Form **990**

Return of Organization Exempt From Income Tax

2016

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

Do not enter social security numbers on this form as it may be made public.

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Do not enter social security numbers on this form as it may be made public. If the large information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Form 990 (2d)

A	For the	2016 cal	endar year, or tax year beginning 7/1/2016 , and en	ding	6/3	0/2017	7	
В	Check if a	pplicable	C Name of organization _USAQ Alumni Assn		D Employe	r ıdentif	fication number	
\Box	Address o	hange	Doing business as USAO Alumni					
		_	Number and street (or PO box if mail is not delivered to street address) Room/suite		73-136697	1		
<u></u> '	Name cha	ange	1727 Alabama		E Telephone	e numbe	er	
ا 🗌	nitial retu	ım	City or town State ZIP code					
\Box	inal roturn	/terminated	Chickasha OK 73018				•	
Ξ,	mai return	rterminateu	Foreign country name Foreign province/state/county Foreign postal c	ode			,	
\square'	Amended	return			G Gross rec	eipts \$		<u> 245,486</u>
\Box	Applicatio	n pending	F Name and address of principal officer	H(a) Is the	s a group return	for subor	rdinates? Yes	X No
ليا		, ,	Robert Newbrough 2640 County Street 2846, Chickasha, OK 73018,	H(b) Are	all subordinate	es includ	ded? Yes	□ No
					No," attach a li			
	ax-exem		X 501(c)(3) 501(c) () ◀ (Insert no) 4947(a)(1) or 1527				_	
JV	Vebsite	: • ww	w usao edu	H(c) Gro	up exemption	number T	<u> </u>	
KF	orm of or	rganization	X Corporation	of forma	tion 1995	MS	State of legal domicile	• OK
Р	art I	Sui	mmary					
	1			urpose	of the Ass	ociatio	n is to	
8			ate and promote the interest of the University of Science and Arts of Oklaho	oma				
퍨	İ		to provide leadership for the alumni, encourage enrollment the University					
ē	2		nis box If the organization discontinued its operations or disposed o		than 25%	of its r	net assets	
Š	3		of voting members of the governing body (Part VI, line 1a)	31 111010	7 (11011) 2070	3		14
ಹ	4		of independent voting members of the governing body (Part VI, line 1b)			4		0
es	5		mber of individuals employed in calendar year 2016 (Part V, line 2a)			5		0
₹	- 6 -		mber of volunteers (estimate if necessary)			6-		<u>-</u>
Activities & Governance	7a		related business revenue from Part VIII, column (C), line 12			7a		0
	b b		elated business taxable income from Form 990-T, line 34			7b		0
	0,	Net unit	stated business taxable income from 1 orn 500 1, fine 51		Prior Year	1	Current Yea	
Revenue	8	Contribi	itions and grants (Part VIII, line 1h)			4,760		2,744
	9		n service revenue (Part VIII, line 2g)			4,821		189,320
Š.	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)			2,215		49,013
æ	11	Other re	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11e)	_		1,020		4,409
	12	Total rev	enue—add lines 8 through 11 (must equal Part VIII-column:(A): line (12).)			2,816		245,486
	13	Grants	and similar amounts paid (Part IX, column (A)) lines 1–3)			0		0
	14		and similar amounts paid (Part IX, column (A) lines 1–3) paid to or for members (Part IX, column (A) line 4)- C 0 7 2017 other compensation, employee benefits (Part IX, column (A), lines 5–10)			0		0
,	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)			0		0
Se	16a	Profess				0		0
Expenses	b	Total fur	ndraising expenses (Part IX, column (D), line 25)	S. 48	Marianos			
Ä	17		expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		11	5,183		109,163
	18		penses Add lines 13–17 (must equal Part IX, column (A), line 25)			5,183		109,163
	19		e less expenses Subtract line 18 from line 12			7,633		136,323
- s		- Nevenu	c less expenses eabtract fine to from the 12	Seginn	ing of Current		End of Yea	
·Net Assets or Fund Balances	20	Total as	sets (Part X, line 16)			8,821		378,301
Ass	21		bilities (Part X, line 26)			0		0
Set Great	22		ets or fund balances Subtract line 21 from line 20		2.15	8,821	2.	378,301
	rt II		nature Block				<u>. </u>	
Und	er penalti	es of periur	y I declare that I have examined this return, including accompanying schedules and statements,	and to th	e best of my k	riowledg	ge	
and	belief, it i	s true, corre	ect, and complete Declaration of preparer (other than officer) is based on all information of which	preparer	has any know	ledge		
C:	.a.							
Sig	1 A	7	Signature of officer		Date			
He	ĩe		Robert Newbrough, Treasurer 11/28.	/2017				
	£ :		Type or print name and title					
	1,2	Pnn	t/Type preparer's name Preparer signature	Date		Shock	PTIN	
	id 📜	D-1	port I Nowbrough Poort I Nowbrough Cf	111		Check self-emp	X if ployed P010793	04
Pro	epárei	· -	pert L Newbrough Robert L Newbrough CRA	- 1 ' ' ' '				
Us	e Qñl	v	n's name R L Newbrough, CPA		Firm's EIN			
			n's address ► 2640 County Street 2846, Chickasha. OK 73018		Phone no	(405) 574-1266	
Ma	v the IC	OS discuis	es this return with the preparer shown above? (see instructions)				X Yes	l (No

Form 9	90 (2016)	USAO Alumni Assn	5-13009/1	Page Z
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
	Driofly d	escribe the organization's mission	· · · · · · · · · · · · · · · · · · ·	
1	•	and of the Annual transfer to the control of the Annual transfer to the Annual of the Hermiter to		
		ce and Arts of Oklahoma (USAO), to provide leadership for the alumni, to encourage		
		nt in the University and to take other action as may be deemed beneficial for the		
		ment of the University and the Association	·	
2		organization undertake any significant program services during the year which were not listed on		
-		Form 990 or 990-EZ?	Yes	X No
	•	describe these new services on Schedule O		<u> </u>
3		organization cease conducting, or make significant changes in how it conducts, any program		
3	services		Yes	X No
		describe these changes on Schedule O	163	<u> </u>
4		e the organization's program service accomplishments for each of its three largest program services, as	measured by	
7	expense	s Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocal expenses, and revenue, if any, for each program service reported		,
4a	(Code) (Expenses \$ 77,205 including grants of \$) (Revenue \$)
	Scholars	hips used for USAO students		
			· 	
			. 	
			· -	
			. 	
				
4b	(Code) (Expenses \$ 6,517 including grants of \$ 3) (Revenue \$)
	Alumni S	Special Projects for USAO	·	
			· 	
			· 	
4-	(Codo) (Expenses \$ 5,732 including grants of \$) (Revenue \$		
4c	(Code	ming and other events and projects for alumni and the University		/
	nomecc	ming and other events and projects for admini and the University		
			• • • • • • • • • • • • • • • • • • • •	
	-			
			-	
4d		ogram services (Describe in Schedule O)	0.\	
	(Expens		0)	
46	Lotal pro	ogram service expenses 89.454		

Part IV	Checklist	of Required	Schedules
raitiv	CHECKIISL	JI REGUITEG	Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No_
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<u>X</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		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		<u>X</u> _
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	i	ĺ	
	"Yes," complete Schedule D, Part I	6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		ļ	.,
^	complete Schedule D, Part III	8		<u>X</u> _
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt	i		
	negotiation services? If "Yes," complete Schedule D. Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			: 3
_	VII, VIII, IX, or X as applicable	140	iĝ. Siko	. M
– a	-Did the organization report-an-amount-for-land,-buildings, and equipment in-Part X,-line-10? <i>If "Yes,"-complete</i> Schedule D, Part VI	11a	_	·
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			X
	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	444	j	~
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		- <u>X</u>
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		- i	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		v
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		Χ_
	If "Yes," complete Schedule G, Part III	19	,	_X
			990	

Part IV CI USAO Alumni Assn
Checklist of Required Schedules (continued)

			162	110
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic 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 or for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		Х
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? <i>If "Yes," answer lines</i>			
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		- 1	
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25a		
D	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or		l	
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or		ŀ	
	disqualified persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27-	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,—			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		-x
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L,	- 1		
28	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	i i sama ,	Х
	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)	1		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N</i> ,			
• •	Part I	31		Χ
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	34		Х
352	III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	\vdash	^
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	330		
U	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ_
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	38	х	
	19? Note. All Form 990 filers are required to complete Schedule O		990	(2016)

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Form	990	(2016)
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheo	lule O	14b		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
С	Enter the amount of reserves on hand	13c			Marie 1
	the organization is licensed to issue qualified health plans	13b);;("-
b	Enter the amount of reserves the organization is required to maintain by the states in which				£ 13/48
_	Note. See the instructions for additional information the organization must report on Schedule O			K water	76972.×
а	Is the organization licensed to issue qualified health plans in more than one state?	, -	13a	-10,38	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		7		13/3
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	¥ ,	wa.	٤
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo		12a	بالبأي	i da Diago
U	against amounts due or received from them.)	116			
a b	Gross income from other sources (Do not net amounts due or paid to other sources	114			
a	Gross income from members or shareholders	11a	100		
11	Section 501(c)(12) organizations. Enter		::::		
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	- [:]	10 mg/s	LESS:
	Initiation fees and capital contributions included on Part VIII, line 12	10a		,	
10	Section 501(c)(7) organizations. Enter	• •	30		٠, ,
a b	Did the sponsoring organization make any taxable distributions under section 4900? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	-	
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a	Jaw 6	¥
9	Sponsoring organization have excess business nothings at any time during the year. Sponsoring organizations maintaining donor advised funds.		· · · · ·	1	
U	sponsoring organization have excess business holdings at any time during the year?	,	8	as.	ana toda. I
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain		š.		
g h	If the organization received a contribution of qualified intellectual property, did the organization life Form of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		/ <u>9</u> 7h		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit coll fit the organization received a contribution of qualified intellectual property, did the organization file Form 8		7g		 ^- -
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e 7f		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7e	عقاصا	
٨	required to file Form 8282?		/c		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	wa5	7c		v
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	was	7b	_X	
L	and services provided to the payor?		7a	X	
a_	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	or goods			
7-	Organizations that may receive deductible contributions under section 170(c).		- ME	,	
	gifts were not tax deductible?		6b	<u> </u>	ef s. w.
b	If "Yes," did the organization include with every solicitation an express statement that such contributions and the state of the state	itions or		İ	
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	saction? .	5b		_X_
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year		5a		- - -
_	(FBAR)	,			L
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	al Accounts			, , ,
b	If "Yes," enter the name of the foreign country			% "	W.C.
	account)?		4a		X
	over, a financial account in a foreign country (such as a bank account, securities account, or other	financial			ļ ,.
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedu		3b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction 1) and 20 is greater than 250, you may be required to e-file (see instruction 2).	ons)	12 mil 42 m	W.i	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re		2b		
_	Statements, filed for the calendar year ending with or within the year covered by this return		이루…		A. 16.74
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				'43'A.
	gaming (gambling) winnings to prize winners?		1c	X	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportable	## ## \\ . \ \ / \	M '	424 (4.4)
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable .	1b	<u>o</u> : ; ;	(1 − i)	ward ,
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .	1a	0 🔍	* ,	18 3 3
	and the second of the second o			Yes	No
	Check if Schedule O contains a response or note to any line in this Part V				

Form 9	90 (2016) ' USAO Alumni Assn	1366971	Р	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a "No	n	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			ons.
	Check if Schedule O contains a response or note to any line in this Part VI			
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	14		1
	If there are material differences in voting rights among members of the governing body, or		Ž.	5. 4
	if the governing body delegated broad authority to an executive committee or similar		75 8 X	1
	committee, explain in Schedule O	£	30 A	2
b	Enter the number of voting members included in line 1a, above, who are independent 1b	_이	\$;	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		4, 3	
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
_	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1		
_	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1.5%		33
_	the year by the following	8a		, , *
a	The governing body? Fach committee with authority to get an habelf of the governing body?	8b	X	
ь 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	0.0	<u> </u>	\vdash
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue)	
			Yes-	No-
10a	Did the organization have local chapters, branches, or affiliates?	10a		Χ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1		. A
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts	⁷ 12b	 	Х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	1	
40	describe in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	14	X	 ^-
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by		^	*3
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			*
а	The organization's CEO, Executive Director, or top management official	15a	La "idallici"	X
b	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		Ĉ.	<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		Ng	,
	with a taxable entity during the year?	16a	1,2000 10	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			3 .
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			200
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion 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(:)(3)s onl	y)	
	available for public inspection. Indicate how you made these available. Check all that apply	0)		
46	Own website Another's website X Upon request Other (explain in Schedule			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	policy, ar	iū	
20	financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records			
	- State and many addition with telephone frames. It and person time personal of organization of books and rooms			

Robert Newbrough 2640 County Street 2846, Chickasha, OK 73018

(405) 574-1266

Form 990 (2016)	, USAO Alumni Assn									73-13669	71 Page 7
Part VII	Compensation of Officers, Dire	ctors, Truste	es, k	(ey	En	ıplo	yee	s, i	lighest Comp	ensated	
<u> </u>	Employees, and Independent C										-
	Check if Schedule O contains a r	esponse or no	te to	an	y lir	ne II	n this	Pa	art VII		
Section A.	Officers, Directors, Trustees, Key E										
•	this table for all persons required to be	listed Report co	mper	nsat	ion f	for t	he ca	len	dar year ending v	with or within the	:
organization's						_					
	of the organization's current officers, di ion Enter -0- in columns (D), (E), and (luals	or c	organizations), re	gardless of amo	unt
•	of the organization's current key emplo						defin	itior	of "key employ	9e "	
	organization's five current highest con										yee)
	reportable compensation (Box 5 of For										• •
_	and any related organizations										
	of the organization's former officers, ke eportable compensation from the organ							ed e	employees who r	eceived more th	an
	of the organization's former directors of						•	-			the
_	more than \$10,000 of reportable compe		-						_		
	n the following order individual trustees employees, and former such persons	or directors, ins	stitutio	onal	trus	stee	s, offi	cer	s, key employees	s, highest	
X Check the	is box if neither the organization nor an	y related organiz	ation	cor	npe	nsa	ted a	ny c	current officer, dir	ector, or trustee	
			ĺ		(0	C)					
	(A)	(B)	(do	not c		ition	than o	nne	(D)	(E)	(F)
	Name and Title	Average	box,	unie	ss pe	rson	ıs both	an	Reportable	Reportable	Estimated
		hours per week (list any			т	_	or/trust oo ⊥		compensation from	compensation from related	amount of other
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
		organizations below dotted	or la	g		룡	ye 8 8		(W-2/1099-MISC)	,	organization and related
		line)	SE	쿭	-	8	npe	-			organizations
			8	- 1		_	<u>ş</u>				
	- 0	15.00	ļ	├	ļ	<u> </u>	<u> </u>	<u> </u>			
	IcClellan	15 00	1			ļ					
Director (2) Ron Ca	orr	0 00 7 00		┢	 	┢		-			
President	111	0 00			x						
(3) Nancy	Powell	3 00			Ħ						
Past Presider		0 00			X						
(4) Robert	Newbrough	8 00	•								
Treasurer		0 00		<u> </u>	X			<u>L</u>			
(5)									_		
(6)											
(7)											
(9)											
(10)				\vdash		-	<u> </u>	┢			

(11)

(12)

(13)

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploye	es,	and	iH t	ghes	t Co	ompensated Em	ployees (contin	ued)	
_	(A) Name and title	(B) Average hours per	(C) Position (do not check more than box, unless person is bot officer and a director/trus					an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
		week (list any hours for related 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	
15)												
16)											 · · ·	
17)												
18)												
19)									-			
20)												
21)												
22)						_						
23)								_				
24)												
25)												
С	Sub-total Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	ection A						A A	0	0	(
2	Total number of individuals (including but not lir reportable compensation from the organization		ted a		 е) w 0	vho	recei	ved				
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched	ector, or trustee,	-	mpl		e, o	r high	nest	compensated		Yes No	
	For any individual listed on line 1a, is the sum of the organization and related organizations grea Individual	•								ל	4 X	
	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye	·			-			_		ridual	5 X	
	on B. Independent Contractors											
	Complete this table for your five highest compe compensation from the organization Report co year										ax 	
	(A) Name and business add	ress							(B) Description of sen	vices C	(C) compensation	
											(
											(
		 										

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

0

Total revenue. See instructions

Form 990 (2016) • USAO Alumni Assn 73-1366971 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or Unrelated Revenue business exempt excluded from function revenue tax under sections revenue 512-514 Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts Membership dues 1b 1.565 b Fundraising events 1c С Related organizations 1d 0 d Government grants (contributions) 0 1e All other contributions, gifts, grants, and similar amounts not included above 1f 1,179 Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f **Business Code** Program Service Revenue 900099 2a Homecoming 4,224 4,224 Endowed Scholarship Donations 900099 182,093 b 182,093 Memorial Scholarship Donations 900099 320 C 320 d General Scholarship Donations 900099 2,683 2,683 All other program service revenue 0 Total. Add lines 2a-2f 189,320 investment income (including dividends, interest, and other similar amounts) 49,013 49,013 Income from investment of tax-exempt bond proceeds 0 5 4,409 4,409 (ı) Real (II) Personal 6a Gross rents **b** Less rental expenses Rental income or (loss) d Net rental income or (loss) (II) Other (i) Securities 7a Gross amount from sales of assets other than inventory 0 0 b Less cost or other basis and sales expenses 0 Gain or (loss) 0 Net gain or (loss) Other Revenue Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 а Less direct expenses b 0 c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances а 0 b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a 0 0 0 0 All other revenue 0 Total. Add lines 11a-11d

245,486

242,742

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other of	organizations must d	complete column (A)
	Check if Schedule O contains a response or note	to any line in this P	art IX		
	not include amounts reported on lines 6b, 7b, 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 domestic organizations				
	domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic]		
_	individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign	1			
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0			***
4	Benefits paid to or for members	0	 		1,3,4,1,1,1
5	Compensation of current officers, directors, trustees, and key employees	l o		0	
6	Compensation not included above, to disqualified	ļ <u>-</u>			
O	persons (as defined under section 4958(f)(1)) and	}	}	}	
	persons described in section 4958(c)(3)(B)	1 0			
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
•	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	0		}	
b	Legal	0			
C-	-Accounting	125		125	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17			12 72 No. 12.	
f	Investment management fees	14,214		14,214	
g	Other (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	7.445	0.045	5.070	
13	Office expenses	7,415	2,045	5,370	
14 15	Information technology 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	5,732	5,732		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	1,438	1,438	ā — — — — — — — — — — — — — — — — — — —	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O) Student Leadership Program	2,000	2,000		Contact Page 1571
a b	Scholarships Awarded to USAO	77,205			
c	Add adver Corne	1,034	1,034		
d	Art Lecture Series	1,004	1,004		
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	109,163	89,454	19,709	0
26	Joint costs. Complete this line only if the		==,:-		
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ► if				
	following SOP 98-2 (ASC 958-720)			<u> </u>	
					Form 990 (2016)

Balance Sheet

		Check if Schedule O contains a response or r	note to any line in this Part >	(
				(A)		(B)
		. <u></u>		Beginning of year	ļ	End of year
	1	Cash—non-interest-bearing		50		50
	2	Savings and temporary cash investments		518,482	2	268,112
	3	Pledges and grants receivable, net		0		0
	4	Accounts receivable, net		0	4_	0
	5	Loans and other receivables from current and for			10.3	
		trustees, key employees, and highest compensation	ted employees			
	_	Complete Part II of Schedule L		70 38 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5	## / 1 10 20 10 10 10 10 10
	6	Loans and other receivables from other disqualified person	-			
		4958(f)(1)), persons described in section 4958(c)(3)(B), an	- · · · · · · · · · · · · · · · · · · ·	Notes to the second	-7	
G		sponsoring organizations of section 501(c)(9) voluntary em			12.50	
Assets	-	organizations (see instructions) Complete Part II of Sched	uie L		6 7	
As	7	Notes and loans receivable, net		0		0
	8	Inventories for sale or use			8	
	10a	Prepaid expenses and deferred charges	1		280	STATE STATE OF THE
	iva	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D.	10a			
	b	Less accumulated depreciation	10b 0		10c	0
	11	Investments—publicly traded securities	100	0	111	0
	12	Investments—other securities See Part IV, line 1	1	0	12	0
	13	Investments—program-related See Part IV, line	1,525,743	13	1,995,593	
	14	Intangible assets		14,546		14,546
	15	Other assets See Part IV, line 11		100,000		100,000
-	16	Total assets. Add lines 1 through 15 (must equal	Ine 34)	2,158,821	16	2,378,301
	17	Accounts payable and accrued expenses			_17_	
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Pa	art IV of Schedule D		21	
es	22	Loans and other payables to current and former	officers, directors,		位。	
III		trustees, key employees, highest compensated e	-			
Liabilities		disqualified persons Complete Part II of Schedul			22	
_	23	Secured mortgages and notes payable to unrelate		0	23	0
	24	Unsecured notes and loans payable to unrelated		0	24	0
	25	Other liabilities (including federal income tax, pay		ļ		
		parties, and other liabilities not included on lines	17-24) Complete			
	20	Part X of Schedule D		0	25 26	0
	26	Total liabilities. Add lines 17 through 25			20	
Ś		Organizations that follow SFAS 117 (ASC 958)				
JCe		complete lines 27 through 29, and lines 33 and	3 34.			
lar	27	Unrestricted net assets		54,638	27	31,939
B	28	Temporarily restricted net assets		293,597	28	354,333
Pu	29	Permanently restricted net assets		1,810,586	29	1,992,029
or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), c	heck here $ ightharpoonup$ and		95 X	
<u>o</u>		complete lines 30 through 34.				
Net Assets	30	Capital stock or trust principal, or current funds			30	<u> </u>
4SS	31	Paid-in or capital surplus, or land, building, or equ	· · ·		31	
et,	32	Retained earnings, endowment, accumulated inc	ome, or other funds		32	
Z	33	Total net assets or fund balances		2,158,821	33	2,378,301
	34	Total liabilities and net assets/fund balances		2,158,821	_34	2,378,301

Form 9	990 (2016) · USAO Alumni Assn	73-	<u>13669</u> 71	Page 12
Pari	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		245,486
2	Total expenses (must equal Part IX, column (A), line 25)	2		109,163
3	Revenue less expenses Subtract line 2 from line 1	3		136,323
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,158,821
5	Net unrealized gains (losses) on investments	5		83,157
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 Part X, line 33,			
	column (B))	10		2,378,301
Part				_
	Check if Schedule O contains a response or note to any line in this Part XII		•	<u>_</u>
1 2a	Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Consolidated basis Both consolidated and separate basis		2a 2b	Yes No X X
c 3a b	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	of	2c 3a	x
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form	990 (2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

► 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.

Open to Public

Employer identification number Name of the organization USAO Alumni Assn 73-1366971 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization-organized and operated exclusively for the benefit of to perform the functions of or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations 0 Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Sche	dule A (Form 990 or 990-EZ) 2016 USAO Alui					73-136697	Page 2
Pa	t II Support Schedule for Orga	anizations Des	cribed in Sect	ions 170(b)(1)	(A)(iv) and 17	0(b)(1)(A)(vi)	
	(Complete only if you checke						der
	Part III If the organization fa						
Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	\\\	(-/			1	
•	membership fees received (Do not					,	
	•	93,725	62,980	171,248		·	327,953
_	include any "unusual grants ")	93,725	62,960	17 1,240			327,833
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on				,		0
	its behalf				, , , , , , , , , , , , , , , , , , ,		0
3	The value of services or facilities				1		
	furnished by a governmental unit to the				/		_
	organization without charge				1		0
4	Total. Add lines 1 through 3	93,725	62,980	171,248	0	0	327,953
5	The portion of total contributions by each						
	person (other than a governmental unit						
	or publicly supported organization)						
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,		R 3. 330				
	column (f)						
6	Public support. Subtract line 5 from line 4		3 (2)	7/2/2/3/3/3/3			327,953
500	tion B. Total Support	85 883 985 987	A. 3000 B. 1 N. N	/	. ***********	2 0,0000 0,000 0,000 0	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013 /	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale			62,980	171,248	0		327,953
7	Amounts from line 4	93,725	62,960	17 1,240	O O		321,933
8	Gross income from interest, dividends,		<i>,</i>				
	payments received on securities loans;						· - ·
	rents, royalties and income from similar		<i>f</i>				
	sources	58,111	67,873	50,866			176,850
9	Net income from unrelated business		<i>f</i>				
	activities, whether or not the business is						
	regularly carried on		/			L	0
10	Other income Do not include gain or	l /					
	loss from the sale of capital assets						
	(Explain in Part VI)	/					0
11	Total support. Add lines 7 through 10	3-36-7-7			528 2838 755		504,803
	Gross receipts from related activities, etc. (s					12	
	First five years. If the Form 990 is for the o		second, third, fourt	h, or fifth tax vear a	as a section 501(c)	(3)	
	organization, check this box and stop here	/	,,,,	., ,	,	. ,	▶ □
800	tion C. Computation of Public Su	pport Porcent	200	-		·	
	Public support percentage for 2016 (line 6, c					14	64 97%
14				1))		15	62 70%
	Public support percentage from 2015 Sched	/				13	02 1070
16a	33 1/3% support test—2016. If the organiz			3, and line 14 is 33	1/3% or more,		► [☑]
	and stop here. The organization qualifies a						► X
b	33 1/3% support test—2015. If the organiz				ıs 33 1/3% or more	e, check this	
	box and stop here. The organization/qualific	es as a publicly su	pported organization	on			▶∟
17a	10%-facts-and-circumstances test-2010	6. If the organization	n did not check a t	oox on line 13, 16a	, or 16b, and line 1	4	
	is 10% or more, and if the organization mee	ts the "facts-and-ci	rcumstances" test,	check this box and	d stop here. Expla	ın ın	
	Part VI how the organization meets the "fact	ts-and-circumstand	es" test. The organ	nzation qualifies as	a publicly support	ed	
	organization						▶
b	10%-facts-and-circumstances test-201	5. If the organization	on did not check a t	oox on line 13, 16a	, 16b, or 17a, and i	line	
	15 is 10% or more, and if the organization m	neets the "facts-and	d-circumstances" te	est, check this box	and stop here. Ex	xplain in	
	Part VI how the organization meets the "fact	ts-and-circumstand	es" test The organ	nization qualifies as	a publicly		_ [
	supported organizațion						▶ [
18	Private foundation. If the organization did	not check a box or	line 13, 16a, 16b,	17a, or 17b, check	this box and see		
	instructions						>
						Schedule A (Form	990 or 990-EZ) 2016

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

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")	93,725	62,980	171,248	142,943	194,892	665,788
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an					-	
	unrelated trade or business under section 513			ĺ			0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	93,725	62,980	171,248	142,943	194,892	665,788
7a	Amounts included on lines 1, 2, and 3				· · · · · · · · · · · · · · · · · ·		
	received from disqualified persons						0
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the		İ				
	amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
-8	-Public support (Subtract line 7c from			-4-			
	line 6)				** , ,		665,788
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	93,725	62,980	171,248	142,943	194,892	665,788
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources	57,809	52,834	48,957	0	0	159,600
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	57,809	52,834	48,957	0	0	159,600
11	Net income from unrelated business						
	activities not included in line 10b, whether			1			
	or not the business is regularly carried on						0
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	151,534	115,814	220,205	142,943	194,892	825,388
14	First five years. If the Form 990 is for the o	rganization's first, s	econd, third, fourth	i, or fifth tax year as	s a section 501(c)(3)	
	organization, check this box and stop here						<u> </u>
	tion C. Computation of Public Su				·		
15	Public support percentage for 2016 (line 8, c	` '	• • •	7))		15	80 66%
16	Public support percentage from 2015 Sched					16	67 18%
	tion D. Computation of Investmer						
17	Investment income percentage for 2016 (line		=	olumn (f))		17	19 34%
18	Investment income percentage from 2015 Sc					18	32 55%
19a	33 1/3% support tests—2016. If the organi					and line 17 is	्र छि
	not more than 33 1/3%, check this box and s	•	· ·		=	10.4/00/ - 1	▶ X
a	33 1/3% support tests—2015. If the organi						
22	line 18 is not more than 33 1/3%, check this		_	•	- · · · · -		
ZU	Private foundation. If the organization did it	iot check a box on	nne 14, 19a, or 19l	o, cneck this box af	iu see instructions		▶ !

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section	A. All	Supporting	Organizations
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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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Part	Supporting Organizations (continued)			
		9054 AG	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		أمُّد عَمُّهُ	
	below, the governing body of a supported organization?	11a	├	<u> </u>
	A family member of a person described in (a) above?	11b		├
Socti	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	Щ	L
Secu	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	_ %.	100	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		, [
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		3.7	E.,
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			Ĭ.,
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	- inc	344
2	Did the organization operate for the benefit of any supported organization other than the supported		5.18	1/4
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			‰ 、"
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			3
	supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			
		10000	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			N.
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		3	å :
	or management of the supporting organization was vested in the same persons that controlled or managed	- 1	8ï.	, s 's ,
	the supported organization(s)	1	L	L
Secti	on D. All Type III Supporting Organizations		TV	T
		<u>-</u> -	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			e name
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			2 129 %
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	3342	1.
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1.
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		Ġ.	l, č
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	%o ; 1,11*,		1
	significant voice in the organization's investment policies and in directing the use of the organization's	```		ŀ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	SŽ.		, ^
	supported organizations played in this regard	3_		<u> </u>
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uction	s)	
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions	;)
	—		Yes	т —
2	Activities Test. Answer (a) and (b) below.	24	res	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	36		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1.1		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	********	,,
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		36	1
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		Ž,	
	reasons for the organization's position that its supported organization(s) would have engaged in these		1.000	
	activities but for the organization's involvement	2b		L *`
3	Parent of Supported Organizations Answer (a) and (b) below.	7. 19. 14. 1	1935	(
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		题	,
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	No.	- Year	1,62
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	<u> </u>	<u>i </u>

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	st on Nov 20, 1970 (explain	in Part VI) See
instructions. All other Type III non-functionally integrated supporting organ	nzati	ons must complete Section	s A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount	_	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	3-1		
instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)	Ç.		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 - Subtract-line 2 from-line-1d-	-3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1			0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional	ly inte	egrated Type III supporting	organization (see
inetructions)			

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organiz	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			0
8	Distributions to attentive supported organizations to which t	he organization is respo	nsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6			0
10	Line 8 amount divided by Line 9 amount			0 000
			(ii)	(iii)
s	ection E - Distribution Allocations (see instructions)	(i)	Underdistributions	Distributable
	•	Excess Distributions	Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6		1 (20,000)	0
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required—explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2016			
a	The state of the s	- Alien Siden		
b				
C	From 2013 0			
d	From 2014 0	Market Stagens		
	From 2015 0	2. Wallet 1 1 14 18 18 18 18 18 18 18 18 18 18 18 18 18		
f		0		
g	Applied to underdistributions of prior years		Ō	A PARTY MANAGEMENT OF THE PARTY
	Applied to 2016 distributable amount			0
i	Carryover from 2011 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4	Distributions for 2016 from	A STARTE NAME OF		
	Section D, line 7 \$ 0			
а	Applied to underdistributions of prior years	- 48	0	
b	Applied to 2016 distributable amount			0
С	Remainder Subtract lines 4a and 4b from 4	0	11-2457 4/38/21	
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions		0	
6	Remaining underdistributions for 2016 Subtract lines 3h		10 45	
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			0
7	Excess distributions carryover to 2017. Add lines 3j			
•	and 4c	0		
8	Breakdown of line 7			
a				
<u>u</u>	Excess from 2013 0			
_	Excess from 2014 0			
0		CONTRACTOR OF THE STATE OF THE		
e				

Schedule A (Fo	orm 990 or 990-EZ) 2016 USAO Alumni Assn	73-1366971	Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part I III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Sec 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8,	11c, Part IV, Section ction E, lines 1c, 2a, 2b, , and Part V, Section E,	_
	lines 2, 5, and 6 Also complete this part for any additional information. (See instruction	s)	
**			
			
			
			-

Schedule A (Form 990 or 990-EZ) 2016

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

OMB No 1545-0047 2016

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of organization

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. If the organization answered "Yes," on 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

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

USA	O Alumni Assn					73-136			
Pa	rt I-A Complete if t	the organization is exempt und	ler section 501	c) or is a section	527 or	ganizat	ion.		
1	•	he organization's direct and indirect p	oolitical campaign	activities in Part IV (se	e instru	ictions fo	or		
	definition of "political cam	, •							
2	-	y expenditures (see instructions)		l	▶ \$			-	
	Volunteer hours								
		the organization is exempt und							
1		excise tax incurred by the organization			▶ \$				
2		excise tax incurred by organization m	=		\$		- -		
3		ed a section 4955 tax, did it file Form	4720 for this year?)		닏	Yes		No
							Yes		No_
	If "Yes," describe in Part								
Pa		the organization is exempt und			501(c)(3).			
1	•	expended by the filing organization f	or section 527 exe						
_	activities				▶ \$. 		. -	
2		iling organization's funds contributed	to other organizati	ons for section					
_	527 exempt function activ		F	1400 501	▶ \$				
3	line 17b	penditures Add lines 1 and 2 Enter h	ere and on Form		•				0
		file Form 4420 DOL for this year?		l	P 9		Yes		0 No
4		n file Form 1120-POL for this year?	or (CIN) of all age	ion EO7 political argan				لــا	MO
5		ses and employer identification numb ents For each organization listed, en							
		entributions received that were prompt							
		d fund or a political action committee							
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from		(e) An	nount of	politics	
	(u) Name	(5)/(44,055	(5) =	filing organization's		contribu	tions rec	eived a	and
				funds If none, enter -0	~		otly and ed to a s		
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(2)									
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(5)									
(5)									
(6)		}							
		L.,	<u> </u>						

Schedule C (Form 990 or 990-EZ) 2016

Sch	edule C (Form 990 or 990-EZ) 2016					Page 2		
P	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election							
	under section 501(h)).							
	Check ▶ If the filing organization	n belongs to an a	affiliated group (a	nd list in Part IV e	each affiliated gro	up member's		
•	name, address, EIN,	-			_	- P		
в	Check ▶ ☐ if the filing organization							
<u> </u>				TO PIOTICIONO OF				
	Limits on l The term "expenditure:	Lobbying Expendi		1	(a) Filing organization's totals	(b) Affiliated group totals		
4-								
1a	Total lobbying expenditures to influence					0		
b	Total lobbying expenditures to influence Total lobbying expenditures (add lines f		(direct lobbying)		0			
c d	Other exempt purpose expenditures	ia and ib)						
e	Total exempt purpose expenditures (ad	d lines 1c and 1d\			0			
f	Lobbying nontaxable amount Enter the		ollowing table in hot	h				
•	columns	amount nom the it	Showing table in bot		0	0		
٦	If the amount on line 1e, column (a) or (b) is: The lobbying	ng nontaxable amou	int is:		<u> </u>		
ŀ	Not over \$500,000		amount on line 1e					
ŀ	Over \$500,000 but not over \$1,000,000		us 15% of the excess	over \$500,000				
	Over \$1,000,000 but not over \$1,500,000		us 10% of the excess					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 pl	us 5% of the excess of	over \$1,500,000				
	Over \$17 000,000	\$1,000,000						
g	Grassroots nontaxable amount (enter 2	5% of line 1f)			0	0		
h	Subtract line 1g from line 1a If zero or	less, enter -0-			0	0		
ì	Subtract line 1f from line 1c If zero or le	ess, enter -0-			0	0		
j	If there is an amount other than zero or	either line 1h or lin	ie 1i, did the organi	zation file Form 472	0 reporting			
	section 4911 tax for this year?					Yes No		
			g Period Under sed					
	(Some organizations that made				of the five columns	below.		
	Se	e the separate ins	tructions for lines	2a through 2f.)				
	<u>-</u> -							
	Lot	bying Expenditure	es During 4-Year A	veraging Period	<u></u>			
	Calendar year (or fiscal year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total		
	beginning in)							
				ļ				
2a	Lobbying nontaxable amount		_	1 0	ا	0		
<u>_</u>	Labburgasian	0			0	0		
b	Lobbying ceiling amount (150% of line 2a, column(e))					0		
_					77.00			
С	Total lobbying expenditures	0	o	<u> </u>	0	0		
d	Grassroots nontaxable amount							
	Grassioots nontaxable amount	0	0	0	0	0		
е	Grassroots ceiling amount							
	(150% of line 2d, column (e))					0		
f	Grassroots lobbying expenditures		_	1	<u> </u>	•		
		0	0	0	0	0		

Schedule C (Form 990 or 990-EZ) 2016

Pai	t II-B	Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T filed	For	m 5768	
For	each "Ye	s," response on lines 1a through 1i below, provide in Part IV a detailed	(a)	(b)
		f the lobbying activity	Yes	No	Am	ount
1	-	ne year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or				
	-	um, through the use of				
а	Voluntee	-		<u> </u>		
b	Paid sta	ff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media a	dvertisements?				
d	Mailings	to members, legislators, or the public?				
е	Publicat	ons, or published or broadcast statements?			<u> </u>	
f	Grants t	o other organizations for lobbying purposes?				
g	Direct co	ontact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies,	demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other ad		ļ		ļ	
j		d lines 1c through 1i		1 11		0
2a		activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b		enter the amount of any tax incurred under section 4912		% - % A386		
C.		enter the amount of any tax incurred by organization managers under section 4912		at BE	- Malahi	a 387
d	_	ng organization incurred a section 4912 tax, did it file Form 4720 for this year?		L		<u> </u>
Par	t III-A	Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6).	I(C)(5)	, or s	ection	
						es No
1		bstantially all (90% or more) dues received nondeductible by members?			<u>-1 -</u>	
2_		organization-make only-in-house lobbying expenditures of \$2,000 or less?			2	
3		rganization agree to carry over lobbying and political campaign activity expenditures from the prior y			_ 3 _	
	t III-B	Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."		o) Pa		ne 3, is
1		sessments and similar amounts from members		1	 _	
2		162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).				
_	•	·		2a		
a	Current			2b		
b	Total	er from last year		2c		0
3		te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	-	
4	If notice	s were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible				
		and political expenditure next year?		4	Ĭ	
5		amount of lobbying and political expenditures (see instructions)		5		0
Par		upplemental Information		•		
		scriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	p list), F	art II-	A, lines 1	and
2 (se	e instructi	ons), and Part II-B, line 1 Also, complete this part for any additional information				
	·	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			- -	
				-		
		·				

· USA	C Alumni Assn	73-1366971
	orm 990 or 990-EZ) 2016	Page 4
Part IV	Supplemental Information (continued)	
		··
		·
		·

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name	of the organization		Employer identification number
USA	O Alumnı Assn		73-1366971
Par	Organizations Maintaining Dor	or Advised Funds or Other Simila	
		wered "Yes" on Form 990, Part IV, II	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and d	onor advisors in writing that the assets he	eld in donor advised
	funds are the organization's property, subject		
6	Did the organization inform all grantees, dor		
_	used only for charitable purposes and not for	· · · · · · · · · · · · · · · · · · ·	
	purpose conferring impermissible private be		☐ Yes ☐ No
Par			
rai		wored "Ves" on Form 990 Part IV li	no 7
		wered "Yes" on Form 990, Part IV, li	
1	Purpose(s) of conservation easements held	· · ·	
	Preservation of land for public use (e g , red	=	ation of a historically important land area
	Protection of natural habitat	Preserva	ation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contrib	oution in 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_eas	sements	2b
С	Number of conservation easements on a ce	rtified historic structure included in (a)	2c
d	Number of conservation easements include		na
	historic structure listed in the National Regis		2d
3	Number of conservation easements modifie		terminated by the organization during
	the tax year ▶		
4	Number of states where property subject to	conservation easement is located	>
5	Does the organization have a written policy	regarding the periodic monitoring, inspec	tion, handling of
	violations, and enforcement of the conserva	tion easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring	inspecting, handling of violations, and enforce	cing conservation easements during the year
	•		_
7	Amount of expenses incurred in monitoring, insp	ecting, handling of violations, and enforcing	conservation easements during the year
	▶ \$		- ,
8	Does each conservation easement reported	i on line 2(d) above satisfy the requireme	nts of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	, ,	Yes No
9	In Part XIII, describe how the organization re	eports conservation easements in its reve	enue and expense statement, and
	balance sheet, and include, if applicable, the		
	the organization's accounting for conservation		
Par		lections of Art, Historical Treasure	es, or Other Similar Assets.
	Complete if the organization ans	wered "Yes" on Form 990, Part IV, li	ne 8
1a	If the organization elected, as permitted und		
ıa	works of art, historical treasures, or other sil		
	of public service, provide, in Part XIII, the te		
h	If the organization elected, as permitted und		
b	works of art, historical treasures, or other sil	· · · · · · · · · · · · · · · · · · ·	
			acaden, or rescarcit in furtile diffe
	of public service, provide the following amou	=	▶ ¢
	(i) Revenue included on Form 990, Part VII	r, me i	► \$ ► \$
2	(ii) Assets included in Form 990, Part X	i art historical transporter at ather society	
2	If the organization received or held works of		
	following amounts required to be reported u		se items
а	Revenue included on Form 990, Part VIII, III	ne i	. \$
b	Assets included in Form 990. Part X		▶ ⊅

Part	t III Organizations Maintaini	na Colle	ections of	Δrt Hist	orical Tr	easures o	r Othe	r Similar Asse	ts (cont	inue	d)
3	Using the organization's acquisition										<u>u/</u> _
Ū	collection items (check all that apply		on, and other	records,	oncon any		mg mac	are a digrimount	400 OI 110		
а	Public exhibition	,		d [Loan	or exchange	nrogran	ne			
	=			" ⊨	i	=	program	13			
b	Scholarly research			e	Other						
C	Preservation for future general	ations									
4	Provide a description of the organiza	ation's co	ollections and	explain h	ow they fo	urther the org	janizatio	n's exempt purpo	se in Pa	rt	
5	During the year, did the organization	solicit o	r receive don	ations of	art, histori	cal treasures	, or othe	er sımılar			
	assets to be sold to raise funds rath								☐ Ye	s 🗔	No
Part	t IV Escrow and Custodial A	rranger	ments		-						
	Complete if the organizati			on Form	1990. Pa	rt IV. line 9.	or rep	orted an amour	nt on Fo	rm	
	990, Part X, line 21	o a		J		,	, сер				
1a	Is the organization an agent, trustee	custodi	an or other in	termediar	v for cont	ributions or o	ther ass	ets not	-		
	included on Form 990, Part X?	, odotodi		itorini odiar	y 101 00111			.0.0 1.00	Ye	s	No
b	If "Yes," explain the arrangement in	Part XIII	and complete	e the follow	wing table	1]
-	ii too, oxplaiit iio altarigomentiii		and dompion	3 (110 10.10	g table				mount		
С	Beginning balance						10				0
d	Additions during the year						10				
е	Distributions during the year						1e				
f	Ending balance						1f				0
2a	Did the organization include an amo	unt on E	orm 990 Par	t Y line 2	1 for each	ow or custod	ial acco	unt liability2	□ v _a	s X	No
_	₹							•	٠٠٠ ا	'] . 0
b	If "Yes," explain the arrangement in	Part Aill	Check here	ii the expi	anation na	as been prov	idea on	Pail Aili		_ــــ	<u></u>
Part				_			_				
	Complete if the organizati										
		(a)	Current year		or year	(c) Two years		(d) Three years back		ır years	
1a	Beginning of year balance		1,774,209		1,774,209	1,5	17;972	1,496,363			31,881
b	Contributions	ļ	183,978		117,382			38,250	<u> </u>	8	30,771
С	Net investment earnings, gains,	}					j				
	and losses		48,790		61,866			65,034			9,979
d	Grants or scholarships		77,205		79,940			76,300	입	7	74,178
е	Other expenditures for facilities										
	and programs					<u> </u>					
f	Administrative expenses	ļ						5,375			2,090
g	End of year balance	L	1,929,772		1,873,517		17,972	1,517,972	2	<u> 1,49</u>	96,363
2	Provide the estimated percentage of		ent year end		line 1g, co	olumn (a)) he	ld as				
а	Board designated or quasi-endowm	ent	-	8%							
b	Permanent endowment	<u>-</u>	88%								
С	Temporarily restricted endowment	>	4%								
	The percentages on lines 2a, 2b, ar										
3a	Are there endowment funds not in the	ne posse	ssion of the c	organizatio	on that are	held and ad	minister	ed for the	Г		
	organization by									Yes	No
	(i) unrelated organizations								3a(i)		X
	(ii) related organizations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related	•		•					3b		<u> </u>
4	Describe in Part XIII the intended us			's endow	ment fund	<u>s</u>					
Part	Land, Buildings, and Eq Complete if the organizati			on Form	n 990, Pa	ırt IV, lıne 1	1a See	Form 990, Pa	rt X, line	÷ 10	
	Description of property		(a) Cost or of		1	ost or other		Accumulated		ok valu	ле
			(investm		1 ' '	is (other)		epreciation	,=,=+	-	
1a	Land		1	0		0	30 B	1 () () () ()			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			C
	I. Add lines 1a through 1e (Column (c	d) must e	gual Form 99	0. Part X	column (B), line 10c)		▶			C

Schedule D (Form 990)	2016 USAO Alumni Assn	·		73-1366971 Page 3
	vestments—Other Secui			
Co	omplete if the organization	answered "Yes" on Form 9	90, Part IV, line 11b See For	m 990, Part X, line 12
	otion of security or category ding name of security)	(b) Book value	(c) Method of v Cost or end-of-year	
(1) Financial deriva	itives	0		
(2) Closely-held eq	uity interests	0		
(3) Other	·			
(4)				
(B)				
(C)				
(D)	**			
<u>(E)</u>		·		
(F)		·		
(G)				
(H)				237/80 XI) # 6, 60, 5 m² ;
	ual Form 990, Part X, col. (B) line 12.)	0		
	vestments—Program Re		00 0 1 1 1 1 0 0	000 D 17 1 40
	mpiete if the organization	answered "Yes" on Form 9	90, Part IV, line 11c See For	
(a) De	escription of investment	(b) Book value	(c) Method of v Cost or end-of-year	
(4) Vanguard 8 E	idelity Investments	1,995,593	<u> </u>	market value
	identy investments	1,990,090		
(3)				
(4)				······································
(5)				
(6)				
_(7)				
(8)				
(9)				
	ual Form 990, Part X, col (B) line 13)	1,995,593		
Part IX Ot	her Assets.			
Co	emplete if the organization	answered "Yes" on Form 99	90, Part IV, line 11d See For	m 990, Part X, line 15
		(a) Description		(b) Book value
(2)				
(3)				
(4)				
(5)	<u> </u>			
(6)	·			
(7)				
(8)		· · · · · · · · · · · · · · · · · · ·		
(9)	15 - 200 B-1V		·	
	must equal Form 990, Part X,	coi (B) line 15)	<u> </u>]0
	her Liabilities.	anamarad IIVaall on Farm Of	00 Dent IV line 44 e er 445 C	C 000 Dad V
	e 25	answered tes on Form 98	90, Part IV, line 11e or 11f S	ee Form 990, Part X,
1. (a) Description of liability	(b) Book value		
(1) Federal incom	e taxes	0		
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)	nl Form 990, Part X, col. (B) line 25.)	<u>▶</u>		
			organization's financial statements	s that reports the
=. Elability for unout	and care positionion in Function, pro	street and toxicol and locations to the	. 5. 34. 1124.15.11 5 11114115141 5141611161116	

Schedule D (Form	990) 2016	USAO Alumni	Assn				_	73-1366971	Page 5
Part XIII	Supple	mental Inforn	nation (cont	inued)					
		·							
							·		
		·						· · · · · · · · · · · · · · · · · · ·	
						·			
				· • • • • • • • • • • • • • • • • • • •		·			
									
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		· · · · · · · · · · · · · · · · · · ·							

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

2016	Open to Public	Inspection

OMB No 1545-0047

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

Inspection identification number

Schedule I (Form 990) (2016) å (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance Yes Employer identification number 73-1366971 (g) Description of non-cash assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance . Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance the selection criteria used to award the grants or assistance? (c) (RC section if applicable (p) EIN 1 (a) Name and address of organization or government Name of the organization **JSAO Alumni Assn** Part I Part £ Ę Ξ <u>6</u> 2 3 3 9 8 @ : 9 6

USAO Alumni Assn

73-1366971

USAO Alumni ASS Schedule I (Form 990) (2016)

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV Part III

Schedule I (Form 990) (2016)

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 Open to Public

Department of the Treasury

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

Name of the organization	Employer identification number
	73-1366971
OSAO Alditti i Assi	13-1300911
Form 990, Part VI, Section B, Line 11a Copy emailed to Board Members	
	.

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization	Page Employer identification number
	73-1366971
USAO Alumni Assn	73-1300971
	·····
	 ,

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990

Open to Public Inspection

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

(f)
Direct controlling
entity Employer identification number Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had 73-1366971 (e) End-of-year assets Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (d) Total income (c)
Legal domicile (state
or foreign country) Primary activity Ð one or more related tax-exempt organizations during the tax year. (a) Name, address, and EIN (if applicable) of disregarded entity Name of the organization **USAO Alumni Assn** Part II Part I

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9

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(b)(13) ed ?
		-				Yes	N _o
(1)							
(2)							
(3)							
(4)							
(5)							
(9)		1					
(2)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	.00				Schedule R (Form 990) 2016	orm 990) 2	2016

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 73-1366971 **USAO Alumni Assn**

Schedule R (Form 990) 2016

Part III

Percentage ownership (i) Section 512(b)(13) controlled Schedule R (Form 990) 2016 ž Yes Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (j) General or managing partner? Yes No (h) Percentage ownership Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (g)
Share of
end-of-year assets (h)
Disproportionate
allocations? ŝ (f) Share of total income Yes (g) Share of end-of-year assets (e)
Type of entity
(C corp. S corp, or trust) (f) Share of total Income because it had one or more related organizations treated as a partnership during the tax year (d)
Direct controlling
entity Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
Direct controlling 1 entity (b)
Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity (a) Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV 2 ල Ξ € 9 9 $\mathbf{\epsilon}$ Ξ 2 3 <u>4</u> 9 9 5

USAO Alumni Assn Schedule R (Form 990) 2016

Part V

73-1366971

ŝ Schedule R (Form 990) 2016 Method of determining Yes If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 79 Ę 4 <u>2</u> = 9 9 = Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Amount invalved 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? Transaction type (a-s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organizațion(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Lease of facilities, equipment, or other assets to related organization(s) Reimbursement paid by related organization(s) for expenses. Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) Name of related organization Reimbursement paid to related organization(s) for expenses Other transfer of cash or property to related organization(s). Loans or loan guarantees to or for related organization(s). Gift, grant, or capital contribution to related organization(s) Loans or loan guarantees by related organization(s). Sharing of paid employees with related organization(s). Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) Ε **=** 0 ۵ 6 N € $\widehat{\Xi}$ 2 (5) ව 9

73-1366971

Schedule R (Form 990) 2016

line 37.
, Part IV,
orm 990
Yes" on F
answered "
ganization a
if the org
Complete
artnership.
able as a Pa
zations Tax
d Organiz
Unrelate
Part VI

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

(4) (5) (6) (7) (10) (a) (b) (b) (b) (c) (d) (d) (d) (e) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners Share of Sortich(3) organizations? Yes No	of Share of end-of-year assets	(h) Disproportionate allocations?	(1) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	(k) Percentage ownership
Name, aduress, and EIN to entry Primary advanty (state or foreign mome (related, excluded country) where the foreign mome (related, excluded from tax under sections 512-514)	recomman income (related, unrelated, excluded from tax under sections 512-514)			Usproportonate allocations?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		Percentage ownership
rounty) uniterated, sections 512-514) from tax under sections 512-514)	from tax under sections 512-514)	anizations?	assets	<u> </u>	of Schedule K-1 (Form 1065)	partner?	
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r art vii	Provide a	additional information	tion for respons	ses to question	ons on Sched	lule R See	nstructions.	·- · · · · · · · · · · · · · · · · · ·	·
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