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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-1150 2013

Department of th Internal Revenue ▶ Do not enter Social Security numbers on this form as it may be made public.

| | | of the Treasury nue Service | ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. | Inspection | | | |
|------------------|------------|--------------------------------|--|---------------------------------------|--|--|--|
| A F | or the | 2013 calendar | r year, or tax year beginning $	ext{APRIL}$ 01 , 2013, and ending $	ext{MARCH}$ 3 | 1 ,20 14 | | | |
| | | applicable | | er identification number | | | |
| _ | ddress | | USTPMTBBAA INC | 0 2-0683753 | | | |
| н. | ame cha | - | | one number | | | |
| Н | utial retu | - | no nambor | | | | |
| Н | erminati | | (319) 354-3456 | | | | |
| Н | mended | | P O BOX 45 City or town, state or province, country, and ZIP or foreign postal code F Group B | | | | |
| Н | | on pending | | 0501 | | | |
| — | | | | f the organization is not | | | |
| | | e: ► N/A | | attach Schedule B | | | |
| | | | | | | | |
| | | | neck only one) — X 501(c)(3) X 501(c)(1) → (insert no.) 4947(a)(1) or 527 (Form 990, 900) | 990-EZ, or 990-PF). | | | |
| | | organization: | | oto (Dort II | | | |
| | | | tb, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass | | | | |
| | | | \$500,000 or more, file Form 990 instead of Form 990-EZ | | | | |
| # 148 | řt 🎏 | • | Expenses, and Changes in Net Assets or Fund Balances (see the instruction used School to Company to any guestion in the Bott | | | | |
| | T 2 | | rganization used Schedule O to respond to any question in this Part I | 1 600 | | | |
| | 1 | | s, gifts, grants, and similar amounts received | 1 1,620 | | | |
| | 2 | • | vice revenue including government fees and contracts | 3 1,950 | | | |
| | 3 | | dues and assessments | | | | |
| | 4 | Investment in | | 4 13 | | | |
| | 58 | | nt from sale of assets other than inventory | | | | |
| | | | other basis and sales expenses 5b | | | | |
| Ŗ | 9 | - |) from sale of assets other than inventory (Subtract line 5b from line 5a) · · · · · · · · | 5c | | | |
| 界田>ENU | 6 | _ | fundraising events | 1 9 2015 流 | | | |
| E N | 8 | | e from gaming (attach Schedule G if greater than | 1 3 2010 | | | |
| Ü | | | | | | | |
| | ' | | e from fundraising events (not including \$ of contributions | DEN, UT | | | |
| | | | sing events reported on line 1) (attach Schedule G if the | | | | |
| | - | | gross income and contributions exceeds \$15,000) 6b | | | | |
| | | | expenses from gaming and fundraising events 6c | | | | |
| | 9 | | or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract | | | | |
| | | , | | 6d | | | |
| S | | | of inventory, less returns and allowances | | | | |
| | 1 | | goods sold | | | | |
| 2 | | • | or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | | |
| 喬 | 8 | | ie (describe in Schedule O) | 8 | | | |
| MED APR 1 8 2015 | 9 | | ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 3,583 | | | |
| | 10 | | imilar amounts paid (list in Schedule O) | 10 | | | |
| E | 11 | • | I to or for members | 11 | | | |
| ~X ≽_P | 12 | | er compensation, and employee benefits | 12 | | | |
| _{⊇o} E | 13 | | fees and other payments to independent contractors | 13 | | | |
| N S <i>√</i> | 14 | | rent, utilities, and maintenance · · · · · · · · · · · · · · · · · · · | 14 | | | |
| ⊋Ę | 15 | - | lications, postage, and shipping | 15 387 | | | |
| د اود | 16 | • | ses (describe in Schedule O) | 16 3,650 | | | |
| | 17 | | ses. Add lines 10 through 16 · · · · · · · · · · · · · · · · · · | 17 4,037 | | | |
| , | 18 | Excess or (de | eficit) for the year (Subtract line 17 from line 9) | 18 -454 | | | |
| NET | 19 | Net assets or | r fund balances at beginning of year (from line 27, column (A)) (must agree with | i i i i i i i i i i i i i i i i i i i | | | |
| Ę | | - | figure reported on prior year's return) | 19 12,913 | | | |
| Ţ, | 20 | Other change | es in net assets or fund balances (explain in Schedule O) | 20 | | | |

For Paperwork Reduction Act Notice, see the separate instructions.

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Net assets or fund balances at end of year. Combine lines 18 through 20

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Form **990-EZ** (2013)

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Page

Form 990-EZ (2013)

USTPMTBBAA INC

| Pai | | | | Г |
|---------------|--|---|----------------|-----------------|
| | instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V | • • • • | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a | | | 1 |
| | detailed description of each activity in Schedule O | 33 | | Х |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed | | | |
| | copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the | | | ŀ |
| | change on Schedule O (see instructions) | 34 | | X |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business | | | |
| | activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | X |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | | X |
| C | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, | | | |
| | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | ŀ | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets | | | |
| | during the year? If "Yes," complete applicable parts of Schedule N | 36 | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions 37a | Marie Co | X | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | 4. 7. 3 | 44.00 | \$. |
| | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | X |
| þ | If "Yes," complete Schedule L, Part II and enter the total amount involved | •4 | | |
| 39 | Section 501(c)(7) organizations. Enter: | ** | 43.40 | 100 |
| a | Initiation fees and capital contributions included on line 9 | | 3 | W. |
| b | Gross receipts, included on line 9, for public use of club facilities | | 11,4 | 1 |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | er (2.4) | الم المعاد | |
| | section 4911 ▶, section 4912 ▶, section 4955 ▶ | | | |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit | | 100 | E3 |
| | transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been | | | |
| | reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | X |
| C | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on | 7 | 1 | |
| | organization managers or disqualified persons during the year under sections 4912, | | | |
| | 4955, and 4958▶ | 34 4 | 40.00 | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c | 3 | 1 | |
| | reimbursed by the organization | | | Po A |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | 45-44-45- | 38. | *** |
| | transaction? If "Yes," complete Form 8886-T | 40e | | <u> X</u> |
| 41 | List the states with which a copy of this return is filed NONE | | | |
| 42a | The organization's books are in care of ► SEE ATTACHMENT #3 Telephone no. ► | | _ | |
| | Located at ► ZIP + 4 ► | | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over | | Yes | _ |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | 18 . 3° | X |
| | If "Yes," enter the name of the foreign country. | | 4 / / Em | 7 . 3 |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank | 3.60 | | 1 4 2 3 |
| | and Financial Accounts. | 2212m. | 115 | 190. |
| С | At any time during the calendar year, did the organization maintain an office outside the U.S.? | 42c | <u> </u> | X |
| 40 | If "Yes," enter the name of the foreign country. | | | . ┏ |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here | • • • • | | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | W | 1 81- |
| 44- | Did the association resulting and included the decision of the second to | 2200 | res | No |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be | 30 | 77.4 | |
| | completed instead of Form 990-EZ | 448 | Sec. 000000 | X |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be | 76 | 30.00 | 1 4 44 |
| | completed instead of Form 990-EZ | 44b | - | X |
| C | Did the organization receive any payments for indoor tanning services during the year? | 44c | 120 A. | X |
| đ | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an | I | 25 | , <u>; } ,</u> |
| 45- | explanation in Schedule O | 44d | - | ,, |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | *:73 | X |
| 45b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the | | | |
| | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of | | - 1 | |
| - | Form 990-EZ (see instructions) | 45b n 990 | | (2012 |
| FDA | 13 990EZ3 BWF 990 Form Software Copyright 1998 – 2014 HRB Tax Group, Inc. Form | ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・ | | (2013 |

| -om | 990-EZ | (2013) | | | | | | | | age |
|-------------------------------------|--|--|--|------------------------|---------------------------------------|--------------------------------------|--|-----------------|----------------------|----------|
| | | | | | | | | | Yes | No |
| 6 | Did the | organization engage, directly or indirect | tly, in political camp | aign act | ivities on behalf of o | r ın opposi | tion | (Arc) | · 18.37 c | <u> </u> |
| | to candi | dates for public office? If "Yes," comple | ete Schedule C, Par | <u> 11</u> | | | | . 46 | | X |
| På | rt*VI* | Section 501(c)(3) organizations mit 50 and 51. | ust answer question | | | | | | | |
| | | Check if the organization used Sche- | dule O to respond t | o any q | uestion in this Part V | 1 | | <u> </u> | | |
| | | | | | | | | | Yes | N |
| 7 | | organization engage in lobbying activiti "Yes," complete Schedule C, Part II | es or have a section | | election in effect du | | (, | 47 | | x |
| 8 | • | rganization a school as described in se | ction 170(b)(1)(A)(ii |)? If "Ye | s," complete Schedu | ıle E | | . 48 | | Х |
| 9a | | organization make any transfers to an | | | | | | . 498 | | X |
| b | | was the related organization a section | | | | | | . 49b | , | Х |
| 0 | | te this table for the organization's five h | | | vees (other than off | cers, direc | tors, trustees and | l key | | |
| • | | ees) who each received more than \$10 | | | | | | | | |
| | Chiploy | ood) who odom rocontod more man ore | (b) Averag | | (C) Reportable | | Ith benefits, contruib- | (e) Estir | | |
| | | (a) Name and title of each employee | hours per devoted to p | | compensation (Forms W-2/1099-MISC) | | nployee benefit plans, red compensation | | compens | |
| 101 | TE. | | devoted to p | osition_ | 11 -27 1099-10113-0) | and deler | red compensation | | | |
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| | T | | 00.000 | | | <u> </u> | | | | |
| f | | umber of other employees paid over \$1 | | ed in don | | | | | | |
| f 51 | Comple | ete this table for the organization's five t | nighest compensate | | | who each r | eceived more tha | an | | |
| f 51 | Comple | | nighest compensate | | | who each r | eceived more that | an | | |
| | Comple \$100,00 (a) N | ete this table for the organization's five t | nighest compensate on. If there is none, | | | who each r | 1 | an ompensati | on | |
| | Comple \$100,00 (a) N | ete this table for the organization's five to 00 of compensation from the organization | nighest compensate on. If there is none, | | lone." | who each r | 1 | | on | |
| | Comple \$100,00 (a) N | ete this table for the organization's five to 00 of compensation from the organization | nighest compensate on. If there is none, | | lone." | who each r | 1 | | on | |
| | Comple \$100,00 (a) N | ete this table for the organization's five to 00 of compensation from the organization | nighest compensate on. If there is none, | | lone." | who each r | 1 | | on | |
| | Comple \$100,00 (a) N | ete this table for the organization's five to 00 of compensation from the organization | nighest compensate on. If there is none, | | lone." | who each r | 1 | | on | |
| | Comple \$100,00 (a) N | ete this table for the organization's five to 00 of compensation from the organization | nighest compensate on. If there is none, | | lone." | who each r | 1 | | on | |
| | Comple \$100,00 (a) N | ete this table for the organization's five to 00 of compensation from the organization | nighest compensate on. If there is none, | | lone." | who each r | 1 | | on | |
| | Comple \$100,00 (a) N | ete this table for the organization's five to 00 of compensation from the organization | nighest compensate on. If there is none, nt contractor | enter "f | lone." (b) Type of service | who each r | 1 | | on | |
| d | Comple \$100,00 (a) N | ete this table for the organization's five to the organization of compensation from the organization and business address of each independent of the organization of t | nighest compensate on. If there is none, int contractor | enter "N | (b) Type of service | | 1 | | on | |
| d | Comple \$100,00 (a) N NE | umber of other independent contractors organization complete Schedule A? | nighest compensate on. If there is none, int contractor s each receiving ove lote: All section 501 | enter "h | (b) Type of service | 7(a)(1) | 1 | ompensati | | |
| d 52 | Comple \$100,00 (a) N NE | umber of other independent contractors organization complete Schedule A? Nempt charitable trusts must attach a contract organization and contract organization complete Schedule A? | nighest compensate on. If there is none, int contractor s each receiving ove lote: All section 501 inpleted Schedule A | enter "h | (b) Type of service | 7(a)(1) | (c) c | ompensati | ∕es ∑ | |
| d i2 | Total nu Did the nonexe | umber of other independent contractors organization complete Schedule A? | nighest compensate on. If there is none, int contractor s each receiving ove lote: All section 501 inpleted Schedule A return, including accor | er \$100, (c)(3) or | (b) Type of service | 7(a)(1) | (c) C | ompensati | ∕es ∑ | |
| d i2 | Total nu Did the nonexe | umber of other independent contractors organization complete Schedule A? Number charitable trusts must attach a conference of perjury, I declare that I have examined this d complete. | s each receiving over the contractor states of the contractor states over the contractor states over the contractor states over the contractor states over the contractor over the contrac | er \$100, (c)(3) or | (b) Type of service | 7(a)(1) | (c) C | ompensati | es blof, it is | |
| d i2 | Total nu Did the nonexe r penalties correct, an | umber of other independent contractors organization complete Schedule A? Number charitable trusts must attach a conference of perjury, I declare that I have examined this d complete. Declaration of preparer (other that | nighest compensate on. If there is none, int contractor s each receiving ove lote: All section 501 inpleted Schedule A return, including accor | er \$100, (c)(3) or | (b) Type of service | 7(a)(1) | (c) C | ompensati | ∕es ∑ | |
| d (2) | Total nu Did the nonexe r penalties correct, an | umber of other independent contractors organization complete Schedule A? Number charitable trusts must attach a contractor of perjury, I declare that I have examined this discontraction of preparer (other that Signature of officer | s each receiving over the section of | er \$100, (c)(3) or | (b) Type of service 000 | 7(a)(1) | (c) C | ompensati | es blof, it is | |
| d (2) | Total nu Did the nonexe r penalties correct, an | umber of other independent contractors organization complete Schedule A? Number charitable trusts must attach a contractor of perjury, I declare that I have examined this d complete. Declaration of preparer (other that Signature of officer PURIFICACION GAI | s each receiving over the contractor states of the contractor states over the contractor states over the contractor states over the contractor states over the contractor over the contrac | er \$100, (c)(3) or | (b) Type of service 000 | 7(a)(1) | (c) C | ompensati | es blof, it is | |
| d 52 Sig | Total nu Did the nonexe r penalties correct, an | umber of other independent contractors organization complete Schedule A? Note that the desired that I have examined this demplete. Declaration of preparer (other that Signature of officer PURIFICACION GAI Type or print name and title | s each receiving over the section of | er \$100, (c)(3) or | (b) Type of service 000 | 7(a)(1) | (c) c (c) c | ompensati | es blof, it is | |
| d 52 Jude Sig | Total nu Did the nonexe r penalties correct, an | umber of other independent contractors organization complete Schedule A? Note that I have examined this discomplete. Declaration of perjury, I declare that I have examined this discomplete. Declaration of preparer (other that I have examined the complete. Declaration of preparer (other that I have examined this discomplete. Declaration of preparer (other that I have examined this discomplete. Declaration of preparer (other that I have examined this discomplete. Declaration of preparer (other that I have examined this discomplete. Declaration of preparer (other that I have examined this discomplete. Declaration of preparer (other that I have examined this discomplete. Declaration of preparer (other that I have examined this discomplete.) | s each receiving over the section of | er \$100, (c)(3) or | (b) Type of service 000 | 7(a)(1) Its, and to the las any know | e best of my knowle ledge. | ompensati | es Delief, it is | s |
| d 552 Undetrue, | Total nu Did the nonexe r penalties correct, and | umber of other independent contractors organization complete Schedule A? Not perpendent contractors organization complete Schedule A? Not perpendent contractors organization complete Schedule A? Not perpendent contractors organization of perpendent contractors organization complete Schedule A? Not perpendent contractors organiza | s each receiving ovilote: All section 501 npleted Schedule A return, including accommodificer) is based on a section 501 LLARDO | er \$100, (c)(3) or | (b) Type of service 000 | 7(a)(1) | check if | ompensati | es [2] ∂//≤ | |
| Unde true, Sig Her Paid | Total nu Did the nonexe r penalties correct, an | umber of other independent contractors organization complete Schedule A? Note that I have examined this discomplete. Declaration of perjury, I declare that I have examined this discomplete. Declaration of preparer (other that I have examined the complete. Declaration of preparer (other that I have examined this discomplete. Declaration of preparer (other that I have examined this discomplete. Declaration of preparer (other that I have examined this discomplete. Declaration of preparer (other that I have examined this discomplete. Declaration of preparer (other that I have examined this discomplete. Declaration of preparer (other that I have examined this discomplete. Declaration of preparer (other that I have examined this discomplete.) | s each receiving over the second of the seco | er \$100, (c)(3) or | (b) Type of service 000 | 7(a)(1) Its, and to the las any know | (c) C (c) C (c) C (c) C | ompensati | ies [2] 2//5 176(722 |)5 |

· SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Employer identification number

| US: | [P | MTBBAA I | NC | | | | | | -0683 | 753_ | | | |
|----------|-------|--|---|--|---|---|---|--|--|---|-----------------------------|-------------------|------|
| Рa | it":l | Reason | for Public Char | rity Status (All organi | ızatıons mu | st comple | te this part | .) See inst | ructions. | | | | |
| The o | orga | inization is not a | private foundation be | ecause it is: (For lines 1 | through 11 | , check or | nly one bo | k.) | | | | | |
| 1 | Ш | A church, conve | ention of churches, or | r association of churches | s describe | dın secti | on 170(b) | (1)(A)(i). | | | | | |
| 2 | Ш | A school descri | bed in section 170(b |)(1)(A)(ii). (Attach Sche | dule E.) | | | | | | | | |
| 3 | Ш | A hospital or a | cooperative hospital s | service organization des | cribed in | section 17 | 70(b)(1)(A) | (iii). | | | | | |
| 4 | Ш | A medical resea | arch organization ope | rated in conjunction with | h a hospita | l describe | dın sect i | on 170(b) | (1)(A)(iii). | Enter the | hospit | al's na | me, |
| | _ | city, and state: | | | | | | | | | | | |
| 5 | Ц | - | operated for the ben . (Complete Part II.) | nefit of a college or unive | ersity owne | d or opera | ated by a g | overnmen | tal unit des | scribed in | n sect | ion | |
| 6 | П | A federal, state, | or local government | or governmental unit de | escribed in | section | 170(b)(1)(| 4)(v). | | | | | |
| 7 | | | that normally receive | es a substantial part of it Part II.) | s support f | rom a gov | ernmental | unit or froi | m the gene | eral publi | c descr | ibed ir | 1 |
| 8 | П | | | tion 170(b)(1)(A)(vi). (C | omplete Pa | art II.) | | | | | | | |
| 9 | | An organization receipts from a support from gi | that normally receive ctivities related to its e ross investment incon | es: (1) more than 33 1/3° exempt functions—subjections and unrelated busined unrelated busined unrelated busined 30, 1975. See sections | % of its sup ect to certa ess taxable | port from in exception income (le | ons, and (2 ess section |) no more 511 tax) fi | than 33 1/ | /3% of its | | | |
| 10 11 | | An organization purposes of on 509(a)(3). Chec a Type I By checking this | organized and opera e or more publicly su ck the box that descril b Type s box, I certify that the han foundation mana | ated exclusively to test for ated exclusively for the backers of supported organizations depends on the supported organization is not congers and other than one | penefit of, t lescribed ir ng organiz II-Function ntrolled dire | o perform I section 5 ation and cally integra | the function (09(a)(1) or complete liated lirectly by o | ons of, or to section 50 nes 11e th d one or mor | 09(a)(2). Se rough 11h Type III-l re disqualr | ee sect i. Non-func îed | ctionally | ıntegr | ated |
| f g | | organization, cl Since August 1 following perso | neck this box 7, 2006, has the orga ns? | determination from the | ift or contr | bution from | n any of th | ie | supporting | | •• •• | Yes | |
| | | • • | • | dy of the supported org | _ | • | ons desci | Dea III (II) | | Г | 110(1) | res | No |
| | | | ember of a person de | | | • • | | | | T T | 11g(i) 11g(ii) | | X |
| | | • • | · · · · · · · · · · · · · · · · · · · | on described in (i) or (ii) | | • • • | | | | | <u>' '9(')/</u> 1g(iii) | | X |
| h | | • • | | out the supported organ | • | | •• | | | [| 119(111) | L | |
| | | e of supported ganization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iV) Is the in col. (i) Ii | - | organizatio | · | - | | | Amoui etary st | |
| | | | | | Yes | No | Yes | No | Yes | No | _ | | |
| | | | | | | | | | | | | | |
| | al | | | | | | . T. W. | | | | | | |

SCHEDULE O (Form 990 or 990-EZ)

rorm 990 or 990-62)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047
2013
Open (to Public Inspection)

Name of the organization USTPMTBBAA INC

Employer identification number

2-0683753

THERE ARE NO OTHER ASSETS THAT BELONG TO THE ASSOCIATION.

990 PRIMARY EXEMPT PURPOSE

| ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III OPENTO PUBLIC | |
|---|--------------------------------|
| INSPECTION For calendar year 2013, or tax period beginning $04-01$, and ending | 03-31-2014 |
| Name of Organization | Employer Identification Number |
| USTPMTBBAA INC | 2-0683753 |
| Primary Purpose | |
| ORGANIZATION REUNITES ALUMNI AND OFFERS SCHOLARSHIPS TO | UNIVERSITY OF SANTO |
| TOMAS IN THE PHILLIPINES LARGELY THROUGH DONATIONS AND | FUND-RAISING EVENTS. |
| NO REUNION OCCURED IN THIS FISCAL YEAR. | |
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990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| ATTACHMENT 2: PAGE 1 - 99 OPEN TO PUBLIC | 0-EZ PAGE 2, | PART IV | | | | | | | |
|---|---|--|---|--|--|--|--|--|--|
| | | | | | | | | | |
| INSPECTION For calendar year 2013, or tax | period beginning 0 | 4-01-2013, and | | 2014. | | | | | |
| Name of Organization Employer Identification Number | | | | | | | | | |
| USTPMTBBAA INC 2-0683753 (A) News and Tales (B) Average hours per (C) Compensation (D) Control of the control | | | | | | | | | |
| (A) Name and Title | week devoted to | (Form W-2/1099-MISC) | | | | | | | |
| PURIFICACION GALLARDO | positori | (ii not paid, enter -0-) | Don plane a den comp. | a distribution | | | | | |
| (A) Name and Title PURIFICACION GALLARDO SECRETARY/TREASURER | (B) Average hours per week devoted to postion | (C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-) | (D) Cont. to employee ben. plans & def. comp. | (E) Expense account & other compensation | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

990 BOOKS ARE IN CARE OF

| ATTACHMENT 3 - 990-EZ PAGE 3, PART V, LINE 42A | |
|--|---|
| OPEN TO PUBLIC | |
| INSPECTION For calendar year 2013, or tax period beginning 04-01, and ending 03-31-2014. | |
| Name of Organization Employer Identification Number | |
| USTPMTBBAA INC 2-0683753 | |
| Part V - Line 42a | |
| Individual Name PURIFICACION GALLARDO | _ |
| or | |
| Business Name ⁻ | |
| | |
| | |
| Street Address | |
| Street Address | |
| | |
| U.S. Address | |
| • | |
| Zip code 52244 City TOWA CITY State IA | |
| or | |
| Foreign Address | |
| Poleigh Address | |
| City | |
| | |
| Province or State | |
| | |
| Country | |
| | |
| Postal code | |
| | |
| Phone Number | |
| | • |
| Fax Number | |
| | • |
| | |

L082613F

| STATEMENT #1 - ALL OTHER CONTRIBUTIONS ETC. (990-EO PG 9 LINE 1F) | |
|--|-------|
| REUNION RESERVATIONS | |
| TOTAL CARRIED TO 990-EO PG 9 LINE 1F | 1,610 |
| STATEMENT #2 - CONTRIBUTIONS, GIFTS, GRANTS (EZ1 LINE 1) | |
| REUNION RESERVATIONS | |
| TOTAL CARRIED TO EZ1 LINE 1 | 1,620 |
| STATEMENT #3 - PRINTING, PUBLICATION, POSTAGE (990 EZ PG 1 LINE 19 | 5) |
| PRINTING | |
| TOTAL CARRIED TO 990 EZ PG 1 LINE 15 | 387 |
| STATEMENT #4 - OTHER EXPENSES (EOEZ PG 1 LINE 16) | |
| HOTEL RESERVATION DEPOSITS | |
| TOTAL CARRIED TO EOEZ PG 1 LINE 16 | 3,650 |

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