u>	d				0		-	
S E	е				0	· · · · · ·		
gra	f	All other program service revenu			0			
	g	Total. Add lines 2a-2f		>	7,075			
	3	Investment income (including div	ıdends, ıntere	st, and				
		other similar amounts)		•	56,138	56,138		
	4	Income from investment of tax-e	xempt bond pr	roceeds >	0			
	5	Royalties			2,132	2,132		
	_	_	(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	C	Rental income or (loss)		0 0			****	
	d	Net rental income or (loss)	(i) Securities	(II) Other	0			
	/a	Gross amount from sales of	(i) Securities		;	-		
	L	assets other than inventory Less cost or other basis		0 0	ļ			
	b	and sales expenses		0 0			-	
	c	Gain or (loss)		0 0	ŕ			
	d	Net gain or (loss)		<u>0</u> 1	0	er er endurukutkummen – ur		-
		riot gam or (roce)						
ne	8a	Gross income from fundraising			<i>'</i>			
en		events (not including \$	0]
₹ev		of contributions reported on line			-	,		ł
er F		See Part IV, line 18		a 0	31 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		.*	
Other Reven	ь	Less direct expenses	. 1	b 0		.		
0		Net income or (loss) from fundra		<u> </u>	0			
	9a	Gross income from gaming activ	ities		23			
		See Part IV, line 19		a 0				
		Less direct expenses		b0				
		Net income or (loss) from gaming	g activities	<u> </u>	0			
	10a	Gross sales of inventory, less returns and allowances .		_				Ì
				a 0 0	-			
	b	Less cost of goods sold Net income or (loss) from sales of		p				a
	С	Miscellaneous Revenue	or inventory	Business Code	0			
	11a	iviiscellatieous Nevertue	<u> </u>	Business Code	0			-
	b				0		· ·	-
	C				0	·		
	d	All other revenue			0			
	e	Total. Add lines 11a-11d			0			
	12	Total revenue. See instructions		•	153,738	65,345	0	

Par					
Section	on 501(c)(3) and 501(c)(4) organizations must complete all (columns All other or	ganızatıons must co	omplete column (A)	
	Check if Schedule O contains a response to any o	uestion in this Part I	X .		
	not include amounts reported on lines 6b, 8b, 9b, 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				i
	organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the			1	•
	United States See Part IV, line 22	o		-	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			,	
	United States See Part IV, lines 15 and 16	l ol		Ì	
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
•	trustees, and key employees	l ol			
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	l ol			
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
J	section 401(k) and 403(b) employer contributions)	ا			
9	Other employee benefits				
10	Payroll taxes				
	·	9			
11_	Fees for services (non-employees)	4.050		1.050	
a	Management .	1,950		1,950	
b	Legal .	0			
C	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0		··· · · · · · · · · · · · · · · · · ·	
f	Investment management fees	2,090	2,090		
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	4,905	3,340	1,565	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0			
24	Other expenses Itemize expenses not covered	1 considirate	· 48,		
	above (List miscellaneous expenses in line 24e If	25.5 17 18 18 18 18 18 18 18 18 18 18 18 18 18	1-24, North		
	line 24e amount exceeds 10% of line 25, column	· I we would be	STEAR STATE OF THE	,	
	(A) amount, list line 24e expenses on Schedule O)	A 4 - 6-8 g 5		-	
а	Hamasamina aynanaa	8,526	8,526		
a b	Special Projects expenses	1,381	0,320	1,381	
C	Scholarships awarded	74,178	74,178	1,001	
_	Loss on Sale of Investment		1,493	2,090	
d		1,493		2,090	
	All other expenses	04.500	2,090	0.000	
25	Total functional expenses. Add lines 1 through 24e	94,523	91,717	6,986	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				
	following SOP 98-2 (ASC 958-720)	1		L	

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) End of year Beginning of year 1 Cash-non-interest-bearing 1 109 2 Savings and temporary cash investments 214.543 2 202.327 3 Pledges and grants receivable, net 0 3 0 4 Accounts receivable, net 0 4 0 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 0 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a h Less accumulated depreciation 10b 0 0 10c 0 11 Investments—publicly traded securities 0 11 0 12 Investments—other securities See Part IV, line 11 12 0 13 Investments—program-related See Part IV, line 11 1,498,671 13 1,570,142 14 Intangible assets 14,546 14 14,546 15 Other assets See Part IV, line 11 100,000 15 100.000 16 Total assets. Add lines 1 through 15 (must equal line 34) 1.827.760 16 1,887,124 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Liabilities 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 23 0 0 24 Unsecured notes and loans payable to unrelated third parties ol 24 0 25 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 0 26 Total liabilities. Add lines 17 through 25 0 26 0 Organizations that follow SFAS 117 (ASC 958), check here ► X and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 153,504 27 151,187 28 Temporarily restricted net assets 192,400 28 173,285 29 Permanently restricted net assets 1,481,856 29 1,562,652 Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 1,827,760 33 1,887,124 Total liabilities and net assets/fund balances 1,827,760 34 1,887,124

	Form	990 (2012) USAO Alumni Association, Inc	73-	1366971	Pag	ge 1 2
Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 3 3 5.92.15 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII. 1 Accounting method used to prepare the Form 990	Par	XI Reconciliation of Net Assets				
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Prior period adjustments Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII. Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis, or both Separate basis Consolidated basis, or both Separate basis, consolidated basis, or both Separate basis, consolidated basis, or both Separate basis, consolidated basis, or both Separate basis Consoli		Check if Schedule O contains a response to any question in this Part XI				
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Prior period adjustments Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII. Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements aundependent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis, or both Separate basis Consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes," the cyanization changed either its oversight process or selection process during the tax year, explain in Schedule O The organization changed either its oversight process or selection process during the tax year, explain in Schedule O The organization dendergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to un	1	Total revenue (must equal Part VIII, column (A), line 12)	1		153	3,738
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII. Accounting method used to prepare the Form 990 X Cash Accrual Other if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis, or both Separate basis, consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both 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 of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization d	2		2		94	,523
Net unrealized gains (losses) on investments Donated services and use of facilities Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII. I Accounting method used to prepare the Form 990	3	Revenue less expenses Subtract line 2 from line 1	3		59	,215
Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis or both Separate basis Consolidated basis, or both Separate basis Consolidated basis or both Separate basis or both Separate basis Consolidated basis Con	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,827	',760
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Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII	9		9			
Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII. 1 Accounting method used to prepare the Form 990	10					
Check if Schedule O contains a response to any question in this Part XII . Check			10		1,886	i,975
Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis, Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	Part					
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If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis, consolidated basis, or both 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 of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b					Yes	No
Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both 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 of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	1			19/30	, , , , , , , , , , , , , , , , , , ,	
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If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both 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 of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b				43	1	
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separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b				3920	100	30
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As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b					,	1
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required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	b			Ja		<u> </u>
				35		ĺ
		, and the distriction of the dis			990 <i>i</i>	(2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

6

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.

 2012

Open to Public

Name of the organization
USAO Alumni Association, Inc

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state

An organization operated for the benefit of a college or university owned or operated by a governmental unit described

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)

A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)

in section 170(b)(1)(A)(iv). (Complete Part II)

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)

10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

11g(i) X 11g(ii) X 11g(iii) X

h Provide the	following informa	tion about the support	ed organiz	zation(s)					
(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (I) li	organization sted in your document?	the organicol (i)	you notify nization in of your port?	(vi) l organizat (i) organi U S	zed in the	(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)								_	
(C)	 								
(D)	-								
(E)									
Total	5 1 4 4 4 4								

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.)

	ion A. Public Support		· ,			· · · · · · · · · · · · · · · · · · ·	
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	i					
	membership fees received (Do not		ļ				
	ınclude any "unusual grants ")	65,612	93,613	74,889	81,377	93,725	409,216
2	Tax revenues levied for the organization's		ŀ				
	benefit and either paid to or expended on						
	ıts behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	65,612	93,613	74,889	81,377	93,725	409,216
5	The portion of total contributions by each			• - / 👡		•	
	person (other than a governmental unit		4 % ± 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		+ ** 2		
	or publicly supported organization)	1	1-2+12	^`n_ +-			
	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	<u> </u>					409,216
	ion B. Total Support	r					
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	65,612	93,613	74,889	81,377	93,725	409,216
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	50,081	43,281	56,243	64,480	58,111	272,196
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						0
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)			3,854	2,194		6,048
11	Total support. Add lines 7 through 10		3 7 -				687,460
12	Gross receipts from related activities, etc (se					12	
13	First five years. If the Form 990 is for the org	janization's first	, second, third,	fourth, or fifth t	ax year as a se	ection 501(c)(3)	. —
	organization, check this box and stop here						▶
	tion C. Computation of Public Support						
14	Public support percentage for 2012 (line 6, co			lumn (f))		14	59 53%
15	Public support percentage from 2011 Schedu					15	63 13%
16a	33 1/3% support test—2012. If the organizat				14 is 33 1/3% (or more, check t	
_	and stop here. The organization qualifies as						► X
b	33 1/3% support test—2011. If the organizat				line 15 is 33 1	/3% or more, ch	eck this
	box and stop here. The organization qualifies	s as a publicly s	upported organ	nization			▶
17a	10%-facts-and-circumstances test—2012.	If the organizati	on did not ched	k a box on line	13, 16a, or 16t	o, and line 14	
	is 10% or more, and if the organization meets	the "facts-and-	circumstances	" test, check this	s box and stop	here. Explain i	n
	Part IV how the organization meets the "facts	-and-circumstai	nces" test. The	organization qu	ialifies as a pul	blicly supported	
	organization			_ ,	•	, , , , , , ,	▶□
b	10%-facts-and-circumstances test2011.	f the organization	on did not chec	k a box on line	13, 16a, 16b, d	or 17a, and line	٠ ـــ
	15 is 10% or more, and if the organization me	eets the "facts-a	nd-circumstan	ces" test, check	this box and s	top here. Expla	ain in
	Part IV how the organization meets the "facts	-and-circumsta	nces" test. The	organization qu	ialifies as a pul	blicly	
	supported organization			- ,		•	▶ □
18	Private foundation. If the organization did no	ot check a box o	on line 13, 16a	16b. 17a. or 17	b, check this h	ox and see	
	instructions		,	. ,	,		▶□

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)

Sect	tion A. Public Support						
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 ")	65,612	93,613	74,899	81,377	93,725	409,226
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the		i				
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on its behalf						0
5	The value of services or facilities		_		_		,
	furnished by a governmental unit to the						
_	organization without charge	25.515					0
6	Total. Add lines 1 through 5	65,612	93,613	74,899	81,377	93,725	409,226
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						0
b	Amounts included on lines 2 and 3 received						0
_	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year .						0
_	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)		3.5			THE SECTION OF THE PARTY OF THE	400 220
Sect	tion B. Total Support			松京学校中国的在"广 尔、	建始基金库以及7.0 0	Total State of the Control of the Co	409,226
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9			93,613				
э 10а	Amounts from line 6 Gross income from interest, dividends,	65,612	93,013	74,899	81,377	93,725	409,226
IVa	payments received on securities loans,						
	rents, royalties and income from similar sources	50,081	43,281	56,243	64,480	58,111	272,196
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
C	Add lines 10a and 10b	50,081	43,281	56,243	64,480	58,111	272,196
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)			3,854	2,194		6,048
13	Total support. (Add lines 9, 10c, 11, and 12)	115,693	136,894	134,996	148,051	151,836	687,470
14	First five years. If the Form 990 is for the organization						007,470
	organization, check this box and stop here		,,,	· · · · · · · · · · · · · · · · · · ·		,,,,	▶ 🔲
Sect	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2012 (line 8, column		e 13, column (f))			15	59 53%
16	Public support percentage from 2011 Schedule A,			·		16	63 13%
	tion D. Computation of Investment Inco			(0)		47 1	20.500/
17	Investment income percentage for 2012 (line 10c, o			mn (t))		17	39 59%
18 19a	Investment income percentage from 2011 Schedule 33 1/3% support tests—2012. If the organization			and line 15 is mo	 		35 85%
. 34	not more than 33 1/3%, check this box and stop h e						▶□
b	33 1/3% support tests—2011. If the organization						
	line 18 is not more than 33 1/3%, check this box ar	nd stop here. The	e organization qu	ialifies as a publi	cly supported or	ganization	▶ 🔲
20	Private foundation. If the organization did not che	ck a box on line	14, 19a, or 19b,	check this box ar	nd see instruction	ns	▶ □

Schedule A (Form 9	90 or 990-EZ) 2012	USAO Alumni Association, Inc	73-1366971	Page 4
Part IV	Supplemental	Information. Complete this part to provide the explanations required	by Part II, line	10 .
	Part II line 17a	or 17b; and Part III, line 12 Also complete this part for any additional	al information (S	See
		of 17b, and 1 art III, line 12 Also complete this part for any additions	i intormation. (c)ec
	instructions).			

			·	
			···	
		•		
		••••		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the		res," to Form 990, Part IV, line 5 (Pro		•	•
• S	Section 501(c)(4), (5), or (6) o	rganizations Complete Part III			
	e of organization			Employe	er identification number
	O Alumni Association, Inc				73-1366971
		he organization is exempt und			organization.
1	· ·	he organization's direct and indirect p	olitical campaign a	activities in Part IV	
2	Political expenditures			▶ \$	
3	Volunteer hours				
Par	rt I-B Complete if t	he organization is exempt und	er section 501	(c)(3).	
1		excise tax incurred by the organization			
2	Enter the amount of any	excise tax incurred by organization m	anagers under sec	ction 4955 > \$	
3		ed a section 4955 tax, did it file Form	=	· · · · · · · · · · · · · · · · · · ·	Yes No
4a	Was a correction made?		•		☐ Yes ☐ No
b	If "Yes," describe in Part	IV			
		he organization is exempt und	er section 501	c), except section 501	(c)(3).
1		expended by the filing organization f			X-X-7
	activities	. , , , ,		•	
2	Enter the amount of the fi	iling organization's funds contributed	to other organizati		
	for section 527 exempt fu		_		
3	Total exempt function exp	penditures Add lines 1 and 2 Enter h	ere and on Form	1120-POL,	
	line 17b			▶ \$	o
4	Did the filing organization	file Form 1120-POL for this year?			Yes No
5	Enter the names, address	ses and employer identification numb	er (EIN) of all sect	ion 527 political organization	ons to which the filing
		ents. For each organization listed, en			
		ntributions received that were prompt			
	as a separate segregated	fund or a political action committee	(PAC) if additiona	space is needed, provide	Information in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds if none, enter -0-	contributions received and promptly and directly
					delivered to a separate
					political organization If none, enter -0-
				<u> </u>	
(1)					
(2)					
(3)					
(3)					
(4)					
(5)		_	_		
(6)					

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sche	dule C (Form 990 or 990-EZ) 2012					Page 2
Pa	rt II-A Complete if the organiza	tion is exem	pt under section 5	01(c)(3) and filed	l Form 5768 (elec	tion
	under section 501(h)).					
Α_	Check ▶ If the filing organization	belongs to a	an affiliated group (a	nd list in Part IV e	each affiliated grou	p member's
	name, address, EIN, e					•
В	Check ▶ if the filing organization					
_		bbying Expe		<u> </u>	T T	(b) Affiliated
	(The term "expenditures'	' means amou	ints paid or incurred.)		(a) Filing organization's totals	group totals
	Total lobbying expenditures to influence					0
b	Total lobbying expenditures to influence					0
C	Total lobbying expenditures (add lines 1		, , , , , , , , , , , , , , , , , , , ,		0	0
ď	Other exempt purpose expenditures	,				0
e	Total exempt purpose expenditures (add	lines 1c and 1	d)		0	0
f	Lobbying nontaxable amount Enter the			h		
	columns				o	0
	If the amount on line 1e, column (a) or (b)	is: The lob	bying nontaxable amou	int is:		
	Not over \$500,000		the amount on line 1e	-]	4 1
	Over \$500,000 but not over \$1,000,000	\$100,00	0 plus 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,00	0 plus 10% of the excess	over \$1,000,000	,	! !
	Over \$1,500,000 but not over \$17,000,000		0 plus 5% of the excess of	over \$1,500,000	•	1
\Box	Over \$17,000,000	\$1,000,0	000			
g	Grassroots nontaxable amount (enter 25	•			0	0
h	Subtract line 1g from line 1a If zero or le	ss, enter -0-			O	0
i	Subtract line 1f from line 1c If zero or les	ss, enter -0-			0	0
j	If there is an amount other than zero on	either line 1h c	or line 1i, did the organi	zation file Form 472	0 reporting	
	section 4911 tax for this year?					Yes No
	(Some organizations the columns be	it made a sec	ging Period Under Se tion 501(h) election don structions for lines 2	not have to comp		
	Lob	ying Expend	itures During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount			0	0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))	,		Age of the grant		0
С	Total lobbying expenditures			0	0	0
d	Grassroots nontaxable amount					

Schedule C (Form 990 or 990-EZ) 2012

0

0

0

Par	t II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	For	n 576	В	
For e	each "Ye	s," response to lines 1a through 1i below, provide in Part IV a detailed description	(6	a)		(b)	
of th	e lobbyır	g activity	Yes	No	A	moun	t
1	During th	ne year, did the filing organization attempt to influence foreign, national, state or local					
		n, including any attempt to influence public opinion on a legislative matter or					
		um, through the use of					
a	Voluntee			X			
b		ff or management (include compensation in expenses reported on lines 1c through 1i)?		X	٠		
c d		to members, legislators, or the public?		X			
e		ons, or published or broadcast statements?		x	_		
f		o other organizations for lobbying purposes?	-	x			
g		ontact with legislators, their staffs, government officials, or a legislative body?		X			
h		demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
i	Other ac	·		Х			
j	Total Ad	ld lines 1c through 1i .	ا المعتقد بندا				C
2a		activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х	1 - 1	_	
b		enter the amount of any tax incurred under section 4912					
C		enter the amount of any tax incurred by organization managers under section 4912	1500	tor.			
		ng organization incurred a section 4912 tax, did it file Form 4720 for this year?			4.		
Par	t III-A	Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	C)(5),	or s	ection	1	
					-	Yes	No
1	Were su	bstantially all (90% or more) dues received nondeductible by members?			1		-
2	Did the d	organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the d	organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B	Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	c)(5), OR (t	or so) Par	ection t III-A	, line	3, is
1		sessments and similar amounts from members		1			
2		162(e) nondeductible lobbying and political expenditures (do not include amounts of		` -			
	_	expenses for which the section 527(f) tax was paid).					
a b	Current			2a			
D	Total	er from last year		2b 2c			
3		te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			0
4		s were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		5 17 N			
		loes the organization agree to carryover to the reasonable estimate of nondeductible		対する			
		and political expenditure next year?		4			
5	Taxable	amount of lobbying and political expenditures (see instructions)		5			0
Part	V s	upplemental Information					
		part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Par	t II-A (affiliat	ed grou	qι	
lıst), l	Part II-A, I	ne 2, and Part II-B, line 1 Also, complete this part for any additional information					
-							
					- 		
				- -			

	orm 990 or 990-EZ) 2012	Page 4
Part IV	Supplemental Information (continued)	
		•
	•	·
		· • • • • • • • • • • • • • • • • • • •

		·····

USAO Alumni Association, Inc

73-1366971

SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	O Alumni Association, Inc		73-1366971
Par		or Advised Funds or Other Similar	Funds or Accounts. Complete if
	the organization answered "Yes"		
4	Total number at and of year	(a) Donor advised funds	(b) Funds and other accounts
1 2	Total number at end of year Aggregate contributions to (during year)		
3	Aggregate contributions to (during year) Aggregate grants from (during year)		
4	Aggregate value at end of year	-	
5	Did the organization inform all donors and do	nor advisors in writing that the assets hold	un dener advised
•	funds are the organization's property, subject		
6	Did the organization inform all grantees, done		
_	used only for charitable purposes and not for		
	purpose conferring impermissible private ben		X Yes No
Par		plete if the organization answered "Ye	
			s to rolling 990, Part IV, line 7.
1	Purpose(s) of conservation easements held to Preservation of land for public use (e.g., recr		a af an huatamanii
		=	n of an historically important land area
	Protection of natural habitat	Preservatio	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organizat	ion held a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year		
	-		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easi		2b
c d	Number of conservation easements on a cert Number of conservation easements included		2c
u	historic structure listed in the National Registe		ايما
3	Number of conservation easements modified		minated by the organization
•	during the tax year	, transferred, released, extinguished, or ter	minated by the organization
4	Number of states where property subject to c	onservation easement is located	
5	Does the organization have a written policy re		n handling of
	violations, and enforcement of the conservati		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitori	ng, inspecting, and enforcing conservation	
	•		- ,
7	Amount of expenses incurred in monitoring, if	nspecting, and enforcing conservation ease	ements during the year
	▶ \$		
8	Does each conservation easement reported of	on line 2(d) above satisfy the requirements	of section
_	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?		Yes No
9	In Part XIII, describe how the organization rep		
	balance sheet, and include, if applicable, the the organization's accounting for conservation		ancial statements that describes
Par		reasements ns of Art, Historical Treasures, or Other :	Similar Assets
ı aı	Complete if the organization answered		Similar Assets.
4-		-	
1a		r SFAS 116 (ASC 958), not to report in its i	revenue statement and balance sheet
	works of art, historical treasures, or other sim of public service, provide, in Part XIII, the text		
b	If the organization elected, as permitted unde		
U	works of art, historical treasures, or other sim		
	of public service, provide the following amour		non, or research in futule ance
	(i) Revenues included in Form 990, Part VIII,	-	▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of a	irt, historical treasures, or other similar assi	
	following amounts required to be reported un		
а	Revenues included in Form 990, Part VIII, line	· · · · · · · · · · · · · · · · · · ·	
b	Assets included in Form 990, Part X		► \$ ► \$

Part	Organizations Maintaining	Collections of Ar	<u>t, Histo</u>	<u> rical Tr</u>	easures, o	<u>r Othei</u>	<u>r Similar Asse</u>	ts (continu	<u>ed)</u>
3	Using the organization's acquisition, ac	cession, and other re	cords, c	heck any	of the follows	ng that a	are a significant		
	use of its collection items (check all that	t apply)	_						
а	Public exhibition		d 📙	Loan c	or exchange p	orogram	s		
b	Scholarly research		е 📗	Other					
С	Preservation for future generation	ns							
4	Provide a description of the organization		xplain ho	w they fu	rther the orga	anızatıor	n's exempt purpo	se in	
•	Part XIII		•	•	_				
5	During the year, did the organization so	olicit or receive donat	ions of a	rt, historic	cal treasures,	or othe	r sımılar		_
	assets to be sold to raise funds rather	than to be maintained	as part	of the org	janization's c	ollection	17	Yes [X No
Part	IV Escrow and Custodial Arra	angements. Comp	lete if th	ne organ	ization ansv	wered '	'Yes" to Form 9	990, Part	
	IV, line 9, or reported an am								
1a	Is the organization an agent, trustee, c	ustodian or other inte	rmediary	for contr	butions or ot	her ass	ets not		_
	included on Form 990, Part X?							Yes _	X No
b	If "Yes," explain the arrangement in Pa	irt XIII and complete t	the follow	ving table		_			
						 	^	mount	
C	Beginning balance				•	1c	-		0
d	Additions during the year					1d	- 		
e	Distributions during the year					1e	-		0
f	Ending balance	E 000 B 1	04	•					
2a	Did the organization include an amoun				_			∐ Yes ∐	X∐ No
b	If "Yes," explain the arrangement in Pa								
Part	V Endowment Funds. Compl								
		(a) Current year	(b) Prio		(c) Two years		(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance	1,481,881	1	,449,899		1,886			
b	Contributions	80,771		29,508	4	2,170		 	
С	Net investment earnings, gains,			61,789	ء ا	2,943			
d	and losses Grants or scholarships			62,245		5,610			
e	Other expenditures for facilities			02,240		,5,010		 	
	and programs	l l							
f	Administrative expenses			458		1,490			
g	End of year balance	1,562,652	1	,478,493	1,44	9,899	(0	0
2	Provide the estimated percentage of the	ne current year end b	alance (l	ine 1g, co	olumn (a)) hel	ld as			
а	Board designated or quasi-endowmen	t •							
b	Permanent endowment	100%							
C	Temporarily restricted endowment	▶ %							
	The percentages in lines 2a, 2b, and 2	· ·							
3a	Are there endowment funds not in the	possession of the org	ganızatıo	n that are	held and ad	minister	ed for the	Г 	
	organization by							Ye	
	(i) unrelated organizations						•	3a(i)	X
h	(ii) related organizations If "Yes" to 3a(ii), are the related organ	izatione lietad ac roai	urod on 9	Schodulo	D2			3a(ii)	X
b 4	Describe in Part XIII the intended uses	· · · · · · · · · · · · · · · · · · ·						<u> </u>	
Par									
ı aı	Description of property	(a) Cost or other		· · · ·	ost or other	(c)	Accumulated	(d) Book v	/alue
	besarption of property	(a) cost of circ			is (other)		epreciation	(a) book (raido
1a	Land		0		0	W.			0
b	Buildings		0		0		0		0
С	Leasehold improvements		0		0		0		0
d	Equipment		0		0		0		0
<u> e </u>	Other		0		0		0		0
Tota	I. Add lines 1a through 1e (Column (d)	must equal Form 990), Part X,	column (B), line 10(c)) .	<u> </u>		0

Part VII	Investments—Other Securit	ies. See Form 990, Part X	, line 12	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	
	al derivatives	0		
	-held equity interests	0		
		-		
		-		
(D)				
(E)				
(F)				
(G)				·
<u>(H)</u>				
(l)	(A)			
	(b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Rela	ited. See Form 990, Part)		
	(a) Description of investment type	(b) Book value	(c) Method of v Cost or end-of-year	
	uard Investments	1,570,142	F	
(2)				
(4)				· · · · · · · · · · · · · · · · · · ·
(5)		· · · · · · · · · · · · · · · · · · ·		
(6)	-			
(7)				
_(9)				
(10)				. <u></u>
	(b) must equal Form 990, Part X, col. (B) line 13)	1,010,12	V. **	<u> </u>
Part IX	Other Assets. See Form 990	, Paπ X, line 15. (a) Description		(h) Deeli velve
(1) Onal T	Thorpe Managed by USAO Foundations			(b) Book value 100,000
(2)	The permanaged by Gorto T dandations	·		100,000
(3)				
(4)				
(5)				
<u>(6)</u>				
<u>(7)</u>		 		
(8)				
(10)	-			
	umn (b) must equal Form 990, Part X, c	tol (B) line 15)	>	100,000
Part X	Other Liabilities. See Form 9			
1.	(a) Description of liability	(b) Book value		
(1) Federa	al income taxes	0		
(2)			13s	
_(3)				
(4)		<u> </u>		
(5) (6)			1	
(7)		 · · · · · · · · · · · · · · · · · · ·	-	
(8)			1 .	
(9)			1	
(10)]	
(11)				
	(b) must equal Form 990, Part X, col (B) line 25)	<u> </u>		
	SC 740) Footnote In Part XIII, provide the text of tax positions under FIN 48 (ASC 740). Check h			janization's liability

Schedu	e D (Form 990) 2012 USAO Alumni Association, Inc			<u>73-136</u>	66971	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statemer	its W	ith Revenue pe	r Retur	rn	
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	_				
а	Net unrealized gains on investments	2a		/		
b	Donated services and use of facilities	2b]		
С	Recoveries of prior year grants .	2c]:: ,]		
d	Other (Describe in Part XIII)	2d				
e	Add lines 2a through 2d			2e		0
3	Subtract line 2e from line 1			_3		0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_		
b	Other (Describe in Part XIII)	4b]		
С	Add lines 4a and 4b			4c		0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5		0
Part	XII Reconciliation of Expenses per Audited Financial Stateme	ents V	With Expenses	per Ret	turn	
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	_				
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b]]		
C	Other losses	2c] .		
d	Other (Describe in Part XIII)	2d]		
е	Add lines 2a through 2d			2e		0
3	Subtract line 2e from line 1			3		0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1			
b	Other (Describe in Part XIII)	4b				
C	Add lines 4a and 4b			4c		0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5		0
Part	XIII Supplemental Information					
Part \	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part /, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also onal information			-		•
	·		·····			
	······					
	······································					

Schedule D (Form 9	990) 2012	USAO Alumni Association, Inc	73-1366971	Page 5
Part XIII	Supple	emental Information (continued)		
	-		•••••	
	- 			
		•••••		
		•••		

		•••••		
				
			•	
		•••••		
			•	
		·		

SCHEDULEI (Form 990)

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

Open to Publi

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

73-1366971

General Information on Grants and Assistance JSAO Alumni Association, Inc. Partl

Yes No Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?.

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

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(a)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 3 Enter total number of other organizations listed in the line 1 table	501(c)(3) and grant gran	overnment organiza	itions listed in the line	line 1 table.		•	0

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

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

	(f) Description of non-cash assistance), and any other additional						Schedule I (Form 990) (2012)
	(e) Method of valuation (book, FMV, appraisal, other)				ine 2, Part III, column (b						
	(d) Amount of non-cash assistance				n required in Part I, I						
Ġ.	(c) Amount of cash grant				ovide the information	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
nal space is neede	(b) Number of recipients				lete this part to pre						
Part III can be duplicated if additional space is needed	(a) Type of grant or assistance				art IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 73-1366971 USAO Alumni Association, Inc. Form 990 Part III Line 4a Completed per instructions

Schedule O (Form 990 of 990-EZ) (2012)		Page ∠
Name of the organization	Employer identification number	
USAO Alumni Association, Inc	73-1366971	
	•••	
		-
		
••		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
-,		

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

tructions.	
arate inst	
See sepa	
A	

OMB No 1545-0047	2012	Open to Public	Inchartion
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Employer identification number

▶ Attach to Form 990.

USAO Alumni Association, Inc

Department of the Treasury Internal Revenue Service Name of the organization

73-1366971

(g) Section 512(b)(13) controlled entity? ž (f)
Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had Yes (f)
Direct controlling
entity End-of-year assets e (e)
Public charrty status
(if section 501(c)(3)) Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Total income (d) Exempt Code section Legal domicile (state or foreign country) (c)
Legal domicile (state or foreign country) Primary activity one or more related tax-exempt organizations during the tax year.) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Name, address, and EIN of related organization Part Part II 5 4 (5) (9) 3 (6) €. (2) 3 ල 9 0

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(k) Percentage ownership									(I) Section 512(b)(13) controlled entity?	S No	<u> </u>						 Schedule R (Form 990) 2012
ral or ral or rer?								, Part		Yes				ļ . <u>.</u>		<u> </u>	 Form
General or managing partner?								990 ر	(h) Percentage ownership								ule R (
(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)								able as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part organizations treated as a corporation or trust during the tax year.)	(g) Share of Per end-of-year assets ow								Sched
(h) Disproportionata allocations?						ļ. <u></u>		were	_	_	<u></u>		<u> </u>		-		
								ans year	(f) Share of total income								
sets								zatior e tax	Shar								
(g) Share of end-of- year assets								organiz	(e) Type of entity (C corp, S corp, or trust)								
(f) Share of total income								ete if the	Type of (C corp, S c								
Shai								ompl ion o	olling								
(e) Predominant income (related, unrelated, excluded from tax under								Frust (C	(d) Direct controlling entity								
(e) Predominant income (related unrelated, excluded from tax under sections 512-514								ion or l	icile country)								
(d) Direct controlling enity								able as a Corporation or Trust (Complete if the organization answorganizations treated as a corporation or trust during the tax year.)	(c) Legal domicile (state or foreign country)								
<u> </u>						<u> </u>		uble as	ctivity								
(c) Legal domicile (state or foreign country)			_				_	Identification of Related Organizations Taxa IV, line 34 because it had one or more related	(b) Primary activity								
			<u> </u>					atior									
activity								ganiz or m									
(b) Primary activity								d one	ation								
								elate t ha	organiz								
								of R	related								
on of								ation 34 bec	(a) Name, address, and EIN of related organization								
(a) Name, address, and EIN of related organization								intific	ess, an								
(a) address lated orga								lde ≤	ne, addı								
Name								Part IV	Nar								
	Ξ	(2)	<u></u>	3	(2)	9	3	Ра			(£)	(2)	(6)	4	(6)	9	

Page 3

Schedule R (Form 990) 2012

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36) Part V

2012	п 990)	R (Forr	Schedule R (Form 990) 2012			
					(9)	9
					(9	9
					4)	€
					3)	ପ୍ର
					2)	(2)
					(1)	딕
g T	(d) r determi rt involve	(d) Method of determining amount involved	(c) Amount involved Mi	(b) Transaction type (a–s)	(a) Name of other organization	
	olds.	hresho	relationships and transaction thresholds.	including covered	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	
		1\$			- 1	
-		-			r Other transfer of cash or property to related organization(s)	
		19				
		10			p Reimbursement paid to related organization(s) for expenses	
		10			o Sharing of paid employees with related organization(s)	
		1-				
		= [Performance of services or membership or fundraising solicitations for related organization(s). Deformance of services or membership or fundraising solicitations by related organization(s). 	
		¥			k Lease of facilities, equipment, or other assets from related organization(s).	
		+-			J rease of idelines, equipment, of other assets to related organization(s)	
		= =	- l - - - -		i Exchange of assets with related organization(s)	
		丰				
		19			g Sale of assets to related organization(s)	
		#			f Dividends from related organization(s)	
1	-	<u>e</u>			e Loans or loan guarantees by related organization(s)	
		무			d Loans or loan guarantees to or for related organization(s)	
		10			c Gift, grant, or capital contribution from related organization(s)	
		1b				
		1a			a Receipt of (ii) interest (ii) annurties (iii) royalties or (iv) re	
2	, se		Parts II–IV?	d organizations listed in	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	
ŝ	Yes	_			Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule	_

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Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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(a) Name address and EIN of entity	(b) Primary activity		(d) Predominant	(e) Are all partr				(h) sproportiona				(k) ercentage
		(state or foreign country)	uncome (related, unrelated, excluded from tax under section 512-514)	section 501(c)(3) organizations?	total income	end-of-year assets		allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		ownership
			/t	Yes No	T.		12	Yes No		Yes	2	
(1)								-				
(2)												
(3)												
(4)						, <u>.</u>					_	
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Schedule R (Fo	rm 990) 2012 US	AO Alumni Association,	Inc	<u></u> .		<u>73-1366971</u>	Page 5
Part VII	Supplementa	I Information part to provide additi		n for responses	to questions on S	Schedule R (see	
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