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### 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

Department of the Treasury Internal Revenue Servi

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

For the 2013 calendar year, or tax year beginning 7/1/2013 and ending 6/30/2014 Check if applicable C Name of organization USAO Alumni Association, Inc. D Employer identification number Doing Business As USAO Alumni Address change Number and street (or P O box if mail is not delivered to street address) Room/suite 73-1366971 Name change E Telephone number Initial return City or town State ZIP code (405) 224-3140 Chickasha OK 73018 **Ferminated** Foreign country name Foreign province/state/county Foreign postal code Amended return Gross receipts \$ 130.853 Application pending F Name and address of principal officer Yes X No H(a) is this a group return for subordinates? Robert Newbrough 2640 County Street 2846, Chickasha, OK 73018 H(b) Are all subordinates included? Yes No X 501(c)(3) Tax-exempt status 501(c) ( If "No," attach a list (see instructions) ) < (insert no ) 4947(a)(1) or Website: ▶ www usao edu H(c) Group exemption number ▶ X Corporation K Form of organization Trust Association Other > L Year of formation M State of legal domicile 1995 OK Part I Summary Briefly describe the organization's mission or most significant activities The purpose of the Association is to Activities & Governance perpetuate and promote the interest of the University of Science and Arts of Oklahoma (USAO), to provide leadership for the alumni, encourage enrollment the University and to Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2013 (Part V. line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 15 Total unrelated business revenue from Part VIII, colong (O) three 7a 0 Net unrelated business taxable income from Form 990-T, line 7b 0 RS-OSC Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 88,393 FEB 09 2015 13,761 Revenue Program service revenue (Part VIII, line 2g) 7,075 49,219 10 Investment income (Part VIII, column (A), lines 3, 56,138 65,124 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 406 11 2,132 2,749 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 153,738 130,853 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A) lines 11a-11d, 11f-24e) 94,523 110,512 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 94,523 110,512 19 Revenue less expenses Subtract line 18 from line 12 59,215 20,341 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16). 1.887,124 2,008,745 21 Total liabilities (Part X, line 26) O Net assets or fund balances Subtract line 21 from line 20 2,008,745 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sian Signature of officer Date Here Robert Newbrough, Treasure 01/03/2015 Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check X Paid Robert Newbrough Robert Newbrough 1/8/2015 self-employed P01079304 Preparer Firm's name ► R L Newbrough, CPA Firm's EIN > 73-1211099 Use Only Firm's address ▶ 2640 County Street 2846, Chickasha, OK 73018 (405) 519-9890 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

om 99	00 (2013) USAO Alumni Association, Inc	73-1366971	Page 2
Par			
1	Briefly describe the organization's mission		
		<del>-</del>	
	of Science and Arts of Oklahoma (USAO), to provide leadership for the alumni, to encourage		
2	advancement of the University and the Association  Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?.	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all the total expenses, and revenue, if any, for each program service reported	ocations to others,	
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code ) (Expenses \$ 81,676 including grants of \$ ) (Revenue	ie \$ 96	,009 )
	Scholarships used for USAO students		
4b	(Code ) (Expenses \$ 13,812 including grants of \$ ) (Revenue	ie \$ 2	951 )
46	Alumni Special Projects for USAO		
4c	(Code ) (Expenses \$ 11,443 including grants of \$ ) (Revenue	ue \$ 10	646 )
46	Homecoming and other events and projects for alumni and the University	,e ψ10	,040 )
	110110001111119 und Odioi Oronio und projectorio distributione di Constitutione di Constitu		
	***************************************		
4d	Other program services (Describe in Schedule O)	2.	
4-	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$	0)	

Form 9	990 (2013) USAO Alumni Association, Inc 73-136	6971	Р	age 3
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	L
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	_2	X	<u> </u>
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	ļ.,	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			ĺ
_	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,	į.		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			ĺ
c	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			l
	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			
7		6		X
•	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	7	-	X
·	complete Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		X
•	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		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	٣		Ĥ
	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,	1.7		225
	VII, VIII, IX, or X as applicable	*	1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	<b> </b>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>			
h	Schedule D, Parts XI and XII	12a	<u> </u>	X
U	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	421-		U
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	<del>                                     </del>	X
14a		14a	<del>                                     </del>	X
b		170		├
-	fundraising, business, investment, and program service activities outside the United States, or aggregate		l	1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	T-1-2		<u> </u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ł	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	L	Lx
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 (see instructions)	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	<u> </u>	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u>L</u>	X

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

Part	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 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		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		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	00		
27	disqualified persons? If so, complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		X
27	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		<b>新</b>	33.5
	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		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
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? <i>If</i> "Yes," <i>complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
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		х
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		х
	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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19° <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	х	

Par	V Statements Regarding Other IRS Filings and Tax Compliance			age e
	Check if Schedule O contains a response or note to any line in this Part V		_ [	
			Yes	No.
4	Enter the number reported in Box 2 of Form 1006. Enter 0, if not employed a	1,5	Tes	NO
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1a 0 1b 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	"		
C		4-		
24	gaming (gambling) winnings to prize winners?	1c		-
2a		i '		
<b>L</b>	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
b	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	<u>2b</u>		
24				<b>├</b>
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4.		x
ь	If "Yes," enter the name of the foreign country	4a		^
U	See instructions for filling requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	_		1
E	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u> </u>		-
5a		5a	-	X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b	<del> </del>	X
C		5c	<del> </del>	├-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			,
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a	-	X
ь	- · · · · · · · · · · · · · · · · · · ·			
-	gifts were not tax deductible?  Organizations that may receive deductible contributions under coeffice 470(c)	6b	├	├-
7	Organizations that may receive deductible contributions under section 170(c).	l		ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
		7a	X	├
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	├─
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>,</b> ,		
_	1 1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<del> </del>
e	Did the organization, during the year, pay premiums, directly or indirectly, no pay premiums on a personal benefit contract?  .	7e	-	X
ا م	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		<del>  ^</del> -
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		├
h 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	<del>/                                   </del>	-	├
0	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	├-	<del>                                     </del>	<del>  ^</del>
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		x
10	Section 501(c)(7) organizations. Enter	100		^
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	1		l
11	Section 501(c)(12) organizations. Enter	1		l
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		l
_	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .   12b		<b> </b>	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
•	Note. See the instructions for additional information the organization must report on Schedule O		<u> </u>	†
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans		l i	1
С	Enter the amount of reserves on hand	1	1	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	İ	×
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14b	1	1

			*	•
USAO Alumni Association, Inc		73-136697	1 F	age
Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or ch	anges in Sche	dule O. See ın	structi	ions
Governing Body and Management				
			Yes	No
eare material differences in voting rights among members of the governing body, or overning body delegated broad authority to an executive committee or similar	1a	14	Action to the second	*
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or ch	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sche Check if Schedule O contains a response or note to any line in this Part VI  Governing Body and Management  the number of voting members of the governing body at the end of the tax year are material differences in voting rights among members of the governing body, or overning body delegated broad authority to an executive committee or similar	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in Check if Schedule O contains a response or note to any line in this Part VI.  Governing Body and Management  the number of voting members of the governing body at the end of the tax year are material differences in voting rights among members of the governing body, or overning body delegated broad authority to an executive committee or similar	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 instruction Check if Schedule O contains a response or note to any line in this Part VI.  Governing Body and Management  The number of voting members of the governing body at the end of the tax year are material differences in voting rights among members of the governing body, or overning body delegated broad authority to an executive committee or similar

			r		17070			
1a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a	14	ر الله الله عدد الله عدد		1		
b	Enter the number of voting members included in line 1a, above who are independent 1b 0							
2								
3	Did the organization delegate control over management duties customarily performed by or under supervision of officers, directors, or trustees, or key employees to a management company or other			3		x		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5	1							
6	Did the organization have members or stockholders?	•		6	Х	L		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or one or more members of the governing body?	appoint		7a_	х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members stockholders, or persons other than the governing body?	3,		7b	х			
8	Did the organization contemporaneously document the meetings held or written actions undertake the year by the following	n during			No.			
а	The governing body?			8a	Х			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
_	the second secon							

b	Each committee with authority to act on behalf of the governing body?	_8b_	X	L
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			l
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	L
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	code.	.)	

10a Did the organization have local chapters, branches, or affiliates?	Τx
10a Did the organization have local chapters, branches, or affiliates?	
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?	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . 11a	Х
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	Х
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes "	
describe in Schedule O how this was done	Х
13 Did the organization have a written whistleblower policy?	X
14 Did the organization have a written document retention and destruction policy?	Х
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?	
a The organization's CEO, Executive Director, or top management official	X
b Other officers or key employees of the organization 15b	Х
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	
with a taxable entity during the year?	x
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	
participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	
the organization's exempt status with respect to such arrangements?	

	the organization's exempt status with respect to such arrangements?	16b	ļ
Sec	tion C. Disclosure		
17	List the states with which a copy of this Form 990 is required to be filed ► OK		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3	)s onl	y)
	available for public inspection_Indicate how you made these available. Check all that apply		
	Own website Another's website X Upon request Other (explain in Schedule O)		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	ıcy, ar	nd
	financial statements available to the public during the tax year		
20	State the name physical address, and talophone number of the person who pessesses the books and records of the		

(405) 574-1266 organization Robert Newbrough
2640 County Street 2846, Chickasha, OK 73018

	Employees, and Independent C Check if Schedule O contains a re	ontractors	•	•		•	•	•		ensated	🖂
	Officers, Directors, Trustees, Key Er										
1a Complete th organization's t	ns table for all persons required to be li tax year	isted Report co	mpen	satı	on f	or th	ne cal	enc	dar year ending v		
List all of     List the c     who received re-	f the organization's current officers, different officers, different of Enter -0- in columns (D), (E), and (F) of the organization's current key employorganization's five current highest come portable compensation (Box 5 of Formal any related organizations	<ul> <li>) if no compens</li> <li>yees, if any See</li> <li>pensated emplo</li> </ul>	ation insti oyees	was ructi (otl	s pa ons ner	ııd for thar	defini n an o	tior ffice	of "key employe er, director, trust	ee " ee, or key emplo	
\$100,000 of rep	f the organization's <b>former</b> officers, key portable compensation from the organi	ızatıon and any ı	elate	d or	gan	ızat	ions		-		
organization, m	f the organization's <b>former directors</b> once than \$10,000 of reportable compe	nsation from the	orga	nıza	atior	n an	d any	rel	ated organizatio	ns	the
compensated e	the following order individual trustees employees, and former such persons									_	
X Check this	box if neither the organization nor any	related organiz	ation	con			ed ar	ıy c	urrent officer, dir	ector, or trustee	
	(A) Name and Title	(B) Average hours per	box, office	unles	Pos ieck is pe d a d	more rson recto	than o	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week (list any hours for rela*ed organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Eric Feu	erborn	40 00									
Director		0 00	Х								
(2) Nancy P	owell	7 00									
President		0 00		ļ	Х						
(3) Patsy Jo Past President		3 00			v						
(4) Robert N		0 00 8 00	-		Х				<u> </u>		
Treasurer		0 00			х						
(5)										*."	
(6)											
(8)											
(9)				!			 	<u> </u>			
(10)							<u>.</u>				
(11)				!		 	i :				
(12)	i		<u> </u>	1		_	i 				
(13)			ı	,	1	•	1	1	l .	1	l

USAO Alumni Association, Inc.

Form 990 (2013)

73-1366971

Page 7

Pa	rt VII Section A. Officers, Directors, Tru	stees, Key Em	ploye	es,			ghest	Co	mpensated Err	ployees (conti	nued)	_	_
		ı				C) lition							
	(A)	(B)	ob) י	ot ch			than o	ne	(D)	(E)	1	(F)	
	Name and title	Average					is both or/truste		Reportable compensation	Reportable compensation	_	stimated mount of	
		hours per week (list any				$\overline{}$			from	from related	"	other	
		hours for	nd v	stit	Officer	ey	를 들.	Former	the	organizations		npensation	
		related organizations	Individual trustee or director	Institutional trustee	٩.	Key employee	Highest co	ď	organization (W-2/1099-MISC)	(W-2/1099-MISC)		rom the	
		below dotted	역류	na.		, o	e on		(** 2**********************************		ar	nd related	
		line)	iste	rust	l I	ď	B	- 1			org	anizations	
				e	ĺ		Highest compensated employee			1			
/1E\			-		-				<u> </u>		-		_
(15)	<del></del>	ļ									ĺ		
(16)		)		İ					-				_
				<u> </u>		L					↓		
(17)											1		
(40)				├-	<u> </u>	┝	<del>                                     </del>				+		
(10)		<b> </b>	·										
(19)			<del>                                     </del>	-	-	<del>                                     </del>		_			1		_
			1			1							
(20)										ì			
		ļ	ļ	<u> </u>	<u> </u>	<u> </u>					<b></b>		
(21)		ļ											
(22)			<del> </del>	╁		<del> </del>	<del>├</del>				+		_
1441.				l									
(23)											1	<del></del>	_
-62-		1	1	İ									
(24)		I		Π							T		
		ļ	<u> </u>	<u> </u>	_	_					<b>.</b>	_	
(25)			·ĺ										
1b	Sub-total	1						<b>₽</b>	0	<del>                                     </del>			0
C	Total from continuation sheets to Part VII, S	action A						۵	0	†			0
d	Total (add lines 1b and 1c)	COUGH						•	<u> </u>		5		0
2	Total number of individuals (including but not li	rnited to those lis	sted a	abov	/e) \	who	recer	ved			<u>- 1                                   </u>		<u>~</u>
_	reportable compensation from the organization				0					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
										<u> </u>		Yes N	0
3	Did the organization list any former officer, dire				loye	ee, o	or high	nes	t compensated				 دعد
	employee on line 1a? If "Yes," complete Scheo	dule J for such in	dıvıd	ual							3	>	_
4	For any individual listed on line 1a, is the sum											"	` *
	the organization and related organizations great	ater than \$150,0	003 l	f "Y	es, "	cor	nplete	Sc	hedule J for suc	h			·, -
	ındıvıdual .								•		4		_
5	Did any person listed on line 1a receive or acc	•			-			_		vidual	1.		2.5
	for services rendered to the organization? If "Y	es," complete S	chedi	ule .	l for	suc	ch per	sor	)		5		_
	tion B. Independent Contractors	anastad Indonen	dont		trac	toro	that r		wod mare then	\$100,000 of			
1	Complete this table for your five highest compecompensation from the organization Report of										tav		
	year	ompensation for		aici	i dui	yce	ar Crid	nig	With Or Within the	c organization s	· Lax		
	(A)								(B)		(0		_
	Name and business add	iress							Description of ser	vices	Compe	nsation	
		<u>.</u>											0
													0
		<u> </u>											0
	<del></del>												0
2	Total number of independent contractors (inclu	iding but not limi	ted to	o the	ose	liste	ed abo	ve)	who received				_
	more than \$100,000 of compensation from the	-	•		-		0	.,	-:				

Part	. VIII	Statement of Revenue Check if Schedule O contains	a response o	or note to	any line 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
g g	1a	Federated campaigns	. [	1a	0				• ,
ant; unts	b	Membership dues .		1b	9,680				4
اع ق	С	Fundraising events .		1c	0				[ [
ar A	d	Related organizations		1d	0				-q <sup>4</sup>
ê Ë	е	Government grants (contribution	s)	1e	0				J* 12
er S	f	All other contributions, gifts, gran	nts, and						('
혈		similar amounts not included abo		1f	4,081				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in I	ınes 1a-1f	\$	0				- <del></del> -
<u> </u>	<u>h</u>	Total. Add lines 1a-1f			▶	13,761			, , , , , , , , , , , , , , , , , , ,
en				Busin	ess Code				
ven	2a	Homecoming				5,093	5,093		
Re	b	Endowed Scholarship Donation		ļ		30,975	30,975		
V IC	С	Payments toward Named Schola	arships	<u> </u>		7,275	7,275		
Ser	d	Special Project Donations				2,851	2,851		
Program Service Revenue	e	Memorial Scholarship Donations		-		3,025	3,025		
rog	T	All other program service revenu	ie	<u> </u>		0			
-	<u>, g</u>	Total. Add lines 2a–2f .		-11	<b>•</b>	49,219		<del></del>	<del> </del>
	3	Investment income (including divother similar amounts)	/idenas, intere	est, and		65 124	65,124		
	4	Income from investment of tax-e	vemnt hand n	racaada		65,124	65,1241		
	5	Royalties	xempt bond p	roceeus		2,749	2,749		
	•	rtoyanies	(i) Real	(n) l	Personal	2,743	2,143		
	6a	Gross rents		<del>-   ``</del>					
	b	Less rental expenses					1		
	С	Rental income or (loss)		o	0		1		
	d	Net rental income or (loss) .			<b>•</b>	0	4	-	1
	7a	Gross amount from sales of	(i) Securities	(11	) Other				
		assets other than inventory		0	0		1		
	b	Less cost or other basis					1		
		and sales expenses		0	0				
	С	Gain or (loss)		0	0				
	d	Net gain or (loss)			<b>▶</b>	0			
_					,				
Jue	8a	Gross income from fundraising		!		i			ĺ
Ve		events (not including \$			i	i			1
Re		of contributions reported on line	1c)		-i	i	1		1
Other Reven		See Part IV, line 18		a	0	;			1
ō		Less direct expenses .		ь '		،			<u> </u>
		Net income or (loss) from fundra	-	-		0/		<del></del>	1
	Ja	Gross income from gaming active See Part IV, line 19			ol				
	h	Less direct expenses	•	a b		1			}
		Net income or (loss) from gamin	g activities	-		o			1 ~
'		Gross sales of inventory, less	9		<del></del>	<u>_</u>		<del></del>	<del>-</del>
	•	returns and allowances		a	0				
	ь	Less cost of goods sold .		ь	0,				
		Net income or (loss) from sales	of inventory	<del></del>	<b></b>	0		r	
		Miscellaneous Revenue		Busin	ness Code				
	11a					0		<u> </u>	
	ь		••••	,		0.			
	С		•••••	<u> </u>		o		<u> </u>	
	ď	All other revenue				0		ļ <del></del> .	
	e	Total Add lines 11a-11d	•			130.853	117 002		
	. 77	TOTAL FOUNDING SOO INCOME.				120 0531	117007		

### Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other of	ganizations must co	mplete column (A)	
	Check if Schedule O contains a response or note	to any line in this Pa	rt IX	•	<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		!		
	organizations in the United States See Part IV, line 21	<u>Ol</u>			12.00
2	Grants and other assistance to individuals in the		i		
	United States See Part IV, line 22	<u>  0</u>	<u>\</u>		· 李宝春期
3	Grants and other assistance to governments,	j I	•		
	organizations, and individuals outside the		; •		**************************************
	United States See Part IV, lines 15 and 16	0,			
4	Benefits paid to or for members	ol			<b>第</b> 次、数
5	Compensation of current officers, directors,		1		
	trustees, and key employees	0			·
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	1			
	persons described in section 4958(c)(3)(B)	0,			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include			ŀ	
	section 401(k) and 403(b) employer contributions)	0]			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management .	1,650		1,650	
b	Legal	0			
С	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0'			
f	Investment management fees	5,376	5,376		
g	Other (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	0			
13	Office expenses	1,383	797	586	
14	Information technology .	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel .	0			
18	Payments of travel or entertainment expenses				···-
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	11.458	11,458		_
20	Interest .	0	11,400		
21	Payments to affiliates	0	-		
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	1,345	Ŭ,	1,345	
24	Other expenses Itemize expenses not covered			.,0.0	41.00
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	j :			
_	Donation of Golf Carts to USAO	7,500	7,500	·	1,200,20,47,763
a b	Tornado Victims Program	2,500	2,500		
	USAO Student Leadership Program			<del></del>	<del></del>
۲ C		3,000	3,000		
d	Scholarships Awarded to USAO	76,300	76,300	<del></del>	<del></del>
e	All other expenses	0	400.001	2 50.1	
25	Total functional expenses. Add lines 1 through 24e	110,512	106,931	3,581	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and			1	
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)	1	l l		

Pa	art X	Balance Sheet				
		Check if Schedule O contains a response or	note to any line in this Part	X		
		·	<u> </u>	(A)		(B)
	1	Cash—non-interest-bearing		Beginning of year 109	1	End of year
	2	Savings and temporary cash investments		202,327	2	220,989
	3	Pledges and grants receivable, net .		202,327	3	1
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and fo	rmer officers directors		-	
		trustees, key employees, and highest compensa				
		Complete Part II of Schedule L .	ated employees		5	
	6	Loans and other receivables from other disqualified person				
		4958(f)(1)), persons described in section 4958(c)(3)(B), a				
<b>"</b>		sponsoring organizations of section 501(c)(9) voluntary e				
Assets		organizations (see instructions). Complete Part II of Sche	dule L		6	
SS	7	Notes and loans receivable, net		0	7	0
•	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or			İ	
		other basis Complete Part VI of Schedule D	10a	0		
	b	Less accumulated depreciation	10b	0 0	_	0
	11	Investments—publicly traded securities	0		0	
	12	Investments—other securities See Part IV, line		0		0
	13	Investments—program-related. See Part IV, line	e 11	1,570,142	13	1,673,160
	14	Intangible assets .		14,546	14	14,546
	15	Other assets See Part IV, line 11		100,000	15	100,000
	16	Total assets. Add lines 1 through 15 (must equi	al line 34)	1,887,124	16	2,008,745
	17	Accounts payable and accrued expenses		17		
	18	Grants payable .		18		
	19	Deferred revenue .		19	<u> </u>	
	20	Tax-exempt bond liabilities		20	<u></u>	
	21	Escrow or custodial account liability Complete I	Part IV of Schedule D		21	
es	22	Loans and other payables to current and former				
Ħ		trustees, key employees, highest compensated				
Liabilities		disqualified persons Complete Part II of Schedu			22	
_	23	Secured mortgages and notes payable to unrela		0		0
	24	Unsecured notes and loans payable to unrelate	•	0	24	0
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	17-24) Complete			
		Part X of Schedule D .		. 0		0
	26	Total liabilities. Add lines 17 through 25		0	26	0
ès		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 ar		d <sup>'</sup>	<u> </u>	<u>;</u>
SE SE	27	Unrestricted net assets		151,187	27	120 700
39	28	Temporarily restricted net assets		173,285		139,706 167,569
Б	29	Permanently restricted net assets		1,562,652		1,701,470
<u>.</u> 5		·			2.5	1,701,470
ř		Organizations that do not follow SFAS 117 (ASC958), complete lines 30 through 34.	check here  and	f I		•
Net Assets or Fund Balances	20	•		•	۱	
sse	30	Capital stock or trust principal, or current funds		<del></del>	30	
¥	31	Paid-in or capital surplus, or land, building, or ed			31	
ž.	32	Retained earnings, endowment, accumulated in	come, or other funds	4 007 101	32	0.000 7:5
_	33 34	Total habities and not good friend belonged	•	1,887,124		2,008,745
	J+	Total liabilities and net assets/fund balances	·	1,887,124	34	2,008,745

Form 9	990 (2013) USAO Alumni Association, Inc	7	3-1366971	Pag	e 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u> .		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		130	,853
2	Total expenses (must equal Part IX, column (A), line 25)	2		110	),512
3	Revenue less expenses Subtract line 2 from line 1	3		20	,341
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,887	<u>,124</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities .	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Par. X, line 33,				
	column (B))	10		1,90	7,465 <u> </u>
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		<u> </u>	Щ_
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O			<b>**</b>	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•	<u> 2a</u>	74-397	X HE BONY
	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		1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		, ,		
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		, 3		141
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	:	1 2		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	, A-13	7 20130
	If the organization changed either its oversight process or selection process during the tax year, explain in		- ~		
	Schedule O			1.3	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			1 342.	Eilel
	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		่างก	1	

Form **990** (2013)

### 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

Open to Public Inspection

Employer identification number

USA	O Alu	ımnı Associati	on, Inc							73-13	366971		
Pai	tΙ	Reason	for Public Ch	arity Status (All org	anizatio	ns must i	complete	this par	t.) See ir	nstructio	ns.		
The	o <u>rga</u> r	nization is not	a private foundat	tion because it is (For	lines 1 thi	rough 11,	check only	y one box	:)	_			
1	$\square$	A church, co	nvention of churc	ches, or association of	churches	described	I ın sectio	n 170(b)(	1)(A)(i).				
2		A school des	cribed in <b>section</b>	170(b)(1)(A)(ii). (Atta	ch Sched	ule E)							
3		A hospital or	a cooperative ho	ospital service organiza	ation desc	ribed in <b>se</b>	ection 170	)(b)(1)(A)	(iii).				
4			search organizat me, city, and stat	ion operated in conjun	ction with	a hospital	describe	d in sectio	on 170(b)	(1)(A)(iii).	Enter t	he	
5		An organizat	on operated for	the benefit of a college Complete Part II)	or univer	sity owner	d or opera	ited by a	governme	ntal unit d	lescribe	d	
6				rnment or government	al unit des	scribed in s	section 1	70(b)(1)( <i>A</i>	A)(v).				
7		An organizat	on that normally	receives a substantial	part of its					om the ge	eneral p	ublic	
8				n section 170(b)(1)(A	-	nolete Pai	t II )						
9	区			receives (1) more that				contribut	ions mem	hershin f	ees an	d arnes	2
-		receipts from support from	activities related gross investmen	d to its exempt function at income and unrelate after June 30, 1975 So	ns—subjed d busines	ct to certai s taxable	n exception	ons, and ( ess sectio	2) no mor n 511 tax)	e than 33	1/3% o	f its	,
10		An organizat	ion organized an	d operated exclusively	to test fo	r public sa	fety See	section 5	09(a)(4).				
11		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the											
e		purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified											
				n managers and other								ection	
		509(a)(1) or	section 509(a)(2)	)									
f		If the organiz	ation received a	written determination	from the II	RS that it i	s a Type	I, Type II,	or Type II	I support	ng		
		-	check this box			_							
g				he organization accept	ted any gif	ft or contri	bution froi	m any of t	he				
		following per (i) A pers		or indirectly controls, e	ther alone	or togeth	er with ne	reone de	scribed in	(u)		Yes	No
				erning body of the sup		-	-	nsons ue:	scribed in	(11)	11g(i)	162	X
			-	person described in (i)	-	,aa					11g(ii)		X
				of a person described		ıı) above?					11g(iil)		Х
<u>h</u>		Provide the f	ollowing informa	tion about the supporte	ed organiz	ation(s)							
(i)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ col (i)	ou notify lization in of your port?	organizat (i) organi	ls the tion in col zed in the S ?	(VII) Am	ount of mo support	onetary
		<u>.</u>			Yes	No	Yes	No	Yes	No	ļ		_
(A)													
(B)													
(C)													
(D)													
(E)													
_	_												

Part II.

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

	on A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						400.504
	include any "unusual grants ")	93,613	74,889	81,377	93,725	62,980	406,584
2	Tax revenues levied for the organization's		1	ł			
	benefit and either paid to or expended on	- 1			t		0
_	its behalf			I			0
3	The value of services or facilities	ì		1		ļ	
	furnished by a governmental unit to the				į	1	0
	organization without charge	93,613	74,889	81,377	93,725	62,980	406,584
4 5	<b>Total.</b> Add lines 1 through 3  The portion of total contributions by each	93,013	74,005	01,577	33,723}	02,300	+00,504
J	person (other than a governmental unit			1	,		
	or publicly supported organization)			ļ		ì	
	included on line 1 that exceeds 2%		!	ļ	·		
	of the amount shown on line 11,		ļ	1	i i		
	column (f)		:	-	1	1	
6	Public support. Subtract line 5 from line 4						406,584
	ion B. Total Support	·		······································			
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	93,613	74,889	81,377	93,725	62,980	406,584
8	Gross income from interest, dividends,		. 1,000	0,,0		52,555	
•	payments received on securities loans,					İ	
	rents, royalties and income from similar				i		
	sources	43,281	56,243	64,480	58,111	67,873	289,988
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						0
10	Other income Do not include gain or						
	loss from the sale of capital assets				i		
	(Explain in Part IV )		3,854	2 194			6,048
11	Total support. Add lines 7 through 10	6 E, pr. 300 H	1				702,62 <u>0</u>
12	Gross receipts from related activities, etc. (se	· ·			ļ	12	
13	First five years. If the Form 990 is for the org	ganization's first	t, second, third,	fourth, or fifth t	ax year as a se	ection 501(c)(3)	. $\Box$
	organization, check this box and stop here						▶∟_
Sect	ion C. Computation of Public Support						
14	Public support percentage for 2013 (line 6, co	• •	•	lumn (f))		14	57 87 <u>%</u>
15	Public support percentage from 2012 Schedu					15	59 53%
16a	33 1/3% support test—2013. If the organiza				14 is 33 1/3% (	or more, check	this box
	and stop here. The organization qualifies as				45 00 4	1001	. ▶ 🗴
b	33 1/3% support test-2012. If the organiza				d line 15 is 33 1	/3% or more, cl	neck this
	box and stop here. The organization qualifie		-				▶∟⊥
17a	10%-facts-and-circumstances test—2013.						
	is 10% or more, and if the organization meet	s the "facts-and	-circumstances	" test, check the	is box and stop	here. Explain	ın
	Part IV how the organization meets the "facts	s-and-circumsta	inces" test. The	organization q	ualities as a pu	blicly supported	
_	organization				40 40 40	4= 11	▶□
Ь	10%-facts-and-circumstances test—2012.						
	15 is 10% or more, and if the organization m						ain in
	Part IV how the organization meets the "facts	s-and-circumsta	inces test the	organization q	uaimes as a pu	DIICIY	. [
	supported organization						▶ ∟
18	Private foundation. If the organization did n	ot check a box	on line 13, 16a,	16b, 17a, or 1	/b, check this b	ox and see	. —
	instructions						<u>▶</u>

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sect	tion A. Public Support					<u> </u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants ")	93,613	74,899	81,377	93,725	62,980	406,594
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished		1		-	l l	
	in any activity that is related to the	į					
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513				i		0
4	Tax revenues levied for the organization's						
•	benefit and either paid to or expended on					Ì	
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	02.042	74.000	04 077	00.705	22.000	100.504
6 72	Total. Add lines 1 through 5	93,613	74,899	<u>81,377</u>	93,725	62,980	406,594
14	received from disqualified persons	}			İ		0
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that	{		l			
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0
С 8	Add lines 7a and 7b  Public support (Subtract line 7c from	0	0	0	0	0	0
0	line 6)				24	£	406,594
Sec	tion B. Total Support	·	·		J		,,,,,,,,,,
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	93,613	74,899	81,377	93,725	62,980	406,594
10a	Gross income from interest, dividends,	00,010	7 1,000	0,,017	00,120	02,000	100,001
	payments received on securities loans,					}	
	rents, royalties and income from similar sources	43,281	56,243	64,480	58,111	67,873	289,988
b	Unrelated business taxable income (less			j		ĺ	
	section 511 taxes) from businesses						•
С	acquired after June 30, 1975 Add lines 10a and 10b	43,281	56,243	64,480	58,111	67,873	289,988
11	Net income from unrelated business	43,2011	30,2431	04,4001	30,111	07,073	205,500
	activities not included in line 10b, whether			ļ			
	or not the business is regularly carned on						0
12	Other income Do not include gain or	,					
	loss from the sale of capital assets	İ	2 954	2 104			6.049
13	(Explain in Part IV)  Total support. (Add lines 9, 10c, 11,	1	3,854	2,194			6,048
	and 12)	136,894	134,996	148,051	151,836	130,853	702,630
14	First five years. If the Form 990 is for the organization	ation's first, secon	nd, third, fourth, o				
	organization, check this box and stop here	·				<u> </u>	▶
<u>Sec</u>	tion C. Computation of Public Support		-4				
15	Public support percentage for 2013 (line 8, column		e 13, column (f))			15	57 87%
16	Public support percentage from 2012 Schedule A, tion D. Computation of Investment Inco					16	<u>59 53%</u>
<u>3ec</u>	Investment income percentage for 2013 (line 10c,			mp (f)		17	41 27%
18	Investment income percentage for 2013 (line 10c,	• • •	•	11111 (1))	•	18	39 59%
19a	33 1/3% support tests—2013. If the organization			and line 15 is mo	ore than 33 1/3%		20 20 70
	not more than 33 1/3%, check this box and stop h						▶ 🔲
b	33 1/3% support tests—2012. If the organization						
	line 18 is not more than 33 1/3%, check this box ar	•		•	• • •	-	▶∐
20	Private foundation. If the organization did not che	eck a box on line	14, 19a, or 19b,	check this box a	nd see instruction	ns	. ▶∐

Schedule A (Form	990 or 990-EZ) 2013	USAO Alumr	ni Association, Inc			7	3-1366971	Page 4
Part IV	Supplemental	Information.	Provide the exp	olanations requ or any addition	ired by Part II, I al information.	ine 10, Part	II, line 17a o	r 17b,
Part II Line 10	Not applicable							
			·					<del>-</del>
					<b></b>			
		·				*		
					<b></b>	·		
		- <b></b>	·	· <del>-</del>		· • • • • • • • • • • • • • • • • • • •		
••••								
						·		
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### **SCHEDULE C** (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) ► See separate instructions.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

		rganizations Complete Part III					
Nam	e of organization				Employer	identification number	_
	O Alumni Association, Inc.					73-1366971	_
Pai	rt I-A Complete if t	he organization is exempt und	er section 501(	c) or is a sectio	n 527 o	rganization.	
1	·	ne organization's direct and indirect p	olitical campaign a	activities in Part IV			
2	Political expenditures	•		•	▶ \$ _		
3	Volunteer hours	•					. <b>-</b> -
Pai	rt I-B Complete if t	he organization is exempt und	ler section 501(	c)(3).			_
1	Enter the amount of any e	excise tax incurred by the organization	n under section 49	955	▶ \$		
2	Enter the amount of any e	excise tax incurred by organization m	anagers under sec	ction 4955	▶ \$	<del></del>	
3	If the organization incurre	d a section 4955 tax, did it file Form	4720 for this year?	•		Yes No	)
4a	Was a correction made?					Yes No	)
b	If "Yes," describe in Part I	V				<del></del>	
Pa	rt I-C. Complete if t	he organization is exempt und	ler section 501(	c), except secti	on 501(	c)(3).	
1	Enter the amount directly	expended by the filing organization f	or section 527 exe	mpt function			
	activities				▶ \$ _		
2	Enter the amount of the fi	ling organization's funds contributed	to other organizati	ons			
	for section 527 exempt fu	nction activities .			▶ \$ _		
3	Total exempt function exp	penditures Add lines 1 and 2. Enter h	ere and on Form 1	1120 <b>-POL</b> ,			
	line 17b				<b>&gt;</b> \$	Yes No	0
4	Did the filing organization	file Form 1120-POL for this year?				Yes No	)
5		ses and employer identification numb					
		ents For each organization listed, en					
		ntributions received that were prompt fund or a political action committee					
	as a separate segregated	Tund of a political action committee	(1 AC) II additional	T Space is fielded,	provide ii	normation in rait iv	_
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organization		(e) Amount of political contributions received and	
				funds If none, ent		promptly and directly	
					1	delivered to a separate political organization If	
						none, enter -0-	
				<b></b>			
(1)			,				
(2)							
<del></del>			<u> </u>	<u> </u>			
(3)							
(4)			i				
(5)							
(6)							

f Grassroots lobbying expenditures

Dogo	2

Sche	dule C (Form 990 or 990-EZ) 2013			<del></del> -		Page Z
Pa	rt II-A. Complete if the organization	n is exempt	under section 50	1(c)(3) and filed	Form 5768 (elec	tion
	under section 501(h)).					
Α	Check ▶ if the filing organization b	elongs to an	affiliated group (an	id list in Part IV e	ach affiliated grou	p member's
	name, address, EIN, exp	enses, and s	hare of excess lobl	bying expenditure	es)	
В	Check ▶ if the filing organization c	hecked box A	A and "limited contr	ol" provisions ap	ply	
	Limits on Lob	bvina Expend	itures		(a) Filing	(b) Affiliated
	(The term "expenditures" n	neans amount	s paid or incurred.)	!	organization's totals	group totals
1a	Total lobbying expenditures to influence pu	blic opinion (ci	rass roots lobbying)			0
b	Total lobbying expenditures to influence a l			ĺ		0
С	Total lobbying expenditures (add lines 1a a		,	l	0	0
d	Other exempt purpose expenditures	,		Ì		0
е	Total exempt purpose expenditures (add lir	nes 1c and 1d)			0	0
f	Lobbying nontaxable amount Enter the am	ount from the	following table in both	1		
	columns				0	0
Γ	If the amount on line 1e, column (a) or (b) is	: The lobby	ing nontaxable amou	nt is:		
	Not over \$500,000	20% of the	amount on line 1e			
	Over \$500,000 but not over \$1,000,000		olus 15% of the excess			
	Over \$1,000,000 but not over \$1,500,000		olus 10% of the excess			
ļ	Over \$1,500,000 but not over \$17,000,000	\$225,000 p	olus 5% of the excess of	ver \$1,500,000	ŀ	
	Over \$17,000,000			-		
g	Grassroots nontaxable amount (enter 25%	0	0			
h	Subtract line 1g from line 1a If zero or less		0	0		
i	Subtract line 1f from line 1c If zero or less,				0	0
j	If there is an amount other than zero on eit	her line 1h or l	ine 1i, did the organiz	ation file Form 472	O reporting	¬., .
	section 4911 tax for this year?			•	L	Yes No
	(Some organizations that columns below	made a sectio	tructions for lines 2a	not have to comp through 2f on pa		
	Lobby	ing Expenditu	res During 4-Year A	veraging Period	( T	
	Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount		0	0	0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))			-10,9	- <del>*</del>	. 0
_c	Total lobbying expenditures		0	0	0	0
d —	Grassroots nontaxable amount		0	0	0	0
e	Grassroots ceiling amount (150% of line 2d, column (e))			1		. 0

0

0

Par	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	1 <b>5768</b>	Ĭ
For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	)		(b)
	e lobbying activity	Yes	No	An	nount
1	During the year, did the filing organization attempt to influence foreign, national, state or local				
	legislation, including any attempt to influence public opinion on a legislative matter or				
	referendum, through the use of				
а	Volunteers? .				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total Add lines 1c through 1i				0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				- 经被引
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				_
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		1		· 4 1/4 //
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	:)(5),	or se	ction	
	501(c)(6).				
				Ī	Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		•	3	
	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."		) Pari		line 3, is
1	Dues, assessments and similar amounts from members	ļ	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	1			
_	political expenses for which the section 527(f) tax was paid).  Current year				
a		- 1	2a		
b	Carryover from last year Total	}	2b		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2c		0
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	- 1	3		
*	excess does the organization agree to carryover to the reasonable estimate of nondeductible	- 1			
	lobbying and political expenditure next year?	ł			
5	Taxable amount of lobbying and political expenditures (see instructions)	}	5		
		!	5		0
Part					
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group I	ıst), F	art II-	A, line 2	, and
Part I	I-B, line 1 Also, complete this part for any additional information				
					<del>-</del>
			- <b></b> -	- <b></b>	
					·
<b></b>			<b>-</b>		·

USAC	Alumni Association, Inc				73-1366971	- A
Part IV	Supplemental Information (col	ntinued)		<del></del>	<del> </del>	Page 4
r ait iv	Supplemental information [con	minueu)				
						<b></b>
			· • • • • • • • • • • • • • • • • • • •			
						<b></b>
	**					

### SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

	tile organization		Employer identification number
	Alumni Association, Inc		73-1366971
Part		nor Advised Funds or Other Similar Fun	ids or Accounts.
	Complete if the organization ans	wered "Yes" to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		**************************************
4	Aggregate value at end of year .		
5		onor advisors in writing that the assets held in d	onor advised
	<del>-</del>	ct to the organization's exclusive legal control?	Yes No
6		nors, and donor advisors in writing that grant fun	ds can be
	used only for charitable purposes and not for	or the benefit of the donor or donor advisor, or fo	r any other
	purpose conferring impermissible private be		Yes No
Part		<del></del>	
		wered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held		<del></del>
•	Preservation of land for public use (e.g., red		an historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	ation held a qualified conservation contribution ir	the form of a conservation
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation ea	sements	2b
С	Number of conservation easements on a ce	ertified historic structure included in (a) .	2c
d	Number of conservation easements include	d in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Regis	ster	2d
3	Number of conservation easements modified	ed, transferred, released, extinguished, or termina	ated by the organization
	during the tax year		
4	Number of states where property subject to	conservation easement is located	
5		regarding the periodic monitoring, inspection, ha	andling of
	violations, and enforcement of the conserva		∐ Yes ∐ No
6	Staff and volunteer hours devoted to monitor	oring, inspecting, and enforcing conservation eas	sements during the year
	<b>•</b>		
7	Amount of expenses incurred in monitoring,	, inspecting, and enforcing conservation easeme	ents during the year
	<b>▶</b> \$		
8	· · · · · · · · · · · · · · · · · · ·	d on line 2(d) above satisfy the requirements of s	——————————————————————————————————————
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?		∐ Yes ∐ No
9		eports conservation easements in its revenue ar	· · · · · ·
		e text of the foctnote to the organization's financ	cial statements that describes
	the organization's accounting for conservati		
Par		lections of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization ans	wered "Yes" to Form 990, Part IV, line 8.	. <u>.</u>
1a	If the organization elected, as permitted und	der SFAS 116 (ASC 958), not to report in its reve	enue statement and balance sheet
	works of art, historical treasures, or other si	milar assets held for public exhibition, education	i, or research in furtherance
	of public service, provide, in Part XIII, the te	ext of the footnote to its financial statements that	describes these items
b	If the organization elected, as permitted und	der SFAS 116 (ASC 958), to report in its revenue	e statement and balance sheet
	works of art, historical treasures, or other si	milar assets held for public exhibition, education	ı, or research ın furtherance
	of public service, provide the following amo	unts relating to these items	
	(i) Revenues included in Form 990, Part VI		<b>\$</b>
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2		f art, historical treasures, or other similar assets	for financial gain, provide the
		under SFAS 116 (ASC 958) relating to these item	
а	Revenues included in Form 990, Part VIII, I		<b>▶</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

				·		. 044	0:1	- /		,
Part								s (cont	inued	<u>/</u>
3	Using the organization's acquisition, ac		records, cl	neck any	of the follows	ng that	are a significant			
	use of its collection items (check all tha	it apply)	·1							
а	Public exhibition		d 📙	Loan	or exchange p	orogran	ns			
b	Scholarly research		e $\square$	Other						
С	Preservation for future generation		1							
_										
4	Provide a description of the organization Part XIII	on's collections and	expiain no	w tney tu	mer the orga	anizatio	in's exempt purpos	ie in		
5	During the year, did the organization se								_	
	assets to be sold to raise funds rather	than to be maintaine	ed as part	of the org	janization's c	ollectio	n?	Ye	s 💹	No
Part	IV Escrow and Custodial Arra	angements.					•			
	Complete if the organization	answered "Yes"	to Form 9	990, Pai	t IV, line 9,	or rep	orted an amount	on Fo	rm	
	990, Part X, line 21			,		•				
1a	Is the organization ari agent, trustee, c	ustodian or other in	termediary	for cont-	ibutions or of	her ass	sets not			
	included on Form 990, Part X?		te minotanar y	101 03111			30101101	☐ Ye	<u>،                                    </u>	No
b	If "Yes," explain the arrangement in Pa	rt XIII and complete	the follow	una tahla				∙	٠	110
D	ir res, explain the arrangement in ra	it Am and complete	the follow	ing taols		<u> </u>	Δ.	nount		
_	Beginning balance					10		Hount		0
C						<u> </u>		_		U
d	Additions during the year					10				
e	Distributions during the year					19				
f	Ending balance						<u> </u>			0
2a	Did the organization include an amoun	t on Form 990, Part	X, line 21	?				∐ Ye	s X	No
b	If "Yes," explain the arrangement in Pa	rt XIII Check here	if the expla	ination ha	as been provi	ded ın	Part XIII			
Part										
ı aıı	Complete if the organization	answered "Ves"	to Form (	200 Da	+ IV/ Jupo 10					
	Complete if the organization	(a) Current year	(b) Prior		(c) Two years		(d) Three years back	(a) Fa	ur years	baok
4	Danish a farancia	<del></del>		<del></del>					ur years	Dack
1a	Beginning of year balance	1,496,363	7,	481,881		9,899	1,411,886			
b	Contributions	38,250		80,771	3	2,896	42,170	<u> </u>		
С	Net investment earnings, gains,					l				
	and losses	65,034		9,979		1,789	52,943			
d	Grants or scholarships	76,300		74,178	6	2,245	55,610			
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	5,375		2 090		458	1,490			
g	End of year balance .	1,517,972	1,	496,363	1,48	1,881	1,449,899			0
2	Provide the estimated percentage of the	e current year end	balance (li	ne 1g, co	lumn (a)) hel	d as				
а	Board designated or quasi-endowmen	t •	%							
b	Permanent endowment	91%								
С	Temporarily restricted endowment	▶ 9%								
	The percentages in lines 2a, 2b, and 2	c should equal 100	%							
3a	Are there endowment funds not in the			n that are	held and adr	nınıste	red for the			
	organization by	<b>,</b>	· 3					ſ	Yes	No
	(i) unrelated organizations							3a(i)		Х
	(ii) related organizations					•		3a(ii)		X
b	If "Yes" to 3a(ii), are the related organi	zations listed as rec	nuradi on S	Schadula	<b>9</b> 2			3b		
	<del>-</del>		-					_ <u>3D                                   </u>		
4	Describe in Part XIII the intended uses		s endown	ient luno	S					<del>,</del>
Part	, , ,		. –	000 0		_				
	Complete if the organization	answered "Yes"	to Form	990, Pa	rt IV, line 11	a. Se	e Form 990, Par	X, line	<u>= 10.</u>	
	Description of property	(a) Cost or ot			st or other		) Accumulated	( <b>d</b> ) Bo	ok valu	е
		(investm	ient)	bas	is (other)		depreciation			
1a	Land		0		0					0
b	Buildings		0		0		0			0
С	Leasehold improvements		0		0		0			0
d	Equipment		0		0		0			0
е	Other		0		0		0			0
Tota	I. Add lines 1a through 1e (Column (d)	must equal Form 99	0, Part X,	column (	B), line 10(c)	)	<b>•</b>			0

Caledate D (r oil	January College Control			73-1300971 Page 3
Part VII	Investments—Other Securi Complete if the organization		), Part IV, line 11b See Forr	n 990, Part X, line 12.
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
(1) Financial o	derivatives	0		<del></del>
• •	eld equity interests	ó	·	<del></del>
			· · · · · · · · · · · · · · · · · · ·	<del> </del>
				<del></del>
			<del></del>	<del></del>
				<del></del>
(E)	***************************************			
(F)				
(G)		-		<del></del>
(H)				·····
	must equal Form 990, Part X, col (B) line 12)	• 0		,
Part VIII	Investments-Program Rel	ated.		
	Complete if the organization		), Part IV, line 11c See Forr	n 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year	
(1) Vanguar	rd Investments	1,673,160	<del></del>	
(2)	a modamente			
(3)				
(4)				
(5)				
(6)		!		<del></del>
(7)		i		· · · · · · · · · · · · · · · · · · ·
(8)				
(9)				· · · · · · · · · · · · · · · · · · ·
	must equal Form 990 Part X, col (B) line 13)	1,673,160		
Part IX	Other Assets. Complete if the organization	answered "Yes" to Form 990	), Part IV, line 11d. See Fori	<u>ກ 990, Part X, line 15.</u>
		(a) Description		(b) Book value
(2)				
(3)			<del>-</del>	
_(4)			<del></del>	
		<del></del>		
(6)	<del></del>			<u> </u>
				<del> </del>
(8)				<del></del>
(9)	nn (b) must equal Form 990, Part X,	oct (P) Ino 15)		ļ
	Other Liabilities.	COI (B) line 15)		<u></u>
Part X	Complete if the organization	answered "Yes" to Form 990	), Part IV, line 11e or 11f So	ee Form 990, Part X,
1.	line 25. (a) Description of liability	(b) Book value		
	income taxes	0		
(2)		,		,
(3)				
(4)				•
(5)				,
(6)		;		
(7)				
(8)				
(9)				
	nust equal Form 990, Part X, col (B) line 25)	0		
2. Liability for	uncertain tax positions. In Part XIII, pro	vide the text of the footnote to the	organization's financial statements	s that reports the

organization's liability for uncertain tax positions under IFIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Pari			nue per Return	
	Complete if the organization answered "Yes" to Form 99	u, Pan IV, line 12a		
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	1 2- 1	-	
a	Net unrealized gains on investments	2a	<del></del> [,	
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d	<del></del>	_
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
Ь	Other (Describe in Part XIII )	4b		_
С	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	0
Par	XII   Reconciliation of Expenses per Audited Financial St		enses per Return	
	Complete if the organization answered "Yes" to Form 99	0, Part IV, line 12a	<b>,</b>	
1	Total expenses and losses per audited financial statements .		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1 1	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b	Other (Describe in Part XIII )	4b	. *	
С	Add lines 4a and 4b		4c	0
с 5		e 18)	4c 5	0
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information		5	0
<b>5</b> Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	id 4, Part IV, lines 1b ar	d 2b, Part V, line 4, Par	0
<b>5</b> Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 11.	id 4, Part IV, lines 1b ar	d 2b, Part V, line 4, Par	0
<b>5</b> Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 11.	id 4, Part IV, lines 1b ar	d 2b, Part V, line 4, Par	0
<b>5</b> Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 11.	id 4, Part IV, lines 1b ar	d 2b, Part V, line 4, Par	0
<b>5</b> Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 11.	id 4, Part IV, lines 1b ar	d 2b, Part V, line 4, Par	0
<b>5</b> Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 11.	id 4, Part IV, lines 1b ar	d 2b, Part V, line 4, Par	0
<b>5</b> Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 11.	id 4, Part IV, lines 1b ar	d 2b, Part V, line 4, Par	0

Schedule D (Form	990) 2013	USAO Alumni Association, Inc	<u> </u>		73-1366971	Page <b>5</b>
Part XIII	Supple	mental Information (contin	nued)			
		<del></del> -				
•		••				
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<b></b>				·		
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	<b>-</b> -					·

# SCHEDULEI

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Open to Public

OMB No 1545-0047

Employer identification number 73-1366971

JSAO Alui	JSAO Alumni Association, Inc
Part I	Part I General Information on Grants and Assistance
1 Doe	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
the	the selection criteria used to award the grants or assistance?
2 Des	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
Part II	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answared "Yes" to Form 990
	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(n) Purpose of gran! or assistance	; ; ;				1 1 1 1 1 1 1 1 1 1 1 1		:			1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			0
(g) Description of non-cash assistance			:										
(f) Method of valuation (book, FMV, appraisal, other)								1					
(e) Amount of non- cash assistance													1 table
(d) Amount of cash grant													ations listed in the line
(c) IRC section if applicable													government organizated in the line 1 table
(p) EIN				} } !									501(c)(3) and
1 (a) Name and address of organization or government	(1)	(2)	(3)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  $^{\rm HTA}$ 

Schedule I (Form 990) (2013)

USAO Alumni Association, Inc

Page 2		cash assistance											: : : : : : : : : : : : : : : : : : :						
	Form 990, Part IV	(f) Description of non-cash assistance								ional information.			1 2 5 5 3 7 6 7 7 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9						
	ation answered "Yes" to	(e) Method of valuation (book, FMV, appraisal, other)								formation required in Part I, line 2, Part III, column (b), and any other additional information.			1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			:			
	mplete if the organiza	(d) Amount of non-cash assistance								ne 2, Part III, column				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	United States. Co	(c) Amount of cash grant								equired in Part I, Iii				)					
	ndividuals in the	(b) Number of recipients								e the information r				f f f f f f f f f f f f f f f f f f f					
Schedule I (Form 990) (2013)	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed	(a) Type of grant or assistance								Supplemental Information. Provide the inf									
Schedule I (F	Part III		-	2	က	4	S.	9	7	rPart		i 1 1 1 1 1 1 1 1 1		1 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			 	1 1 1 1 1 1 1 1	

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

### 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number
USAO Alumni Association, Inc	73-1366971
Form 990, Part IV, Line 11b Not applicable	
Form 990, Part IV, Line 19 Not applicable	
•••••	
••••••	

Schedule O (Form 990 or 990-EZ) (2013)	
Name of the organization	Employer identification number
USAO Alumni Association, Inc	73-1366971
•••••••••••••••••••••••••••••••••••••••	
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# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

USAO Alumni Association, Inc

Part I

# Related Organizations and Unrelated Partnerships

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

► See separate instructions Attach to Form 990.

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

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

OMB No 1545-0047	2013	Open to Public	Inspection

Employer identification number 73-1366971

	(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-ycar assets		(f) Di. ect controlling entity	ē.
(1)									
(2)									
(3)								: :	1
(4)						4	 	\   	 
(5)									<u> </u> 
(9)						i i		i	i
-Part II	Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, the 34 because it had one or more related tax-exempt organizations during the tax year	s Complete if the	organization a	J. J. J. J. J. J. J. J. J. J. J. J. J. J	" on Fc m 990,	Part IV, Lac	34 becaus	e ii had	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempl Code section	(e) Public charity status (if section 501(c)(3))		(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) led 2
								Yes	ટ
(1)									
(2)									
(3)									
(4)				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		<u> </u>			
(5)									
(9)									
(2)									
For Paperwo	For Paperwork Reduction Act Notice, see the Instructions for Form 990.					S	Schedule R (Form 990) 2013	orm 990)	2013

73-1366971

(k) Percentage ownership (I) Section 512(b)(13) controlled Schedule R (Form 990) 2013 ž Yes Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 Part (J) General or managing partner? ŝ (h) Percentage ownership identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Yes Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets ε (h) Disproportonate allocations? ŝ (f) Share of total income Yes IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (g) Share of end-of-year assets (e)
Type of entity
(C corp. S corp. or trus!) because it had one or more related organizations treated as a partnership during the tax year. (f) Share of total income (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated, tax under sections 512-514) excluded from (c)
Legal domicile
(state or foreign country) (d)
Direct controlling pentity (b) Primary activity (c)
Legal
domicile
(state or
foreign Primary activity (3) Name, address, and EIN of related organization Name, address, and EiN of related organization Parriv Part 8 3 (4) 3 (2) 9 9 9 ıΞ €. 9 9

Schedule R (Form 990) 2013

Part V	V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	r 36			
Note	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	٩
<b>-</b>	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?				
ď	Receipt of (i) interest (iii) annuties (iii) rovalties or (iv) rent from a controlled entity		1a		
2 ،			1b		
3 (			5		
ပ	Giff, grant, or capital contribution from related organization(s)		<u>.</u>	$\dagger$	
0	Loans or loan guarantees to or for related organization(s)		p.	†	
Ð	Loans or loan guarantees by related organization(s)		- <del>1</del>	1	
					-
<b>-</b>	Dividends from related organization(s)		11		
5	Sale of assets to related organization(s)		10		
דע	Durch on the form related action(r)		+		
≘ .	Fucuase of assets from related organization (s)		Ę		
_	Exchange of assets with related organization(s)		<b>†</b>	$\dagger$	
-	Lease of facilities, equipment, or other assets to related organization(s)		=	$\dagger$	
					1
*	Lease of facilities, equipment, or other assets from related organization(s)		<del>*</del>	+	
-	Performance of services or membership or fundraising solicitations for related organization(s)		Ŧ		
Ε			1m		
_	-		1 1		
: (			9		
•			:	T	
			1	:	1
<u>a</u>	Keimbursement paid to related organization(s) for expenses		2	1	
ь	Reimbursement paid by related organization(s) for expenses		5	1	ľ
			į		- ;
-	Other transfer of cash or property to related organization(s)		<u>;</u> =	1	Į
s	Other transfer of cash or property from related organization(s)		15		
7	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 francection thresholds	reaction	thresho	ا چ	:
	(a) (b) (c)			) - <del>G</del>	
	Name of related organization Amount involved type (a-s)		Method of determining amount involved	, letermin involved	ا ق
E		<u> </u>			1
6					
1		<u>.</u>			
Ś					
<u></u>		1			
(P)					
(2)					
<u></u>		-  :  :			
		chedule	Schedule K (Form 990) 2013	, מאפר	2D.13

Schedule R (Form 990) 2013

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

Percentage ownership 3 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 (J) General or managing partner? ŝ Yes (I)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) (h)
Disproportionate
allocations? ŝ Yes Share of end-of-year assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships Share of total income (e)
Are all partners
section
501(c)(3)
organizations? Yes No Predominant income (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicile
(state or foreign
country) Primary activity Name, address, and EIN of entily (11) (13) (2) (4) 6) 9 (10) (12) **4** (15) (16) **©** (5) 5 <u>@</u>

Schedule R (Form 990) 2013

Schedule R (Form		USAO Alumni Association, Inc	73-1366971	Page 5
Part VII	Suppleme	ntal Information		
	Provide add	ditional information for responses to questions on Schedule R (see instruction	ins)	
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