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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public Inspection

<u>A </u>	For th	e 2013 calendar year, or tax year beginning JUL 1, 2013 and e	ending J	UN 30, 2014		
В	Check if applicab	C Name of organization		D Employer identific	cation number	
,		UNIVERSITY OF WISCONSIN LA CROSSE -				
	Addre	e <u>[ALUMNI ASSOCIATION</u>				
	Name chang	Doing Business As		39-1	250942	
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number		
Ī	Terms			[785-8495	
F	Amen	ded Character and 710 of the control		G Gross receipts \$	183,014.	
┌	- IdaaA[
	Lion pendi	F Name and address of principal officer JANIE SPENCER		H(a) Is this a group re		
				for subordinates		
		SAME AS C ABOVE		H(b) Are all subordinates in		
		empt status. X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) oi	r 527	1	list. (see instructions)	
		te: WWW.UWLALUMNI.ORG	1	H(c) Group exemption		
	ert I	organization: Corporation Trust X Association Other ► Summary	L Year	of formation: 1969 N	State of legal domicile: WI	
	1	Briefly describe the organization's mission or most significant activities THE M	ITSSTO	N OF THE IN	TVERSTTY OF	
Activities & Governance	•	WISCONSIN - LA CROSSE ALUMNI ASSOCIATION				
пaг	2	Check this box I if the organization discontinued its operations or dispose				
Ver	3	Number of voting members of the governing body (Part VI, line 1a)	ed of more	1 1		
ဗ္ဗ		Number of independent voting members of the governing body (Part VI, line 1b)		3		
ø	4			4	25	
ţį	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0	
ξi	6	Total number of volunteers (estimate if necessary)		6	60	
Ä	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	<u> </u>	
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.	
	_	0 114 1 10 10 10 10 10 10 10 10 10 10 10 10 1	<u> </u>	Prior Year	Current Year	
Revenue	8	Contributions and grants (Part VIII, line 1h)		73,210.	86,970.	
	9	Program service revenue (Part VIII, line 2g)	<u> </u>	18,411.	26,985.	
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	0.	<u> </u>	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		47,324.	<u>52,586.</u>	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		138,945.	166,541.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,518.	3,325.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		48,791.	68,486.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ĝ	6	Total fundraising expenses (Part IX, column (D), line 25)	1.		 	
ω	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		64,768.	66,900.	
	18	Total expenses Add lines 13-12 (must equal Part IX, column (A), line 25)		117,077.	138,711.	
	19	Revenue less expenses! Subtract line 18 from line 12		21,868.	27,830.	
Sol		2 2	Bed	inning of Current Year	End of Year	
Net Assets or Fund Balances	20	Total assets (Part X ₁ line 16)	,	641,312.	748,003.	
A§S	21	Total liabilities (Part X, line 26)		35,751.	34,097.	
ĘĘ	22	Net assets or fund balances Subtract line 21 from line 20		605,561.	713,906.	
_	art II	Signature Block		003,301.	713,500.	
_		lities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of my	knowledge and helief it is	
		et, and complete. Declaration of preparer (other than officer) is based on all information of which		-	A	
	, 00	- Garle Miller	оп ргорагог	illi	111	
Sig	n	Signature of officer		Date	///	
Her		JANIE SPENCER, EXECUTIVE DIRECTOR				
1161	-	Type or print name and title		<u></u>		
		Print/Type preparer's game	īn	ate Check	PTIN	
Paid		Print/Type preparer's name JOHN R. HONADEL, CPA JOHN R. HONADEL,	1	₁ ∟	一 ↓	
	parer		CPAIL	1/07/14 setf-employe		
	Only	Firm's name WIPFLI LLP Firm's address 2 COPELAND AVENUE, SUITE 301		Firm's EIN	39-0758449	
USC	Unity			Dh C O O	704 7200	
	, tha !!			I Prione no. 6 U 8	3-784-7300 V	
ivid)	y u i U II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No	

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ALUMNI ASSOCIATION

Form 990 (2013)

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Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO SUPPORT UNIVERSITY OF WISCONSIN LA CROSSE BY BUILDING AND MAINTAINING RELATIONSHIPS AMONG STUDENTS, ALUMNI, FRIENDS AND THE UNIVERSITY. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 3,325.) (Revenue \$ 118,972. including grants of \$_ 26,985.)) (Expenses \$ THE UW-L ALUMNI ASSOCIATION CREATES A LIFETIME CONNECTION TO THE UNIVERSITY. IT ENGAGES ALUMNI THROUGH PROGRAMS, EVENTS AND MORE THAN 4,080 ALUMNI AND FRIENDS PARTICIPATED IN COMMUNICATION. ASSOCIATION ACTIVITIES IN 2013-14.) (Expenses \$) (Revenue \$ (Code including grants of \$ ____) (Expenses \$ (Code ___ including grants of \$) (Revenue \$ Other program services (Describe in Schedule O) (Expenses \$) (Revenue \$ including grants of \$ 118,972. Total program service expenses Form 990 (2013) Form 990 (2013) ALUMNI ASSOCIATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			.,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5	_	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6_		Ÿ
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ŭ	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	1,	_ X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		<u>X</u>
124	Schedule D, Parts XI and XII	10-		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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	15		X
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	16		X
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_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	19		X
	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	990	004.00

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Form 990 (2013) ALUMNI ASSOCIATION
Part IV Checklist of Required Schedules (continued)

			Yes	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	1		
	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		<u>X</u> _
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			3.5
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
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			v
~~	Schedule L, Part I	25b		X
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, complete Schedule L, Part II	000		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
21	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
	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 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	ļ	<u> </u>
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	<u>X</u>	(2013)
		Lotu	33U	(CU 13)

39-1250942

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Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable 1		Check if Schedule O contains a response or note to any line in this Part V							
1a Enter the number reported in Box 3 of Form 1096. Enter -0 in ot applicable b. Enter the number of Forms was Call eniuded in the 1a. Enter -0 in not applicable on the common of the c	-				<u>-•</u>	Yes	No		
b Enter the number of Forms W2G included in line 1a. Enter 0-f not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this ratum 0 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b if Yes, Team and 2 as greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signalure or other authority over, a financial account in a foreign country (such as a bank account; portive an explanation in Schedule O 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, "the ore organization and the organization that It was or is a party to a prohibited tax shelter transaction? c if Yes, "to line Sa or 5b, did the organization file Form 8898-17? 5b Did any tixeable party norty the organization that It was or is a party to a prohibited tax shelter transaction? c if Yes, "to line Sa or 5b, did the organization file Form 8898 at year? 5c Did any tixeable party norty the organization that It was or is a party to a prohibited tax shelter transaction? 5c Did the organization shall reave not tax deductible contributions? 6c Did the organization shall reave not tax deductible as charactelle contributions? 6c Did the organization shall reave not tax deductible as charactelle contributions? 6c Did the organization shall reave not tax deductible as charactelle contributions? 6c Did the organization shall reave not tax deductible as charactelle contributions? 6c Did the organization shall reave not tax deductible as charactelle contributio	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1			110		
c Dit the organization compty with backup withholding rules for reportable payments to vendors and reportable gaming (gamiting) womings to price without the part of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fleef or the calendar year ending with or within the year covered by this return. 2 Provided the part of the part o	_	• • • • • • • • • • • • • • • • • • • •		0	1				
gambling) winnings to pixe winners? a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required feetaal employment tax returns? b If the sum of lines 1 and 2 as greater than 250, you may be required to e-file (see instructions) 3a Dot the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If Yes, "enter the name of the foreign country. Image is a bank account, securities account, or other financial accounts? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, "in the organization and the organization file foreign 886517. 6c Doss the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, "did the organization nettic well-with the activities of the organization self-with the organization nettic well-with the production of the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, "indicate the number of Forms 8862 filed during the year 9 Did the organization receive a payment in excess of \$75 made partly as a contribution of any partly for goods and services provided to the feet of the Form 888617 the organization receive and partly for goods and services provided to the feet of the organization receive a payment in excess of \$75 made partly as a contribution of organization receive a payment of the value	_	•••			1				
2a Eiter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. Ried for the calendar year anding with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Dx the organization have unrelated business gross income of S1, 200 or more during the year? 5a Dx the variang and the form 990 Tro this year? If 'No,' To line 3b, provide an explanation in Schedule O 5b If 'Yes,' than 18 feld a form 990 Tro this year? If 'No, To line 3b, provide an explanation in Schedule O 6c A At any time the name of the foreign country (such as a bank account, securities account, or other financial account)? 5c If 'Yes,' the thin organization of form 10 F 90 221, Report of Foreign Bank and Financial Accounts 6a Was the organization along the foreign country (such as a bank account, securities account, or other financial account)? 6b Dx If 'Yes,' the same of the foreign country (such as a bank account, securities account, or other financial account)? 6c If 'Yes,' to line 5a or 5b, did the organization file Form 8886.17? 6c If 'Yes,' to line 5a or 5b, did the organization file Form 8886.17? 6c If 'Yes,' to line 5a or 5b, did the organization file Form 8886.17? 6d Does the organization and property for which the such contributions any contributions that were not tax deductible as charitable contributions under section 170(c). 6c If 'Yes,' indicate the number of Forms 8822 files during the year 6c Did the organization enclosed and such such as a party is a contribution and party for goods and services provided to the payor? 7c If 'Yes,' indicate the number of Forms 8822 files during the year 9c Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contriact? 7c X 7d Did the organization received a contribution of qualified intellectual prope			•	3 3	1c	x			
filed for the calendar year ending with or within the year covered by this return	2a		1						
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated businesses gross income of \$1,000 or more during the year? 5b If "Yes," has it filed a form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization in the Form 888617 6c If "Yes," to line 5a or 5b, did the organization include with every solicitation an expresse statement that such contributions or gifts were not tax deductible? 6c If "Yes," to line 5a or 5b, did the organization neture apparent in excess of 5f sinde party as a contribution of 5 services provided to the payor? 7a X X 7b If "Yes," did the organization neture apparent in excess of 5f sinde party as a contribution and party for pods and services provided to the payor? 7a If Yes," to indicate the number of Forms 8282 filed during the year 6 bid the organization receive any funds, directly or indirectly, to pay preniums on a personal benefit contract? 7a If If the organization receive any f		· · · · · · · · · · · · · · · · · · ·	2a	0					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 If "Yes," has it filled a Form 990°T for this year? If "No," to line 30, provide an explanation in Schedule O 4 At A tany time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; 2 5 If "Yes," enter the name of the foreign country; In See instructions for filing requirements for Form TDF 90.22.1, Report of Foreign Bank and Financial Accounts 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did any taxable party notify the organization in Control that the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions and express statement that such contributions or gifts were not tax deductible? 7 Organization shall may receive deductible contributions under section 170(c). 8 Diff Yes, "did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 9 Tyes," indicate the number of Forms 8282 filed during the year 10 If Yes, "indicate the number of Forms 8282 filed during the year 21 Tyes," indicate the number of Forms 8282 filed during the year 22 If Yes," indicate the number of For	b			<u>_</u>	2h				
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		• • • • • • • • • • • • • • • • • • • •			14a		<u>X</u>		
	_ <u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b				

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Form 990 (2013) ALUMNI ASSOCIATION 39-1250942 Page 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	_		
	5		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 25			
	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.			
ь	Enter the number of voting members included in line 1a, above, who are independent			
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	_		7,7
	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 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	5	X	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6	Λ	
<i>,</i> a	more members of the governing body?	7-		X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	70	-	
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			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			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	X	
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			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_X	
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	<u>X</u>	
13	Did the organization have a written whistleblower policy?	13		<u>X</u>
14	Did the organization have a written document retention and destruction policy?	14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			7.5
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a		X
ь	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ıva	taxable entity during the year?	40-		v
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	_16a		<u>X</u>
-	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		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶WI			
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.			
	Own website Another's website X 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	l finan	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	ion 🕨		
	JANIE SPENCER - 608-785-8495			
	615 EAST AVE N. LA CROSSE. WI 54601			

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

Check if Schedule	O cont	ains 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

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

(A) Name and Title	(B) Average	(C) Position (do not check more than one box, unless person is both an						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated
	week (list any hours for related organizations below line)	stee or director	Institutional trustee		hrecto		stee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) CHRIS BOWRON	1.00	 								
REPRESENTATIVE	1 00	X		_	-		-	0.	0.	0.
(2) SANDY JENSEN	1.00	١								
TREASURER	1 00	X		X	_		-	0.	0.	0.
(3) LISA BUTTERFIELD	1.00									
PAST PRESIDENT	1 00	Х		X		-	├	0.	0.	0.
(4) DAVID PETERSON	1.00	, ,								
DIRECTOR	1 00	X		<u> </u>	-	-	-	0.	0.	0.
(5) ROGER SCHLIES	1.00	٠,								
DIRECTOR	1 00	X	-				┼	0.	0.	0.
(6) LINDA KASTANTIN	1.00	X						0		_
DIRECTOR	1.00	^			├	╁	┼	0.	0.	0.
(7) KEN SCHMOCKER	1.00	X	1					0.	0.	_
DIRECTOR	1.00	^		\vdash	\vdash	╁─	\vdash	0.		0.
(8) COREY SJOQUIST	1.00	X			l			0.	0.	0.
DIRECTOR (9) JANIE SPENCER	40.00	^					\vdash			
EXECUTIVE DIRECTOR	40.00	x		Х			1	0.	0.	0.
(10) ALICIA STRATMAN	1.00	^		^		\vdash	\vdash			
DIRECTOR	1.00	x					İ	0.	0.	0.
(11) LORE VANG	1.00				t	┢	 		.	- 0.
PRESIDENT	2100	x		X				0.	ο.	0.
(12) DAVE JOHNSON	1.00					<u> </u>	T			
DIRECTOR		x						0.	0.	0.
(13) ADEKUNLE SAMUEL	1.00	 					İ			
REPRESENTATIVE		X						0.	0.	0.
(14) KRIS CVIKOTA	1.00									
REPRESENTATIVE		X					ļ	0.	0.	0.
(15) TOM LYNCH	1.00	_								
REPRESENTATIVE		X		L				0.	0.	0.
(16) NIKKI KENYATTA	1.00									
DIRECTOR		X	L					0.	0.	0.
(17) KRISTINA RYNES	1.00									
REPRESENTATIVE		X		L			1	0.	0.	0.
222007 10 20 12										Form 990 (2013)

ALUMNI ASSOCIATION

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, and	iH t	ghe	st C	Compensated Employed	es (continued)			
(A)	(B)	(C)						(D)	(E)		(F)	
Name and title	Average	(40		Posi			008	Reportable	Reportable	E	stimate	ed
	hours per	box	, unle	ss per	rson	ıs bot	h an	compensation	compensation	a	mount	of
	week (list any	_	Cer au	id a di	recto	7/8/05	(ee)	from	from related		other	
	hours for	ied				L		the organization	organizations (W-2/1099-MISC)	L	npensa from the	
	related	trustee or director	ste			iste.		(W-2/1099-MISC)	(***271033***********************************		ganızat	
	organizations	fast	al tr		yee	ed E		(,			nd relat	
	below	Individual	Institutional trustee	ᇹ	Key employee	Highest compensated employee	Former			org	anızatı	ons
	line)	亨	III	Officer	Key	≘ €	호			<u> </u>		
(18) MATT DAMICO	1.00											
DIRECTOR		X				ļ		0.	0.	 		0.
(19) JESSICA KARIS	1.00		ŀ									_
REPRESENTATIVE		X	_			-		0.	0.			0.
(20) KARA PENNOYER	1.00								_			_
REPRESENTATIVE	1 00	X				<u> </u>		0.	0.	 		0.
(21) PATTY LOEW	1.00					ļ			•	1		_
DIRECTOR	1 00	X	-					0.	0.	┼	_	0.
(22) SCOTT BUTLER	1.00	,,							•	İ		^
REPRESENTATIVE	1 00	X	-				-	0.	0.	 -	_	0.
(23) DEREK HEBRINK	1.00	77							0			^
REPRESENTATIVE	1.00	X	-				\vdash	0.	0.	├		0.
(24) JEFF BRYANT	1.00	x						0.	0.			0.
DIRECTOR	1.00	^		\vdash				0.	<u> </u>	├		<u> </u>
(25) KELLY NOWICKI	1.00	X		x				0.	0.			0.
VICE PRESIDENT		-		1				0.	<u></u>	<u> </u>		
1b Sub-total			1				•	0.	0.			0.
c Total from continuation sheets to Part VII, Section A								+		0.		
d Total (add lines 1b and 1c)										0.		
2 Total number of individuals (including but r	not limited to th	ose	liste	ed at	oove	e) wt	no r	eceived more than \$100	,000 of reportable			
compensation from the organization												0
											Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y en	nplo	yee.	or	highest compensated ei	mployee on			
line 1a? If "Yes," complete Schedule J for s	such individual									3		X
4 For any individual listed on line 1a, is the si	um of reportab	le co	omp	ensa	tion	and	d ot	her compensation from t	the organization			
and related organizations greater than \$15								<u>-</u>		4		X
5 Did any person listed on line 1a receive or					-		elat	ted organization or indivi	dual for services			
rendered to the organization? If "Yes," com	plete Schedul	e <i>J f</i>	or su	ıch p	oers	on				5		X
Section B. Independent Contractors								 				
1 Complete this table for your five highest co	•	•							•	sation	trom	
the organization Report compensation for	the calendar y	ear	enai	ng w	/itri (or w	itnir T		/ear.			
(A) Name and business	address	NI/	ONI	7				(B) Description of s	ervices (C) ensatio	n
		74/	7141	<u> </u>			-					
											_	
							- 1					
									-			
							Ī					
2 Total number of independent contractors (_	ot li	mite	d to	tho	se lis	stec	d above) who received m	ore than			
\$100,000 of compensation from the organ	zation					J						

Form 990 (2013) ALUMNI ASSOCIATION
Part VIII Statement of Revenue

		Check if Schedule O con	tains a response	or note to any line	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
ts a	1 a	Federated campaigns	1a					1
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	65,055.				İ
P. E.	С	Fundraising events	, 1c					
F	d	Related organizations	1d					
is,	е	Government grants (contribut	tions) 1e					
rior S	f	All other contributions, gifts, gran	nts, and			}		
혈		similar amounts not included abo	ove 1f	21,915.				
벌	g	Noncash contributions included in lines	s 1a-1f \$					
<u>8 0</u>	h	Total. Add lines 1a-1f		.	86,970.			
				Business Code				
<u>8</u>	2 a	PROGRAM SERVICE	<u> </u>	611710	26,985.	26,985.		
Program Service Revenue	b						<u> </u>	
	С							
	d							<u>_</u> .
č	e							
_		All other program service reve	enue		26 005			
\dashv	<u> </u>		. 4		26,985.	-		
	3	Investment income (including other similar amounts)	aiviaerias, inter	est, and				
	4	Income from investment of ta	v-evemnt hand r	roceeds				
	5	Royalties	ix-exempt bond p	noceeds	34,966.			34,966.
	•	Tioyanics	(ı) Real	(ii) Personal				34,300.
İ	6 a	Gross rents	- ty rical	(ii) i craoriai				
	b							
	c	Rental income or (loss)						
	d			•				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						ì
	b	Less: cost or other basis						
		and sales expenses						
	C	Gain or (loss)	_	ļ.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	d	Net gain or (loss)						
e	8 a		g events (not					
		including \$						
Other Reven		contributions reported on line	1c) See					
Ē		Part IV, line 18	а					
8		Less direct expenses	. b	16,450.	17 (42			17 640
		Net income or (loss) from fund	-	P	17,643.			17,643.
	эa	Gross income from gaming ac Part IV, line 19		1				
ľ	.	Less direct expenses	a b					
		Net income or (loss) from garr	_					
		Gross sales of inventory, less	_				<u>.</u>	
		and allowances	a		-			
	ь	Less: cost of goods sold	b					
[Net income or (loss) from sale		D	-23.			-23.
Ī		Miscellaneous Revenu		Business Code				
Ī	11 a							
	b						-	-
	С						_	_
	d	All other revenue						
	е	Total. Add lines 11a-11d		<u> </u>				
20000	12	Total revenue. See instructions.		<u> </u>	166,541.	26,985.	0.	
332009 10-29-	13							Form 990 (2013)

Form 990 (2013) ALUMNI ASSOCIATION
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			omplete column (A).	. X
	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	550.	550.		
2	Grants and other assistance to individuals in		_		
	the United States See Part IV, line 22	2,775.	2,775.		
3	Grants and other assistance to governments,			1	
	organizations, and individuals outside the			İ	
	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)	60 406	<u> </u>		
7	Other salaries and wages	68,486.	68,486.		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)		_	-	
9	Other employee benefits				
10 11	Fees for services (non-employees):				
	Management				
a b	Legal				
C	Accounting	1,275.	·	1,275.	
d	Lobbying			1,213.	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	3,379.	3,379.		
13	Office expenses	1,057.	1,057.		
14	Information technology	3,974.	3,974.		
15	Royalties		•		
16	Occupancy				
17	Travel	1,286.	1,286.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,042.		2,042.	
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	, -:-			
23	Insurance	1,598.		1,598.	
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 0.)				
2	CAMPAIGN EXPENSE	12,241.			12,241.
b	DECERDATORIO	10,501.	10,501.		10,241.
c	NEWSLETTER EXPENSE	6,492.	6,492.		
d	ALUMNI AWARDS	5,197.	5,197.		
	All other expenses SEE SCH O	17,858.	15,275.	2,583.	
25	Total functional expenses Add lines 1 through 24e	138,711.	118,972.	7,498.	12,241.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2013)
Part X Balance Sheet

Par	-	Check if Schedule O contains a response or note to any line in this	Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		10,297.	1	23,996
	2	Savings and temporary cash investments		10,009.	2	15,009
	3	Pledges and grants receivable, net		_	3	
	4	Accounts receivable, net	. L		4	
	5	Loans and other receivables from current and former officers, direct	tors,			
		trustees, key employees, and highest compensated employees. Co	mplete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as def	ined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and				
		employers and sponsoring organizations of section 501(c)(9) volunt		1		
2		employees' beneficiary organizations (see instr) Complete Part II of	Sch L		6	
Assets	7	Notes and loans receivable, net			7	
۲	8	Inventories for sale or use		23.	8	0
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D . 10a	9,115.			
ı	b	Less accumulated depreciation 10b	9,115.	0.	10c	0.
	11	Investments - publicly traded securities		620,983.	11	701,498
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	<u> </u>
	15	Other assets See Part IV, line 11	Γ	0.	15	7,500
	16	Total assets, Add lines 1 through 15 (must equal line 34)		641,312.	16	7,500.
	17	Accounts payable and accrued expenses			17	<u> </u>
Ì	18	Grants payable .			18	
	19	Deferred revenue		27,466.	19	25,666
	20	Tax-exempt bond liabilities			20	
Ì	21	Escrow or custodial account liability Complete Part IV of Schedule	o [21	
2	22	Loans and other payables to current and former officers, directors,	trustees,			
Liabilities		key employees, highest compensated employees, and disqualified	persons		1	
		Complete Part II of Schedule L			22	
-	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
1	25	Other liabilities (including federal income tax, payables to related thi	rd			
		parties, and other liabilities not included on lines 17-24) Complete F				
ĺ		Schedule D	1	8,285.	25	8,431.
	26	Total liabilities. Add lines 17 through 25	Ţ.	35,751.	26	34,097.
		Organizations that follow SFAS 117 (ASC 958), check here ▶	X and			
2		complete lines 27 through 29, and lines 33 and 34.				
2	27	Unrestricted net assets		605,561.	27	713,906
<u> </u>	28	Temporarily restricted net assets			28	
5	29	Permanently restricted net assets			29	
ivet Assets of Furia balances		Organizations that do not follow SFAS 117 (ASC 958), check her	e ▶ 🔲 📙			
5		and complete lines 30 through 34.				
2	30	Capital stock or trust principal, or current funds	İ		30	
š	31	Paid-in or capital surplus, or land, building, or equipment fund	<u> </u>		31	
[]	32	Retained earnings, endowment, accumulated income, or other fund	s		32	
2	33	Total net assets or fund balances	- f-	605,561.	33	713,906.
- 1			1	O O O O O O O O O O O O O	~	, _ , , , , , , , , , , , , , , , , , ,

		<u>9-1250942</u>	Pa	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)	16	6,5	41.
2	Total expenses (must equal Part IX, column (A), line 25)	13	8,7	11.
3	Revenue less expenses. Subtract line 2 from line 1	2	7,8	30.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	60	<u>5,5</u>	<u>61.</u>
5	Net unrealized gains (losses) on investments	. 8	0,5	<u> 15.</u>
6	Donated services and use of facilities	<u> </u>		
7	Investment expenses			
8	Prior period adjustments	·		
9	Other changes in net assets or fund balances (explain in Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	71	<u>3,9</u>	06.
Pa	rt XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			<u>Щ</u>
			Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	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			l
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 ba	ısıs,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis	[[
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au	ıdıt,		
	review, or compilation of its financial statements and selection of an independent accountant?	2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedul	e O		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	Audit		
	Act and OMB Circular A-133?	3a		X_
b	if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits_	3b		l

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (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 UNIVERSITY OF WISCONSIN LA CROSSE Employer identification number ALUMNI ASSOCIATION 39-1250942 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organization in col. in col. (i) listed in your organization in col. (described on lines 1-9) organization (i) organized in the support governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Nα

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

39-1250942 Page 2

Schedule A (Form 990 or 990-EZ) 2013 ALUMNI ASSOCIATION 39-12509

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

	fails to qualify under the tests	s listed below, plea	se complete Part I	II.)			
Sec	ction A. Public Support						
_	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	80,254.	113,579.	68,631.	73,210.	86,970.	422,644.
2	Tax revenues levied for the organ-			ĺ			
	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						
	the organization without charge						
4	Total. Add lines 1 through 3	80,254.	113,579.	68,631.	73,210.	86,970.	422,644.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly			İ			
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4 ction B. Total Support				<u> </u>		422,644.
			#10040	4 > 2044			
	ndar year (or fiscal year beginning in)	(a) 2009 80, 254.	(b) 2010 113,579.	(c) 2011	(d) 2012	(e) 2013	(f) Total
-		00,254.	113,3/3.	68,631.	73,210.	86,970.	422,644.
0	Gross income from interest, dividends, payments received on						
	· • •						
	securities loans, rents, royalties and income from similar sources	77,233.	86,211.	10,715.	33,661.	34,966.	242,786.
۵	Net income from unrelated business	11,233.	00,211.	10,713.	33,001.	34,300.	242,700.
3	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	_					665,430.
	Gross receipts from related activities,	etc (see instruction	ons)	· · ·		12	255,235.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	i, fourth, or fifth tax	k year as a section	n 501(c)(3)	
	organization, check this box and stor						▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2013 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))	1	14	63.51 <u>%</u>
15	Public support percentage from 2012	Schedule A, Part	II, line 14		!	15	58.87 <u>%</u>
16a	33 1/3% support test - 2013. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright x$
b	33 1/3% support test - 2012. If the c	organization did no	t check a box on lii	ne 13 or 16a, and l	ine 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	•					▶Ш
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			•	•	t IV how the organ	ızatıon
	meets the "facts-and-circumstances"	•			•		▶□
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the				•		
	organization meets the "facts-and-circ			-	•		▶Щ
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16a	, 16b, 17a, or 17b,	check this box a	nd see instructions	<u> ▶</u>

Schedule A (Form 990 or 990 EZ) 2013 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

A. Public Support						
r (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
rants, contributions, and	(4)	(2)		<u> </u>	10/==	(y · s · s · s
ership fees received. (Do not			1		ľ	
any "unusual grants.")						
receipts from admissions,						
indise sold or services per-						
, or facilities furnished in					1	
ivity that is related to the ation's tax-exempt purpose					Ì	
receipts from activities that						
an unrelated trade or bus-						
nder section 513					1	
enues levied for the organ-						
s benefit and either paid to						
ended on its behalf					_	_
ue of services or facilities						
ed by a governmental unit to						
anization without charge						
Add lines 1 through 5						
ts included on lines 1, 2, and						
ved from disqualified persons						
included on lines 2 and 3 received						
r than disqualified persons that e greater of \$5,000 or 1% of the						
n line 13 for the year						
es 7a and 7b						
support (Subtract line 7c from line 6)						
3. Total Support				· · · · · · · · · · · · · · · · · · ·		
r (or fiscal year beginning in) 🕨 🔃	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
ts from line 6						
ncome from interest,	<u> </u>					
ds, payments received on						
es loans, rents, royalties come from similar sources						
d business taxable income						
ction 511 taxes) from businesses						
d after June 30, 1975				İ		
· —						
es 10a and 10b ome from unrelated business						
es not included in line 10b,						
r or not the business is						
ly carried on						
ncome Do not include gain from the sale of capital						
(Explain in Part IV.)						
pport. (Add lines 9, 10c, 11, and 12)			<u> </u>	<u> </u>		
ve years. If the Form 990 is for the	organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organız	ation,
this box and stop here						<u> </u>
Computation of Public S	Support Pe	rcentage				
support percentage for 2013 (line	8, column (f) d	ivided by line 13, (column (f))		15	
support percentage from 2012 Sc					16	
Computation of Investm	ent Incom	e Percentage				
nent income percentage for 2013 ((line 10c, colur	nn (f) divided by fi	ne 13, column (f))		17	
nent income percentage from 201:	2 Schedule A,	Part III, line 17			18	
% support tests - 2013. If the org	anization did r	ot check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
nan 33 1/3%, check this box and s	stop here. The	organization qua	lifies as a publicly s	supported organi	zation	►□
	-	•		• •		
	anization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	iore than 33 1/3%. i	and
% support tests - 2012. If the org						and ▶□
C. Computation of Public Support percentage for 2013 (line support percentage from 2012 Sc.). Computation of Investment income percentage for 2013 (nent income percentage from 2013)	8, column (f) d hedule A, Part nent Incom (line 10c, colur 2 Schedule A,	IVIDED IN INC. 13, 0 III, line 15 e Percentage mn (f) divided by fill Part III, line 17	ne 13, column (f))	e 15 is more than	16 17 18	line 1

UNIVERSITY OF WISCONSIN LA CROSSE -Schedule A (Form 990 or 990-EZ) 2013 ALUMNI ASSOCIATION 39-1250942 Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. 39-1250942 Page 4 Also complete this part for any additional information. (See instructions).

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

UNIVERSITY OF WISCONSIN LA CROSSE -ATTEMNIT ACCOUTANTON

Employer identification number 20 1250042

Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or	Accounts Complete if the
_ a	organization answered "Yes" to Form 990, Part IV, line 6.		Accounts. Complete if the
	Organization answered Tes to Form 950, Fart IV, line o.	(a) Donor advised funds	(b) Funds and other accounts
	Tabel accept and of cons	(a) bonor advised fands	(b) i dilas 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		<u> </u>
5	Did the organization inform all donors and donor advisors in writ	_	
_	are the organization's property, subject to the organization's exc		Yes No
6	Did the organization inform all grantees, donors, and donor advi		
	for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other purpose confe	
Do	impermissible private benefit?		Yes No
Pa			, line /
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or edu	· —	· ·
	Protection of natural habitat	Preservation of a certified h	nistoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a c	onservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		_2a
Ь	Total acreage restricted by conservation easements	••	2b
С	Number of conservation easements on a certified historic struct	• •	2c
d	Number of conservation easements included in (c) acquired after	er 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the orga	inization during the tax
	year ▶	_	
4	Number of states where property subject to conservation easen		
5	Does the organization have a written policy regarding the period	- · · · · · · · · · · · · · · · · · · ·	
	violations, and enforcement of the conservation easements it ho		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, and		
7	Amount of expenses incurred in monitoring, inspecting, and enf		
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 170(h)(4)(
	and section 170(h)(4)(B)(ii)?		L Yes
9	In Part XIII, describe how the organization reports conservation	•	· · ·
	include, if applicable, the text of the footnote to the organization	i's financial statements that describes the o	rganization's accounting for
Bo	conservation easements. † III Organizations Maintaining Collections of A	et Historical Transpurse or Other	Cimilar Assats
Га	Till Organizations Maintaining Collections of A Complete if the organization answered "Yes" to Form 99		Similar Assets.
па	If the organization elected, as permitted under SFAS 116 (ASC 9)	•	·
	historical treasures, or other similar assets held for public exhibit	·	t public service, provide, in Paπ XIII,
	the text of the footnote to its financial statements that describes		
b	If the organization elected, as permitted under SFAS 116 (ASC 9		
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of public so	ervice, provide the following amounts
	relating to these items:		> 0
	(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 treasu	<u> </u>	, 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		▶ \$

UNIVERSITY OF WISCONSIN LA CROSSE - ALUMNI ASSOCIATION

Sche		ASSOCIATIO								2 Page 2
Pai	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, d	or Other	Simila	ır Asse	ts(contin	ued)
3	Using the organization's acquisition, access	on, and other record	ds, chec	k any of the	following tha	t are a sig	nificant u	se of its	collection	nıtems
	(check all that apply).									
а	Public exhibition	c	, <u> </u>		hange progra	ams				
b	Scholarly research	e	• 🗀	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how t	hey further t	he organizati	on's exem	pt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	er sımılar a	assets		_	
	to be sold to raise funds rather than to be m					·			_ Yes	No
Pai	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered '	'Yes" to F	orm 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other as	sets not ir	ncluded	_	_	
	on Form 990, Part X?				•			L_	」 Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
									Amount	
C	Beginning balance .						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f		_	
2 a	Did the organization include an amount on F				•			1	」 Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII						<u> </u>			
Pai	t V Endowment Funds. Complete								ı	
		(a) Current year	(b) F	Prior year	(c) Two year	s back (c	1) Three ye	ars back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions								<u></u>	
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities		1							
	and programs		-		-	<u> </u>				
f	Administrative expenses			-	-	ļ.				
g	End of year balance		<u> </u>		L					
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a	a)) held as					
a	Board designated or quasi-endowment		_%							
Ь	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages in lines 2a, 2b, and 2c should be a sh							_		
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are neld a	nd administe	red for the	organiza	ation	Г	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
L	(ii) related organizations	a lintad on sacrificat d	C-b-	dula DO					3a(ii)	
_	If "Yes" to 3a(ii), are the related organizations	•							3b	
Par	t VI Land, Buildings, and Equipm		owinent	lunus						
. u	Complete if the organization answere) Dort IV	/ lina 11a S	00 Form 000	Dort V Ju	no 10			
	Description of property	(a) Cost or o	•						(-D.Dal-	
	Description of property	basis (investr		1 ' 1	or other (other)		cumulated eciation	'	(d) Book	value
	Land			Va313	(501101)	depi	- CIGUIOII	-	_	
	Land									
b	Buildings Leasehold improvements			 				+-		
d	Equipment				9,115.		9,11	<u> </u>		0.
	Other	•			J _ L L J •			· •		<u> </u>
	Add lines 1a through 1e. (Column (d) must a	aual Form 000 Port	Y ooku	mn (P) Imo 1	(O(a))		,			

Schedule D (Form 990) 2013 ALUMNI ASSOC			39	-1250942 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" to				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation. Cost or end	-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)		_		
(G)		<u> </u>		
(H)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" to				<u>, , , , , , , , , , , , , , , , , , , </u>
(a) Description of investment	(b) Book value	(c) Method of v	aluation Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)			·	
(7)				
(8)			-	
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" to		, line 11d See Form 990,	Part X, line 15.	
	escription			(b) Book value
(1)				
(2)			_	
(3)	_			
(4)				
(6)	 .			
(7)				<u> </u>
(8)				<u> </u>
(9)				<u>.</u>
Total. (Column (b) must equal Form 990, Part X, col (B) line	15.)		•	
Part X Other Liabilities.				
Complete if the organization answered "Yes" to	Form 990, Part IV		990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) DUE TO OTHER ORGANIZATIONS		8,431.		
(3)				
(4)				
(5)				
(6)				
(7)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 8,431.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

(8)

Sche	edule D (Form 990) 2013 ALUMNI ASSOCIATION		39-1250942 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Staten	ments With Revenue per	Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	?a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	2a	_
b	Donated services and use of facilities	2b	_
C	Recoveries of prior year grants	2c	⊣
d	Other (Describe in Part XIII.)	_2d	-
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-
b	Other (Describe in Part XIII.)	4b	┥ . ┃
	Add lines 4a and 4b		4c
5 Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State	ments With Expenses ne	r Peturn
Fai		•	r neturii.
_	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	.a	
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25.		1
2	Donated services and use of facilities	2a	
a	Prior year adjustments	2b	┦ ┃
b	Other losses	2c	┥
d		2d	
	Add lines 2a through 2d	20	2e
3	Subtract line 2e from line 1	•	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	60. (5.)	4b	7
	Add lines 4a and 4b		- 4c
5		•	5
	rt XIII Supplemental Information.		
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pa 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ac		, -1, 1 are 2, 1 are 21,
_			
_			
			

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

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.

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

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service Name of the organization UNIVERSITY OF WISCONSIN LA CROSSE **Employer identification number** ALUMNI ASSOCIATION 39-1250942 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations C Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity have custody or control of contributions' to (or retained by) or entity (fundraiser) fundraiser from activity organization listed in col (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

39-1250942 Page 2

Schedule G (Form 990 or 990-EZ) 2013 ALUMNI ASSOCIATION

Part II 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 NONE (add col (a) through GOLF CLASSIC col (c)) (total number) (event type) (event type) 34,093 34,093. Gross receipts 2 Less: Contributions 34,093 34,093. Gross income (line 1 minus line 2) 4 Cash prizes 750. 750. Noncash prizes Direct Expenses Rent/facility costs 3,662. 3,662. Food and beverages 7 Entertainment 12,038. 12,038. 9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 16,450 17,643 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)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs 4 Other direct expenses % Yes % Yes Yes % Volunteer labor No No No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities. a Is the organization licensed to operate gaming activities in each of these states? Yes b If "No," explain. 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes _∣ No b If "Yes," explain. Schedule G (Form 990 or 990-EZ) 2013 332082 09-12-13

Schedule G (Form 990 or 990-EZ) 2013 ALUMNI ASSOCIATION	39-1250942 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	1
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in:	. _
a The organization's facility	. 13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re	
the finer the name and address of the person who prepares the organization's gaming/special events books and re	coras:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the a	imount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
o in 100, other name and address of the time party	
Name	
Name >	
Address	
Address	
16 Gaming manager information	
.	
Name ▶	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
,	
a Is the organization required under state law to make chantable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe	ent in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), are	
15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instri	uctions)
	
	
332083 09-12-13 Schedu	ule G (Form 990 or 990-EZ) 2013
Scheut	~~~ ~ (1 OI 111 550 OI 550"EA] 40 IS

SCHEDULE O

(Form 990 or 990-EZ)

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 O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization UNIVERSITY OF WISCONSIN LA CROSSE -ALUMNI ASSOCIATION

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

332211 09-04-13

Employer identification number 39-1250942

Schedule O (Form 990 or 990-EZ) (2013)

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
UNIVERSITY OF WISCONSIN- LA CROSSE BY BUILDING AND MAINTAINING	
RELATIONSHIPS AMONG STUDENTS, ALUMNI, FRIENDS AND THE UNIVERSITY.	
FORM 990, PART VI, SECTION A, LINE 6:	
ANY GRADUATE, FORMER STUDENT, FACULTY/STAFF MEMBER OR FRIEND	
OF THE UNIVERSITY SHALL BE A MEMBER ON PAYMENT OF CURRENT MEMBERSHIP	DUES,
THE AMOUNT OR AMOUNTS OF WHICH SHALL BE FIXED BY THE BOARD OF DIRECTO	RS.
FORM 990, PART VI, SECTION B, LINE 11:	
A COPY OF THE FORM 990 IS DISTRIBUTED AND REVIEWED AT THE	
BOARD MEETING PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST POLICY IS DISCUSSED ANNUALLY.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON	
REQUEST AT 110 CLEARY ALUMNI & FRIENDS CENTER, 615 EAST AVE. NORTH, L	.A
CROSSE, WI 54601	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:	
HOMECOMING:	
PROGRAM SERVICE EXPENSES	3,997.
MANAGEMENT AND GENERAL EXPENSES	0.
FIINDRAISING EXPENSES	0

Name of the organization UNIVERSITY OF WISCONSIN LA CROSSE - ALUMNI ASSOCIATION	Employer identification number 39-1250942
TOTAL EXPENSES	3,997
STUDENT ALUMNI AMBASSADORS:	
PROGRAM SERVICE EXPENSES	3,751
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,751
MARCHING BAND - RESTRICTED:	
PROGRAM SERVICE EXPENSES	2,831.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,831.
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	1,739.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,739.
RESIDENCE LIFE - RESTRICTED:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	
TOTAL EXPENSES	
DUES:	
PROGRAM SERVICE EXPENSES	0.

SCHEDULE R (Form 990)

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

► See separate instructions. Related Organizations and Unrelated Partnerships

2013

Open to Public Inspection

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. UNIVERSITY OF WISCONSIN LA CROSSE

Employer identification number 39-1250942

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

ALUMNI ASSOCIATION

Name of the organization Department of the Treasury Internal Revenue Service

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part	Identification of Related Tax-Exempt Organizations Complete organizations during the tax year		the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	t IV, line 34 because	it had one or more re	elated tax-exempt

	Section \$12(b)(13) controlled entity?	N _o			×						
	Section	Yes								Į.	
	(f) Direct controlling entity				N/A						
	(e) Public charity status (if section	501(c)(3))			LINE 5						
	(d) Exempt Code section				501(C)(3)						
	(c) Legal domicile (state or foreign country)				WISCONSIN	-					
	(b) Primary activity		PROMOTING THE WELFARE OF	THE UNIVERSITY OF	WISCONSIN-LA CROSSE				·		
organizations during the tay year	(a) Name, address, and EIN of related organization		UNIVERSITY OF WISCONSIN - LA CROSSE	FOUNDATION, INC 39-1145116, 615 EAST	AVENUE NORTH, LA CROSSE, WI 54601						

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

Schedule R (Form 990) 2013

Schedule R (Form 990) 2013 ALUMNI ASSOCIATION

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. Part III

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Code V-UBI General or Percentage amount in box managing ownership 20 of Schedule R-1 (Form 1065) Yes No Yes No (i) Section 512(b)(13) controlled entity? 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 3 Percentage ownership Ξ Share of end-of-year assets **6 Olsproportionate** Yes No allocations? Ξ Share of total income Share of end-of-year assets 6 Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) € **e** Legal domicile (state or foreign country) <u>ত</u> (d)
Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV

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Yes No

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more r	elated organizations listed	in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		•		19	×
b Gift, grant, or capital contribution to related organization(s)				1b X	
c Gift, grant, or capital contribution from related organization(s)				5	×
d Loans or loan guarantees to or for related organization(s)				-tq	×
e Loans or loan guarantees by related organization(s)					×
					;
 Uividends from related organization(s) 				=	×
g Sale of assets to related organization(s)				19	×
h Purchase of assets from related organization(s)					×
i Exchange of assets with related organization(s)				1i	×
j Lease of facilities, equipment, or other assets to related organization(s)				1	×
k Lease of facilities, equipment, or other assets from related organization(s)				*	×
	nization(s)				×
m Performance of services or membership or fundraising solicitations by related organization(s)	inization(s)				×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			×	
 Sharing of paid employees with related organization(s) 				10	×
connection and to tentange bedanise the former and and a				_	5
Demphysement paid by related organization(s) for experises					4 >
				5	⊲
 Other transfer of cash or property to related organization(s) 				+	×
s Other transfer of cash or property from related organization(s)					×
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 t	his line, including covered	relationships and transaction thresholds.	:	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	involved	
(0)					1
(2)					
					1
(4)					
(5)					
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ALUMNI ASSOCIATION Schedule R (Form 990) 2013 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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant income partiesse (related, unrelated, excluded from tax under section 512-514) yes No	(e) Are all partners sec 501(c)(3) 0105 ? 4) Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(h) (i) (j) (k) Dispropor Code V-UBI General or Percentage Unital Dox 20 Partner or Percentage amount in box 20 Partner of Schedule K-1 Partner of Form 1065) Yes No	(j) General or managing partner? Yes No	(k) Percentage ownership
									_	

Schedule R (Form 990) 2013

UNIVERSITY OF WISCONSIN LA CROSSE -39-1250942 Page 5 Schedule R (Form 990) 2013 ALUM Part VII Supplemental Information ALUMNI ASSOCIATION Provide additional information for responses to questions on Schedule R (see instructions)