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SCANNED DEC 2 3 2014)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

▶ Information about Form 990 and its instructions is at www irs.gov/form990. For the 2013 calendar year, or tax year beginning Check if applicable C Name of organization D Employer identification number Address change DIMOND ALUMNI FOUNDATION Name change 94-3096950 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 205 EAST DIMOND BOULEVARD 593 (907)522-1937 Amended 892,797 City or town, state or province, country, and ZIP or foreign postal code Applica-ANCHORAGE, AK 99515 H(a) Is this a group return pending F Name and address of principal officer DON WINCHESTER 」Yes LXJNo for subordinates? 3230 SPINNAKER, ANCHORAGE, AK Yes H(b) Are all subordinates included? I Tax-exempt status

X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) H(c) Group exemption number ▶ J_Website: ► N/A K Form of organization: X Corporation Trust Association Other > L Year of formation: 1988 M State of legal domicile: AK Part I Summary Briefly describe the organization's mission or most significant activities TO PROMOTE AND SUPPORT DIMOND Activities & Governance HIGH SCHOOL ACTIVITIES AND PROGRAMS. Check this box 🕨 📖 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 7 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 6 7 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 16,702 <u>31,207</u>. Contributions and grants (Part VIII, line 1h) 114,681 120,302. 9 Program service revenue (Part VIII, line 2g) 19,639 22,471. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 48,945 6,183. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 180,163. 199,967 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13,000 18,500. 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 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total-fundraising expenses (Part IX, dolumn (D), line 25) 17 Other expenses (Part IX, Column (A), Ines 11a-11d, 11f-24e) 146,188 124,641. Total expenses Add lines 13-17 (pgst equal Part IX, column (A), line 25) 159,188 143,141. Revenue less expenses Subtract line 18 from line 12 40,779. 37,022. 19 Assets or Balances Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) 475,472 512,494. Total liabilities (Part X) line 26) 0. 21 0 Net assets or fund balances Subtract line 21 from line 20 475 472. 494. │Part II │Signature Block Under penalties of perjury, 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 (othe hinan offiger) is based on all information of which preparer has any knowledge. Im Signature of officer Date Sign Here DON WINCHESTER, PRESIDENT Type or print name and title PTIN Print/Type preparer's name P00166182 Paid CINDY L. HULQUIST CPA Preparer Firm's name THOMAS, HEAD & GRETSEI Firm's EIN 92-0043874 Use Only Firm's address 1400 W. BENSON BLWD. SUITE ANCHORAGE, AL 99503-3683 Phone no. (907)272-1571

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

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

Form 990 (2013)

X Yes

Form 990 (2013) DIMOND ALUMNI FOUNDATION
Part IV Checklist of Required Schedules

endowments, or quasiendowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments 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 VIII 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 X IX d Did the organization report an amount for other ilabilities in Part X, line 25? If "Yes," complete Schedule D, Part X IX d 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 III X 110 X 111 X 112 X 113 X 114 Did the organization included in consolidated, independent audited financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III X 115 X 116 X 117 X 118 X 119 X 119 X 110 X 110 X 110 X 111 X 110 X 111 X 111 X 111 X 112 X 113 X 114 X 115 X 116 X 117 X 118 X 119 X 119 X 110 X 110 X 111 X 111 X 111 X 112 X 112 X 113 X 114 X 115 X 116 X 117 X 117 X 118 X 119 X 119 X 110 X 111 X 110 X 111 X 111 X 112 X 111 X 112 X 112 X 113 X 114 X 115 X 116 X 117 X 117 X 118 X 119 X 119 X 110 X 110 X 111 X 111 X 111 X 112 X 111 X 112 X 112 X 113 X 114 X 115 X 116 X 117 X				Yes	No
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3 Det the coganization 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 II 4 Section 501(x)3 organizations. Did the organization engage in lobbying activities, or have a section 501(t)) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a sections 501(k)4, 501(k)5, 501(k)6 (so produce or any institution of a cacciums for which divide on the high to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 July 2 Did the organization review or hold a conservation easement, including easements to preserve open space. 8 Ly 2 Did the organization review or hold a conservation easement, and include asserts of the "Yes," complete Schedule D, Part II 9 Did the organization review or hold a conservation easement, and any expensive open space. 9 Ly 2 Detail produce a section of the complete Schedule D, Part II 10 Did the organization review or hold a conservation easement, and the section of the complete Schedule D, Part II 10 Did the organization review or hordough a related organization, hold assets in temporarily restricted endowments, or quasiendownents? If "Yes," complete Schedule D, Part VII 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part XIII 11 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part XIII 12 Did the organization report an amount for other sasets in Part X, line 15? If "Yes," complete Schedule D, Part XIII 13 Did the organization report		· •			
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15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b I f "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			14h		x
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or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b	16				
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b		or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 18 X 18 X 19 X 20a X	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
1c and 8a? If "Yes," complete Schedule G, Part II 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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 20a 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	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b			18	Х	
Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20a X 20b	19				
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?				X	
					<u>X</u>
	<u>a</u>	it res to line 20a, did the organization attach a copy of its audited financial statements to this return?		<u>aan /</u>	2012

Part IV | Checklist of Required Schedules (continued)

			res	NO
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or 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	00		┰
0.4	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 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			i
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	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) 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			v
04	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
•	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, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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		_X_
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	X	
		Form	990 (2013)

	990 (2013) DIMOND ALUMNI FOUNDATION 94-3096	<u>950</u>	P	age :
Pai	t V. Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			ا_
	l l		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	l		ŀ
	(gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	- 1		
	filed for the calendar year ending with or within the year covered by this return 2a 0	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u>X</u>	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		1	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> X</u>
b	If "Yes," enter the name of the foreign country	l		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	1		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	ŀ		
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ì	ľ	
	were not tax deductible?	6b_		
7	Organizations that may receive deductible contributions under section 170(c).	_		
	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
	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	_		37
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			77
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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	1		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	ĺ	ĺ	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter	ł	1	
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	}	ļ	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а		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 the			
	organization is licensed to issue qualified health plans 13b	}		
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X

14b Form **990** (2013)

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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 or note to any line in this Part VI			X								
Sec	tion A. Governing Body and Management											
			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year 7											
	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 0.											
b	Enter the number of voting members included in line 1a, above, who are independent 7											
2	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_		_X_								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision											
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		_X_								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4_		_X_								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		_X_								
6												
7a	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?	7a_		<u>X</u>								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or											
	persons other than the governing body?	7b_		<u>X</u>								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
а	The governing body?	8a_	X									
b	Each committee with authority to act on behalf of the governing body?	8b	X									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		ľ									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_		<u> </u>								
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)											
	r		Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_								
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	X									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	ļ										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b										
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe											
	ın Schedule O how this was done	12c										
13	Did the organization have a written whistleblower policy?	13		<u> </u>								
14	Did the organization have a written document retention and destruction policy?	14		<u>X</u>								
15	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?											
а	The organization's CEO, Executive Director, or top management official	15a		<u> </u>								
b	, , , ,	15b		X								
	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		1									
	taxable entity during the year?	16a		<u>X</u> _								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's											
	exempt status with respect to such arrangements?	16b										
	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed ►AK											
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le									
	for public inspection Indicate how you made these available. Check all that apply.											
46	Own website Another's website W Upon request Other (explain in Schedule O)											
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	i tinan	cıal									
••	statements available to the public during the tax year	_										
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	on 🕨										
	DON WINCHESTER - 907-345-7049											
_	3230 SPINNAKER, ANCHORAGE, AK 99516		000									

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

(A)	(B)	_ (C)						(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per week	box	box, unless pe officer and a d			ıs bot or/trus	h an tee)	compensation from	compensation from related	amount of other
	(list any	Į.						the	organizations	compensation
	hours for	r direc		ł	l	per Led	}	organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			beusa		(W-2/1099-MISC)		organization
	organizations	lal tru	onal t		ploye	mog ag				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	(ey em	Highest compensated employee	Former			organizations
(1) DON WINCHESTER	20.00		_							- ,
PRESIDENT		X		Х				0.	0.	0.
(2) KEVIN TAYLOR	2.50									
VICE PRESIDENT		X		X				0.	0.	0.
(3) LANCE LOCKARD	2.50									
SECRETARY		X		X				0.	0.	0.
(4) KAREN GOERTZ	2.50	1	l							
TREASURER		X		X	<u> </u>			0.	0.	0.
(5) MIKE DENNIS	2.50									_
DIRECTOR		X	L.	<u> </u>	<u> </u>			0.	0.	0.
(6) PAUL HOUSTON	2.50	1							_	
DIRECTOR	 	X		_				0.	0.	0.
(7) DAVID KUPER	2.50	∤							_	•
DIRECTOR		X			<u></u>	-	_	0.	0.	0.
	<u> </u>	1								
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						<u> </u>				

art VII Section A. Officers, Directors, Tru	stees, Kev Fmi	volo	ees	and	Hio	ihes	t C	ompensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	(do box		(C Positi leck m is pers	tiON nore to	han c	ne an	(D) Reportable compensation from	(E) Reportable compensate from relate	ion		(F) stimat nount other	t of
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M	ns	org an	npens rom th ganiza d rela anizat	ation ne ition ited
												_	
 					_		_						
				\dashv	-							=	
												_	
				_									
							_						
										_ _			
Sub-total Total from continuation sheets to Part V	II, Section A)	•	0. 0.		0. 0.			0 0 0
Total (add lines 1b and 1c) Total number of individuals (including but recompensation from the organization	not limited to th	ose	liste	d ab	ove)) wh	o re),000 of reportal		1		
Did the organization list any former officer	, director, or tru	stee	e, ke	y em	ploy	/ee,	or I	nighest compensated e	mployee on			Yes	No
line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s	um of reportabl								the organization	1	3_	-	X
and related organizations greater than \$15 Did any person listed on line 1a receive or	accrue comper	isati	on fr	om a	any i	unre			idual for service	s	4		<u> </u>
rendered to the organization? If "Yes," conction B. Independent Contractors									\$100,000 of an		5		<u> </u>
Complete this table for your five highest co										T) C)	
(A) Name and business	address	NC	<u>N</u> E	;				Description of s	services	-	ompe		n
						-		· · · · · · · · · · · · · · · · · · ·		-	<u> </u>	_	
						-						-	
	- -						+						
							\dashv			 			

332008 10-29-13

	rt VII		nue	I TOUNDAT				
		Check if Schedule O con	tains a response	e or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grants) Similar amounts not included about the contributions included in lines	nts, and ove 1f	31,207.				
<u>a C</u>	_ <u>h</u>	Total, Add lines 1a-1f		•	31,207.			
Program Service Revenue	2 a			Business Code 611110	120,302.	120,302.		
n Se enu	С							<u> </u>
grar Rev	d							
Pro	e	All other program service reve						
		Total. Add lines 2a-2f	enue	•	120,302.			
	3 4 5	Investment income (including other similar amounts) Income from investment of tal Royalties		>	7,740.			7,740.
	Э	noyalles	(ı) Real	(II) Personal			 	
	6 a b c	Less: rental expenses	Wilder	(ii) i cisoriai	į			
		Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Securities 34, 210	(II) Other				
		Less cost or other basis and sales expenses Gain or (loss)	19,479 14,731	•				
1	_	Net gain or (loss)	14,/31	•	14,731.			14,731.
Other Revenue		Gross income from fundraisin including \$ contributions reported on line	of e 1c) See					
Jer	-	Part IV, line 18		205,478				
₹		Less direct expenses Net income or (loss) from fund		230,028.	<24,550.	<u> </u>		<24,550.
	9 a	Gross income from gaming ac Part IV, line 19	ctivities See	493,860.	<u> </u>			(21,330)
	-	Less direct expenses Net income or (loss) from gan		463,127.	30,733.			30,733.
		Gross sales of inventory, less	-		30,133.			30,733.
		and allowances		a		İ		
		Less cost of goods sold		·				
	<u>c</u>	Net income or (loss) from sale						
	44 -	Miscellaneous Revenu		Business Code				
	11 a b				.,	_		
	C							†
	_	All other revenue						
	е	Total. Add lines 11a-11d		•				
33200: 10-29-	12 13	Total revenue See instructions.		>	180,163.	120,302.	0	28,654. Form 990 (2013)

Part IX Statement of Functional Expenses | Part IX | Statement of Functional Expenses | Part IX
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
<u> </u>	Check if Schedule O contains a respons			<u>(C)</u>	<u>(D)</u>
	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				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	18,500.	18,500.		- <u>-</u> -
3	Grants and other assistance to governments,	Ì			
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal			- 400	
С	Accounting	5,400.		5,400.	
d	Lobbying				-
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,			ľ	
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				· · · · · · · · · · · · · · · · · · ·
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1.740		1 740	
23	Insurance	1,742.		1,742.	
24	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	EVENT EXPENSES	107,900.	107,900.		
b	BROKER FEES	4,789.	20.75000	4,789.	
c	SPORTS COMPLEX	2,610.	2,610.	- 17,000	
d	BANK FEES	696.		696.	
e	All other expenses	1,504.		1,504.	
25	Total functional expenses. Add lines 1 through 24e	143,141.	129,010.	14,131.	0.
<u>25</u> _	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)			ļ	
				· · · · · · · · · · · · · · · · · · ·	

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	80,758.	1	96,923
2	Savings and temporary cash investments	2,698.	2	9,730
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	<u>-</u>
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		_5	
6	Loans and other receivables from other disqualified persons (as defined under			
ł	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
7	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	-	8	
9	Prepaid expenses and deferred charges		9	
	Land, buildings, and equipment cost or other		-	
108	basis Complete Part VI of Schedule D 10a 4,295.			
۱ ,	Less accumulated depreciation 10b 4,295.	0.	10c	
		352,035.	11	405,84
11	Investments - publicly traded securities	39,981.	12	403,04
12	Investments - other securities See Part IV, line 11	<u> </u>	13	
13	Investments - program-related See Part IV, line 11			
14	Intangible assets		14	
15	Other assets See Part IV, line 11	475,472.	15	512,49
16_	Total assets. Add lines 1 through 15 (must equal line 34)	4/5,4/2.	16	512,49
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	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	<u></u> -
24	Unsecured notes and loans payable to unrelated third parties		24	
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	
26	Total liabilities. Add lines 17 through 25	0.	26	
	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
ļ	complete lines 27 through 29, and lines 33 and 34.		j	
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗶			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	132,283.	30	156,90
31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	
32	Retained earnings, endowment, accumulated income, or other funds	343,189.	32	355,58
33	Total net assets or fund balances	475,472.	33	512,49
34	Total liabilities and net assets/fund balances	475,472.	34	512,49
				Form 990 (20

	990 (2013) DIMOND ALUMNI FOUNDATION	94-1	3096950	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	180	1,1	<u>63.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	143	1,1	41.
3	Revenue less expenses Subtract line 2 from line 1	3	37	, 0	<u> 22.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	475	, 4	<u>72.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	512	, 4	94.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	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	0	_		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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			ļ	
b	Were the organization's financial statements audited by an independent accountant?		2b]	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		Ī	
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		{ [ĺ	
С	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin		t		
	Act and OMB Circular A-133?	J - 1	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audi			
•	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	- 2 2200	26		

SCHEDULE·A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of	tne organizati	ion							mpioyer	identificati	on nu	mber
			ALUMNI FOUND						9	<u>4-3096</u>	950	
Part I	Reason	for Public Char	rity Status (All organiz	ations mu	st comple	te this par	t) See ins	tructions				_
The organ	ization is not a	a private foundation	because it is (For lines	1 through	11, check	only one b	ox)					
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i).				
2	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🖳	•	• •	ital service organization (
4 📙	A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(i	ii). Enter 1	the hospital	's nam	ıe,
	city, and stat	e								_		
5	An organizati	on operated for the	benefit of a college or ui	niversity o	wned or o	perated by	a governi	mental uni	t describ	ed in		
	section 170	(b)(1)(A)(iv) , (Compl	ete Part II)									
6 🖳	A federal, sta	ite, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public desc	ribed i	n
	section 170(b)(1)(A)(vi). (Comple	ete Part II)									
8 🖳	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🔲	An organizati	on that normally rec	eives (1) more than 33 1	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, ai	nd gross re	ceipts	from
	activities rela	ted to its exempt ful	nctions - subject to certa	aın excepti	ons, and (2) no more	than 33 1	/3% of its	support	from gross	ınvest	ment
	income and t	unrelated business t	axable income (less sect	tion 511 ta	ıx) from bu	sinesses a	acquired b	y the orga	ınızatıon	after June 3	0, 197	'5
		509(a)(2). (Complete										
10			perated exclusively to te									
11			perated exclusively for th									or
	more publicly	supported organiza	ations described in section	on 509(a)(1) or section	on 509(a)(2	2) See se o	ction 509(a)(3). Che	eck the box	that	
		· · · · · · · · · · · · · · · · · · ·	organization and comple									
	a Type I	•		ype III - Fu	-	•				n-functional	,	•
e	By checking	this box, I certify tha	at the organization is not	controlled	I directly o	r indirectly	by one o	more dis	qualified	persons oth	er tha	n
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 509	(a)(2)	
f	If the organiz	ation received a writ	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				<u></u>
	supporting of	rganization, check th	nis box									
9	Since August	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing per	sons?			
	(ı) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	lescribed	ın (ıı) and (III) below,	,	Yes	No
	the gove	erning body of the s	upported organization?							11g(i)	<u> </u>	<u> </u>
		•	n described in (i) above?							11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	e?					11g(iii)	<u> </u>	L
h	Provide the fe	ollowing information	about the supported or	ganization	(s)							
		ı -	, . <u> </u>		_				1			
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Did you	ı notify the	(vi) Is organizatio	the on in col	(vii) Amount	of mor	netary
orga	anızatıon		(described on lines 1-9 above or IRC section	in col. (i) il	stea in your document?	organizat	100 III COI	(i) organiz	ed in the	sup	port	
			(see instructions))									
				Yes	No	Yes	No	Yes	No	_		
												
				1	}			}	1 1			
			-	_					 			
						<u> </u>			1			
									[
												
					1							
_			ļ <u>-</u> _	1		<u> </u>						
Tota!												
Total	Danamusel De	duction Act Notice	oce the Instructions (<u> </u>	L	L	Cabadet	. A / T = ===			0040
LUMPOFF	aperwork Ke	uuction ACT NOTICE	, see the Instructions fo	Uľ				ocneaul	e A (FOR	n 990 or 99	/U-EZ}	2013

332021 09-25-13

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	38,310.	258,900.	13,152.	16,702.	31,207.	358,271.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						i
	the organization without charge						
4	Total. Add lines 1 through 3	38,310.	258,900.	13,152.	16,702.	31,207.	358,271.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly			l		'	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	}					
	column (f)			Ì			44,636.
6	Public support. Subtract line 5 from line 4						313,635.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	38,310.	258,900.	13,152.	16,702.	31,207.	358,271.
8	Gross income from interest,				•		<u></u> -
	dividends, payments received on						
	secunties loans, rents, royalties						
	and income from similar sources	_ 12,668.	9,887.	11,185.	9,764.	7,740.	51,244.
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						409,515.
	Gross receipts from related activities,	etc. (see instruction				12	583,547.
	First five years. If the Form 990 is for	•		fourth or fifth tax	ı vear as a sectiol		000/02/1
	organization, check this box and stop	-	,	, roa. a., or mar ta	,	. 55 . (5)(5)	
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2013 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	76.59 %
	Public support percentage from 2012		=	\ <i>''</i>		15	73.86 %
16a	33 1/3% support test - 2013. If the	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies						$\triangleright x$
b	33 1/3% support test - 2012. If the c		•	ne 13 or 16a, and I	line 15 is 33 1/3%	or more, check th	
	and stop here. The organization quali	-				•	▶□
17a	10% -facts-and-circumstances tes	•			13, 16a, or 16b, a	ind line 14 is 10%	or more.
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"						▶□
h	10% -facts-and-circumstances test				_	7a. and line 15 is	10% or
	more, and if the organization meets the	~					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		•	•	- · · · -		
<u></u>	Transport Tourisations in the organization	Gid flot officer a l		,		dule A (Form 900	

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)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")		<u></u>		<u></u>	<u> </u>	
2	Gross receipts from admissions,	-					
	merchandise sold or services per-						1
	formed, or facilities furnished in any activity that is related to the	I					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	1					
	iness under section 513		1				
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						1
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge	I					
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and			-			
•	3 received from disqualified persons						}
ŀ	Amounts included on lines 2 and 3 received						
_	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	ł					}
	amount on line 13 for the year				 	 	
	Add lines 7a and 7b				 	 	·
	Public support (Subtract line 7c from line 6) ction B. Total Support						
			#1,0040	4-> 0044	(-1) 0010	(-) 0010	(O Total
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6			-	 		
IUZ	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties	ı					
	and income from similar sources		-	<u> </u>			
t	Unrelated business taxable income	ı					
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					ļ	
	: Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is	ı					
	regularly carried on				<u> </u>	<u> </u>	
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV)					<u> </u>	
13	Total support (Add lines 9, 10c, 11, and 12)				<u> </u>		
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
	check this box and stop here						▶ □
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2013 (li	ne 8, column (f) d	ivided by line 13, o	olumn (f))		15	%
16	Public support percentage from 2012	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	13 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from 2	•				18	%
	33 1/3% support tests - 2013. If the		•	on line 14, and line	e 15 is more than :	33 1/3%, and line 1	
	more than 33 1/3%, check this box ar	•					
b	33 1/3% support tests - 2012. If the	•		, .			and
-	line 18 is not more than 33 1/3%, che	=					
20	Private foundation. If the organization					-	

hedule A	(Form 990 or 990-EZ) 2013	DIMOND ALUMNI	FOUNDATION	<u>94-3096950 Pag</u>
Part IV	Supplemental Inform	mation. Provide the expla	nations required by Part II,	line 10, Part II, line 17a or 17b, and Part III, line 12
		r any additional information		
· -		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	·············			
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	 .			
				-
		· —————		
	<u> </u>			

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization

Employer identification number

	DIMOND ALUMNI FOUN		94-3096950
Pa	t I Organizations Maintaining Donor Advis	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor	-	d only
	for charitable purposes and not for the benefit of the donor	-	
	impermissible private benefit?	, , ,	Yes No
Pa		rganization answered "Yes" to Form 990, Part I	
1	Purpose(s) of conservation easements held by the organiza		
•	Preservation of land for public use (e.g., recreation or		cally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form of a	conservation easement on the last
_	day of the tax year	miles delibertation continued on the first of a	consolvation succinoni sir the tust
	day of the tax your		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic st	tructure included in (a)	2c
C		` '	20
d	Number of conservation easements included in (c) acquired	Taiter 6/17/00, and not on a historic structure	94
^	listed in the National Register	alanced systems ushed or terminated by the are	2d
3	Number of conservation easements modified, transferred, re	eleased, extiliguished, or terminated by the org	garrization during the tax
	year	assement is located	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per-	•	□vaa □Na
^	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		<u> </u>
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about a service 170/b/4/00/00	ove satisfy the requirements of section 170(n)(4	
	and section 170(h)(4)(B)(ii)?		YesNo
9	In Part XIII, describe how the organization reports conserva	•	·
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes the	organization's accounting for
Da	t III Organizations Maintaining Collections of	of Art Historical Treasures or Othe	r Similar Assats
1 41	Complete if the organization answered "Yes" to Form	· · · · · · · · · · · · · · · · · · ·	ommar Assets.
ıa	If the organization elected, as permitted under SFAS 116 (A	,, ,	•
	historical treasures, or other similar assets held for public ex		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described the approximate the text of the footnote to its financial statements.		Abel and back to the state of the state of
b	If the organization elected, as permitted under SFAS 116 (A	,, ,	, , , , , , , , , , , , , , , , , , ,
	treasures, or other similar assets held for public exhibition, e	education, or research in turtherance of public s	service, provide the following amounts
	relating to these items		.
	(i) Revenues included in Form 990, Part VIII, line 1		\$
_	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	·	n, provide
	the following amounts required to be reported under SFAS:	116 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

		ALUMNI FOU							96950		<u>e 2</u>
Pai	rt III Organizations Maintaining (Collections of A	rt, Hist	orical Tr	easures, e	or Oth	er Simila	ar Asse	ts(contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following that	it are a s	ignificant i	use of its	collection	ı ıtems	
	(check all that apply)										
а	Public exhibition	(; <u> </u>	oan or exc	hange progra	ams					
b	Scholarly research	•	• 🔲 (Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla	in how th	ey further t	he organızatı	on's exe	mpt purpo	se in Par	t XIII		
5	During the year, did the organization solicit of	or receive donations	of art, his	storical trea	sures, or oth	er sımıla	r assets	_	_		
	to be sold to raise funds rather than to be m	.,,						<u> </u>	Yes	!	<u>No</u>
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	~	ete if the	organizatio	n answered	"Yes" to	Form 990	, Part IV, I	line 9, or		
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for d	contribution	s or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing to	able							
	-	•	-						Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						_1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatio	n has been	provided in	Part XIII					
Par	t V Endowment Funds. Complete	if the organization ar	swered '	"Yes" to Fo	rm 990, Part	IV, line	10				
		(a) Current year	(b) Pr	nor year	(c) Two year	rs back	(d) Three y	ears back	(e) Four	years ba	ck_
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses					[
ď	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g	g, column (a	a)) held as						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%	_								
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%									
За	Are there endowment funds not in the posse	ession of the organiz	ation that	t are held a	nd administe	red for t	he organız	ation	, -		
	by									Yes N	lo_
	(i) unrelated organizations								3a(ı)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Sched	ule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's ende	owment for	<u>unds</u>							
Par	t VI	nent.									
	Complete if the organization answere	d "Yes" to Form 990), Part IV,	line 11a S	ee Form 990	, Part X,	line 10				
	Description of property	(a) Cost or o			or other (other)		ccumulate preciation	d	(d) Book	value	
	Lond	DG313 (111VE311	110111/		(54101)		p.coiation				
	Land										
	Buildings										
	Leasehold improvements				4,295.		4,29	55			<u> </u>
	Equipment Other				- ,233.		+, 4	, J •			<i>.</i>
	. Add lines 1a through 1e (Column (d) must e	aual Form 990 Port	X colum	n (R) line 1	0(c) 1					(<u>.</u>
<u>, vial</u>	moo ta anoagn to foolullili faj illast e	gaar onn 330, rail	A, COILLIT	יין אווויין ליין	<u> </u>						<u>, • </u>

Schedule D (Form 990) 2013

332053 09-25-13 Schedule D (Form 990) 2013

09-25-

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open To Public Inspection

Name of the organization	bout Schedule G (Form 950 of 950-E2)	anu its	ilisuu	cuons is at www.no.	101//		ntification number
DIMOND	ALUMNI FOUNDATION					94-3096	950
	· Complete if the organization answer	ered "Y	'es" to	Form 990, Part IV, I	ne 1		
1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	sed funds through any of the following Solicita Grant Solicita Grant Special Special Special art VII) or entity in connection with products or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover alsing d ding o alonal f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
							
	-						
						<u> </u>	
							· · · · · · · · · · · · · · · · · · ·
Table	<u> </u>	I <u> </u>					
Total 3 List all states in which the organization or licensing	n is registered or licensed to solicit	contrib	utions	s or has been notified	d it is	exempt from re	gistration
					_		
-							
LHA For Paperwork Reduction Act Noti	ce, see the Instructions for Form	90 or	990-E		ched	ule G (Form 99	90 or 990-EZ) 2013

332081 09-12-13

94-3096950 Page 2 Schedule G (Form 990 or 990-EZ) 2013 DIMOND ALUMNI FOUNDATION Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events GLADYS WOOD (add col (a) through 5 SPORTS FOOTBALL col (c)) (event type) (event type) (total number) Revenue 37,965. 99,163. 195,921. Gross receipts 58,793. 2 Less Contributions 58,793. 37,965. 99,163. 195,921. Gross income (line 1 minus line 2) Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs Food and beverages 8 Entertainment 37,239 102,147 60,465. 199,851. Other direct expenses 199,851. 10 Direct expense summary Add lines 4 through 9 in column (d) <3,930.> 11 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 453,574 40,286 493,860. Gross revenue 362,426. 2 Cash prizes 362,426. Direct Expenses 3 Noncash prizes Rent/facility costs 100,701. Other direct expenses 6 Volunteer labor 463,127. Direct expense summary Add lines 2 through 5 in column (d) 30,733. Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities AK X Yes a is the organization licensed to operate gaming activities in each of these states? b If "No," explain Yes X No 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain

Schedule G (Form 990 or 990-EZ) 2013

332082 09-12-13

Schedule G (Form 990 or 990-EZ) 2013 DIMOND ALUMNI FOUNDATION	94-3096950 Page 3
11 Does the organization operate gaming activities with nonmembers?	X Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes X No
13 Indicate the percentage of gaming activity operated in	1
a The organization's facility	13a %
b An outside facility	136 100.00 %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and recor	
14 Little the hame and address of the person who prepares the organization's gaming/special events books and recor	us .
Name ► DON WINCHESTER	
Address ► 3230 SPINNAKER - ANCHORAGE, AK 99516	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	X Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$27,004. and the amo	unt
of gaming revenue retained by the third party >\$ 25,618.	
c If "Yes," enter name and address of the third party	
Name ► KEVIN MEINERS, DBA LOYAL LADY ENTERPRISES	
Address ► PO BOX 92669 - ANCHORAGE, AK 99509	
16 Gaming manager information	
Name ► KEVIN MEINERS, DBA LOYAL LADY ENTERPRISES	
Gaming manager compensation ▶ \$25,618.	
Description of services provided GAMING OPERATOR	
Director/officer Employee X Independent contractor	
17 Mandatory distributions	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	X Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	
organization's own exempt activities during the tax year > \$ 26,340.	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and F 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruct	
332083 09-12-13 Schedule	G (Form 990 or 990-EZ) 2013

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

Ë

Employer identification number

Open to Public

Inspection

OMB No 1545-0047

Describe and to grant or grant or grant or grant from the congenizations in the United States Till Grants and Other Assistance to Coverments and Organizations in the United States. Complete of the organization answered "Yes" to Form 990, Part IV, line 21, for any neglect responsibility of the United States of Coverments and Organizations in the United States. Complete of the organizations are defined states of the Amount of the National Policy of the Coverment of Coverments and Organizations in the United States. Complete of the Coverment of Coverments and Organization of the Coverment of Coverments and Organization of the United States of Coverment of Coverments and Organization of the United States of Coverment of Coverments and Organization of the United States of Coverment of Coverments and Organization of Coverments of Cover	DIMOND ALUMNI FOUNDATION 1 General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	FOUNDATION stance antiate the amount of the g	rants or assistance, th	e grantees' eligibilit	y for the grants or ass	sistance, and the select	
O Government and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 185,000 Part II can be duplicated if additional space is needed (b) EN (c) IRC section (d) Amount of (a) Amount of (b) IRC section (d) Amount of (a) Amount o	ne grants or assistance?	of or monitoring the use of	orant funds in the Units	O States			X Yes
(b) EIN (c) IRC section (d) Amount of (n) Method of (g) Description of assistance assist	er Assistance to Governm	nents and Organizations	in the United States.	Complete if the orga	anization answered "	Yes" to Form 990, Part	IV, line 21, for any
(b) EIN (c) IRC section (d) Amount of (e) Amount of (in applicable cash grant assistance and grant assistance of the cash grant assistance assistance assistance and the cash grant and government organizations listed in the line 1 table	served more than \$5,000 P	Part II can be duplicated if	additional space is nee	ded			
tions liste				(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
tions liste							
tions liste							
tions liste							
tions liste							
tions liste							
tions liste							
other organizations listed in the line 1 table	section 501(c)(3) and gover	tions liste	In the line 1 table				•
	other organizations listed in	n the line 1 table					•

332101 10-29-13

Schedule I (Form 990) (2013) (f) Description of non-cash assistance (book, FMV, appraisal, other) Schedule | (Form 990) (2013) DIMOND ALUMNI FOUNDATION

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

Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance Ö 18,500. 29 (c) Amount of cash grant (b) Number of recipients 11 (a) Type of grant or assistance SCHOLARSHIPS 332102 10-29-13

Page 2

94-3096950

Schedule I (Form 990) (2013)

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

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

▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Internal Revenue Service Name of the organization

Employer identification number

DIMOND ALUMNI FOUNDATION 94-3096950
FORM 990, PART VI, SECTION B, LINE 11:
A COPY OF THE FINAL FORM 990, AS FILED WITH THE IRS, IS
PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY FOR THEIR REVIEW, PRIOR TO
ITS FILING WITH THE IRS.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Attach to Form 990.

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

See separate instructions.	ule R (Form 990) and its instructions is at www.irs.gov/form990.
► Attach to Form 990.	►Information about Schedule R (Form 990)

2013

Open to Public

Inspection

Employer identification number 94-3096950

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part

DIMOND ALUMNI FOUNDATION

Name of the organization Department of the Treasury Internal Revenue Service

Direct controlling Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year End-of-year assets <u>e</u> Total income ਉ Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(b)(13) ş × controlled entity? Yes Direct controlling DIMOND ALUMNI entity FOUNDATION status (if section Public charity 501(c)(3)) <u>e</u> LINE 7 Exempt Code section 501(C)(3) ਉ Legal domicile (state or foreign country) ALASKA STUDENTS, FACULTY AND ALUMNI OF DIMOND HIGH SPECIAL PROJECTS FOR Primary activity 9 45-1614404, 205 E. DIMOND BLVD., #593 DIMOND ALUMNI SPECIAL PROJECTS, INC. Name, address, and EIN of related organization ANCHORAGE, AK 99515

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

SEE PART VII FOR CONTINUATIONS

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Schedule R (Form 990) 2013

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Schedule R (Form 990) 2013 DIMOND ALUMNI FOUNDATION

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

(j) (k) contact of Percentage contact of Per		
Code V-UBI General or Po amount in box managing of 20 of Schedule Carther? K-1 (Form 1065) Yes No		
(h) Disproportionate allocations? Yes No		
(g) Share of end-of-year assets		
(f) Share of total income		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		
(d) Direct controlling entity		
(c) Legal domicile (state or foreign country)		
(b) Primary activity		
(a) Name, address, and EIN of related organization		

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

)		ŀ		ı		ı			
	tion 5)(13) rolled ity?	N _o			 		 			_	
] ~	512(1 contract	Yes									
(f)	Percentage 512(b)(13) ownership controlled entity?										
	Share of end-of-year		-								
E	Share of total income										
(e)	Type of entity (C corp, S corp, or trust)	OI (1931)									
(d)	Direct controlling Type of entity Corp. Scorp.										
(0)	Legal domicile (state or foreign	country)									
(q)	Primary activity										
(a)	Name, address, and EIN of related organization										

Schedule R (Form 990) 2013

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Schedule R (Form 990) 2013 DIMOND ALUMNI FOUNDATION

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	S S
1 Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rel	ated organizations listed	ın Parts II-IV?			٠
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to related organization(s)				1b	_	×
c Gift, grant, or capital contribution from related organization(s)				15		×
d Loans or loan guarantees to or for related organization(s)				9		×
e Loans or loan guarantees by related organization(s)				1e		×
					-	
Dividends from related organization(s)				=		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				ŧ		×
i Exchange of assets with related organization(s)				Ę		×
j Lease of facilities, equipment, or other assets to related organization(s)				1j		×
k Lease of facilities, equipment, or other assets from related organization(s)				\		×
l Performance of services or membership or fundraising solicitations for related organization(s)	ınızation(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	inization(s)			Ę	-	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	lon(s)			1		×
 Sharing of paid employees with related organization(s) 				10		×
b Reimbursement paid to related organization(s) for expenses				ţ		×
				2 5		×
				2	†	4
r Other transfer of cash or property to related organization(s)				 		×
s Other transfer of cash or property from related organization(s)				15	\neg	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete th	is line, including covered	relationships and transaction thresholds		ļ	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
(1)				i		
(2)						
(3)						
(4)						
(5)						
(6)						
332163 09-12-13	33		Schedule	Schedule R (Form 990) 2013	(066	2013

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Schedule R (Form 990) 2013 DIMOND ALUMNI FOUNDATION

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

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

(a) (b) (c) (d)	(q)	(0)	(p)	(e)	(£)	(6)	E	(3	2	(k)
Name, address, and EIN of entity	Primary activity	ign	t income related, om tax	Are all 501(c)(3) orgs?		Share of end-of-year	Dispropor- tionate allocations?	Ospropor- Code V-UBI General or Percentage include amount in box 20 managing ownership of Schedule K-1 partners ownership	General or managing partner?	Percentage ownership
		country)	under section 512-514) ve	ON S	ıncome	assets	Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2013

Schedule R (Form 990) 2013 DIMOND ALUMNI FOUNDATION	94-3096950 Page 5
Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R (see instructions)	
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS	<u>; </u>
NAME OF RELATED ORGANIZATION:	
DIVOND ALMOST COROLLA DOCUMENTO THE	
DIMOND ALUMNI SPECIAL PROJECTS, INC.	
PRIMARY ACTIVITY: SPECIAL PROJECTS FOR STUDENTS, FACULTY AN	D ALUMNI OF
DIMOND HIGH SCHOOL	
	· · · · · · · · · · · · · · · · · · ·
	
	
	
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