## **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047 20

Open to Public

partment of the Treasury

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

Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service For the 2017 calendar year, or tax year beginning 7/1/2017 6/30/2018 Check if applicable C Name of organization USAO Alumni Assn D Employer identification number Doing business as USÃO Alumni Address change Number and street (or P O box if mail is not delivered to street address) Room/suite 73-1366971 Name change 1727 Alahama Telephone number City or town State ZIP code Initial return OK Chickasha 73018 Final return/terminated Foreign country name Foreign postal code Foreign province/state/county Amended return Gross receipts \$ 140,672 F Name and address of principal officer Application pending H(a) is this a group return for subordinates? Robert Newbrough 2640 County Street 2846, Chickasha, OK 73018 🔼 H(b) Are all subordinates included? If "No," attach a list (see instructions) 501(c) 501(c)(3) Tax-exempt status ) < (insert no ) 4947(a)(1) or Website: ► www usao edu H(c) Group exemption number ▶ X K Form of organization Corporation Trust Association Other • L Year of formation M State of legal domicile 1995 OK Part I Summary Briefly describe the organization's mission or most significant activities The purpose of the Association is to SCANNED MAR 0 8 2019 Activities & Governance perpetuate and promote the interest of the University of Science and Arts of Oklahoma (USAO), to provide leadership for the alumni, encourage enrollment and award scholarships Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 25 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 2,744 3,738 Program service revenue (Part VIII, line 2q) 189,320 74,366 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 49,013 59,434 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4.409 3,134 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 140,672 245,486 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 109,163 170,810 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25 109,163 170,810 19 Revenue less expenses Subtract line 18 from line 136,323 -30,138Beginning of Current Year End of Year Assets o 20 Total assets (Part X, line 16) 2.378.301 2,432,240 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 fro 2.378.301 2,432,240 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying school and etatements, and to the best of my knowledge is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) Sign Signature of officer Here Robert Newbrough, Treasurer 10/07/2018 Type or print name and title Print/Type preparer's name PTIN Check X if Paid self-employed Robert L Robert L Newbrough 10/17/2018 P01079304 **Preparer** Firm's name ► R L Newbrough CPA Firm's EIN ► 73-1211099 **Use Only** Firm's address ► 2640 County Street 2846, Chickasha, OK 73018 (405) 519-9890 Phone no

For Paperwork Reduction Act Notice, see the separate instructions.

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

Form 990 (2017)

Yes

No

| Form 9 | 90 (2017) | USAO Alumni Assn   | 73-1366971          | ,<br>Page <b>2</b> |
|--------|-----------|--|---------------------|--------------------|
|        | t III     | Statement of Program Service Accomplishments   |                     |                    |
|        |           | Check if Schedule O contains a response or note to any line in this Part III                         |                     | Г                  |
| 1      | Briefly   | escribe the organization's mission   |                     |                    |
| 1      | •         | pose of the Association is to perpetuate and promote the interest of the University                  |                     |                    |
|        |           | ce and Arts of Oklahoma (USAO), to provide leadership for the alumni, to encourage                   |                     |                    |
|        |           | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  |                     |                    |
|        |           | ent in the University and to take other action as may be deemed beneficial for the                   | ••••                |                    |
|        |           | ement of the University and the Association  | <del></del>         |                    |
| 2      |           | organization undertake any significant program services during the year which were not listed on     | $\Box$ ,            | [V]                |
|        | •         | Form 990 or 990-EZ?  | ∐ Yes               | X No               |
|        |           | describe these new services on Schedule O  |                     |                    |
| 3      |           | organization cease conducting, or make significant changes in how it conducts, any program           |                     |                    |
|        | service   |  | ∐ Yes               | X No               |
|        |           | describe these changes on Schedule O   |                     |                    |
| 4      |           | e the organization's program service accomplishments for each of its three largest program services  |                     |                    |
|        |           | es Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all | ocations to others, | ,                  |
|        | the tota  | expenses, and revenue, if any, for each program service reported                                     |                     |                    |
|        |           |  |                     |                    |
| 4a     | (Code     | ) (Expenses \$ 49,447 including grants of \$ 0 ) (Revenu   | ıe \$8              | 3,417)             |
|        | Alumni    | Projects for concert series, piano repair, championship rings for Softball and                       |                     |                    |
|        | reimbu    | sement to USAO for personnel services  |                     |                    |
|        |           |  |                     |                    |
|        |           |  |                     |                    |
|        |           |  |                     |                    |
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|        |           | •••••••••••••••••••••••••••••••••••••••  |                     |                    |
|        |           |  |                     |                    |
|        |           |  |                     |                    |
|        |           |  |                     |                    |
| 4b     | (Code     | ) (Expenses \$ 99,560 including grants of \$ ) (Revenue  | ue \$ 59            | 9,099 )            |
|        | •         | ships awarded for Fall 2017 and Spring 2018  |                     |                    |
|        |           |  |                     |                    |
|        |           |  |                     |                    |
|        |           |  |                     |                    |
|        |           |  |                     |                    |
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|        |           |  |                     |                    |
|        |           |  |                     |                    |
|        |           |  |                     |                    |
|        |           |  |                     |                    |
| 4c     | (Code     | ) (Expenses \$ 4,144 including grants of \$ 0 ) (Revenue   |                     | 3,817 )            |
| - •    | •         | oming November 2017 Organized and funded homecoming for students, alumni, and faculty                |                     | '                  |
|        |           | <u></u>  |                     |                    |
|        |           |  |                     |                    |
|        |           |  |                     |                    |
|        |           |  |                     |                    |
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|        |           |  |                     |                    |
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|        |           |  |                     | •                  |
|        |           |  |                     |                    |
|        |           | (December Cabady 1- O.)  | **                  |                    |
| 4d     | Other p   | rogram services (Describe in Schedule O)   |                     |                    |

0 including grants of \$

153,151

(Expenses \$

Total program service expenses

0)

0)(Revenue \$

| Part IV | Checklist of Required Schedule |   |
|---------|--------------------------------|---|
|         | Checkist of Vegalied Schedule  | 3 |

| art    | IV              | Checklist of Required Schedules   |     | 1   |          |
|--------|-----------------|---|-----|-----|----------|
|        | 1-45-           |   |     | Yes | No       |
| 1      |                 | organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"  | 4   |     |          |
| 2      |                 | lete Schedule A organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2   | Х   | Х        |
| 2<br>3 |                 | ne organization required to complete <i>Scriedale B, Scriedale or Communities</i> (see instructions)?   |     |     | ^        |
| J      |                 | dates for public office? If "Yes," complete Schedule C, Part I  | 3   |     | Х        |
| 4      |                 | on 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)  |     |     |          |
|        |                 | on in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4   |     | X        |
| 5      |                 | organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,   |     |     |          |
|        | asses<br>Part I | ssments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,   | 5   |     | X        |
| 6      |                 | ne organization maintain any donor advised funds or any similar funds or accounts for which donors  |     |     |          |
|        |                 | the right to provide advice on the distribution or investment of amounts in such funds or accounts? If  |     |     |          |
|        | "Yes,           | " complete Schedule D, Part I   | 6   |     | Х        |
| 7      | Did th          | ne organization receive or hold a conservation easement, including easements to preserve open space,  | ,   |     |          |
|        |                 | nvironment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7   |     | Х        |
| 8      |                 | ne organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"  |     |     |          |
|        |                 | lete Schedule D, Part III   | 8   |     | X        |
| 9      |                 | ne organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a  |     |     |          |
|        |                 | dian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt  |     |     | V        |
| 0      | -               | tiation services? If "Yes," complete Schedule D, Part IV ne organization, directly or through a related organization, hold assets in temporarily restricted                         | 9   |     | Х        |
| U      |                 | wments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10  | x   |          |
| 1      |                 | organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,   |     |     |          |
| •      |                 | III, IX, or X as applicable   |     |     |          |
| а      |                 | ne organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete  |     |     |          |
|        | Sched           | dule D, Part VI   | 11a |     | Х        |
| þ      |                 | ne organization report an amount for investments—other securities in Part X, line 12 that is 5% or more   |     |     |          |
|        |                 | total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b |     | Χ        |
| С      |                 | ne organization report an amount for investments—program related in Part X, line 13 that is 5% or more  |     |     |          |
| _      |                 | total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c | X   |          |
| u      |                 | ne organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets ted in Part X, line 16? If "Yes," complete Schedule D, Part IX          | 11d |     | v        |
| e      |                 | ne organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e |     | X        |
|        |                 | e organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |     |     |          |
|        |                 | ganization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f |     | Х        |
| 2a     |                 | ne organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |     |     |          |
|        | Sched           | dule D, Parts XI and XII  | 12a |     | Χ        |
| þ      |                 | the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"   |     |     |          |
| _      |                 | the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b |     | <u>X</u> |
| 3      |                 | organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |     | <u>X</u> |
|        |                 | ne organization maintain an office, employees, or agents outside of the United States? The organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | 14a |     | _X       |
| IJ     |                 | aising, business, investment, and program service activities outside the United States, or aggregate  |     |     |          |
|        |                 | in investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV   | 14b |     | Х        |
| 5      |                 | ne organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or  | 170 |     |          |
| -      |                 | ny foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15  |     | Х        |
| 6      |                 | ne organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other   |     |     |          |
|        | assist          | tance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16  |     | Х        |
| 7      |                 | ne organization report a total of more than \$15,000 of expenses for professional fundraising services  |     |     |          |
| _      |                 | art IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)   | 17  |     | Х        |
| 8      |                 | ne organization report more than \$15,000 total of fundraising event gross income and contributions on  | ,   |     | ,        |
| 9      |                 | /III, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18  |     | X        |
| J      |                 | ne organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? is," complete Schedule G, Part III  | 19  |     | Х        |
|        |                 | , , ,   |     |     |          |

#### Form 990 (2017) USAO Alumni Assn 73-1366971 Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Х 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 Χ 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х 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 Χ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a Χ b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d 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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Χ b Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Χ 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b Х c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 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? If "Yes," complete Schedule N, 31 Χ 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Х If "Yes," complete Schedule N, Part II 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, 34 Х III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Χ organization? If "Yes," complete Schedule R, Part V, line 2 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 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2017) USAO Alumni Assn 73-1366971 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 1b 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return 0 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? b 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O b 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. а Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter 10a а Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

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

Form 990 (2017) USAO Alumni Assn 73-1366971 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 0 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Χ 6 Did the organization have members or stockholders? 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 Х Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a The governing body? Each committee with authority to act on behalf of the governing body? 8b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Х 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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► OK 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 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 20

Robert Newbrough

2640 County Street 2846, Chickasha, OK 73018

| 1 1   |   |  |   |  |  |  |  |  |  |  |
|---|---|--|---|--|--|--|--|--|--|--|
| Form 990 (2017)                               | ' USAO Alumni Assn  |  |   |  | 73-13669   | 971 Page <b>7</b>                          |  |  |  |  |
| Part VII                                      | Compensation of Officers, Dire  | ctors, Truste  | es, Key Employees, F  | lighest Comp                                     | ensated  |  |  |  |  |  |
|   | Employees, and Independent C  |  |   |  |  | <del></del>                                |  |  |  |  |
|   | Check if Schedule O contains a r  | <del>`</del> -   |   |  |  |  |  |  |  |  |
| Section A.                                    | Officers, Directors, Trustees, Key E  | mployees, and  | Highest Compensated E   | mployees   | <del></del>  |  |  |  |  |  |
| 1a Complete organization's                    | this table for all persons required to be stax year   | listed Report co   | mpensation for the calend   | lar year ending v                                | with or within the   | •  |  |  |  |  |
|   | • List all of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid  |  |   |  |  |  |  |  |  |  |
| <ul> <li>List the<br/>who received</li> </ul> | <ul> <li>List all of the organization's current key employees, if any See instructions for definition of "key employee"</li> <li>List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations</li> </ul> |  |   |  |  |  |  |  |  |  |
|   | of the organization's <b>former</b> officers, ke<br>eportable compensation from the organ   |  | •   | mployees who r                                   | eceived more th  | an   |  |  |  |  |
|   | of the organization's <b>former directors</b> of more than \$10,000 of reportable compe   |  |   |  |  | the  |  |  |  |  |
| •   | n the following order individual trustees<br>employees, and former such persons   | or directors, ins  | stitutional trustees, officers  | , key employees                                  | s, highest   |  |  |  |  |  |
| X Check th                                    | is box if neither the organization nor any  | y related organiz  | ation compensated any c   | urrent officer, di                               | ector, or trustee  |  |  |  |  |  |
|   | (A)<br>Name and Title   | (B)<br>Average<br>hours per<br>week (list any<br>hours for | (C)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Or note that the thing has been dependent on the term of | (D)<br>Reportable<br>compensation<br>from<br>the | (E)<br>Reportable<br>compensation<br>from related<br>organizations | (F) Estimated amount of other compensation |  |  |  |  |

| (A)<br>Name and Title       | (B) Average hours per week (list any hours for related organizations below dotted line) | box,        | unle:<br>er an | Pos<br>neck<br>ss pe | rson     | than the street of the street | an | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------------|---|-------------|----------------|----------------------|----------|---|----|---|--|--|
| (1) Misty McClellan         | 15 00   | l           |                |                      | ĺ.,      |   |    |   |  |  |
| Director (2) Page Care      | 0 00  | X           |                | _                    | X        |   |    |   |  |  |
| (2) Ron Carr Past President | 7 00<br>0 00  |             |                | x                    |          |   |    |   |  |  |
| (3) Robert Newbrough        | 8 00  | <del></del> | -              | ^                    |          |   |    |   |  |  |
| Treasurer                   | 0 00  |             |                | x                    | x        |   |    |   |  |  |
| (4) Chris Collins           | 7 00  |             |                |                      | <u> </u> |   |    |   |  |  |
| President                   | 0 00  |             |                | x                    | x        |   |    |   |  |  |
| (5)                         |   |             |                |                      |          |   |    |   |  |  |
| (6)                         |   |             |                |                      |          |   |    |   |  |  |
| (7)                         |   |             |                |                      |          |   |    |   |  |  |
| (8)                         |   |             |                |                      |          |   |    |   |  |  |
| (9)                         |   |             |                |                      |          |   |    |   |  |  |
| (10)                        |   |             |                |                      |          |   |    |   |  |  |
| (11)                        |   |             |                |                      |          |   |    |   |  |  |
| (12)                        |   |             |                |                      |          |   |    |   |  |  |
| (13)                        |   |             |                |                      |          |   |    |   | ***************************************                                |  |
| (14)                        |   |             |                |                      |          |   |    |   |  |  |

| Pa           | irt VII   | Section A. Officers, Directors, Tru  | ıstees, Key Em   | ploye                          | es,                   | and                  | iH t         | ghes                         | t C                   | ompensated Em                                  | ployees (contir                                  | nued)        |  |               |
|--------------|-----------|--|--|--------------------------------|-----------------------|----------------------|--------------|------------------------------|-----------------------|--|--|--------------|--|---------------|
|              |           | (A)<br>Name and title  | (B)<br>Average<br>hours per  | box.                           | unles                 | Pos<br>neck<br>ss pe | rson         | than o                       | an<br>ee)             | (D)<br>Reportable<br>compensation              | (E)<br>Reportable<br>compensation                |              | (F)<br>stimate                         |               |
|              |           |  | week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | Individual trustee or director | Institutional trustee | Officer              | Key employee | Highest compensated employee | Former                | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | org<br>an    | other ipensati om the anizati d relate | e<br>on<br>ed |
| (15)         |           |  |  |                                |                       |                      |              |                              |                       |  |  |              |  |               |
| (16)         |           |  |  |                                |                       | -                    |              |                              |                       |  |  |              |  |               |
| (17)         |           |  |  |                                |                       |                      |              |                              |                       |  |  |              |  |               |
| (18)         |           |  |  |                                |                       |                      |              |                              |                       |  |  |              |  |               |
| (19)         |           |  |  |                                |                       |                      |              |                              |                       |  |  |              |  |               |
| (20)         |           |  |  |                                |                       |                      |              |                              |                       |  |  |              |  |               |
| (21)         |           |  |  |                                |                       |                      |              |                              |                       |  |  |              |  |               |
| (22)         |           |  |  |                                |                       |                      |              |                              |                       |  |  |              |  |               |
| (23)         |           |  |  |                                |                       |                      |              |                              |                       |  | . ,  |              |  |               |
| (24)         |           |  |  |                                |                       |                      |              |                              |                       |  |  |              |  | •             |
| (25)         |           |  |  |                                |                       |                      |              |                              |                       |  |  |              |  |               |
| 1b<br>c<br>d |           | al<br>om continuation sheets to Part VII, S<br>dd lines 1b and 1c)                                 | ection A   | !                              | 1                     |                      |              |                              | <b>&gt; &gt; &gt;</b> | 0 0  | 0  |              |  | 0             |
| 2            | Total nu  | mber of individuals (including but not li<br>le compensation from the organization                 | _  | sted a                         |                       | /e) v<br>0           | vho          | rece                         | ivec                  | more than \$100                                | 0,000 of   |              |  |               |
| 3            | Did the d | organization list any <b>former</b> officer, dire<br>e on line 1a? <i>If "Yes," complete Sched</i> | ector, or trustee,   |                                | emp                   |                      | ee, c        | or hig                       | hes                   | t compensated                                  |  | 3            | Yes                                    | No<br>X       |
| 4            |           | individual listed on line 1a, is the sum on<br>nization and related organizations grea<br>al       |  |                                |                       |                      |              |                              |                       |  | h  | <u></u>      |  | X             |
| 5            |           | person listed on line 1a receive or acci<br>ces rendered to the organization? If "Y                |  |                                |                       |                      |              |                              |                       |  | ridual   | 5            |  |               |
| Sec          |           | dependent Contractors  |  |                                |                       |                      |              |                              |                       |  |  |              |  |               |
| 1            | Complet   | e this table for your five highest compesation from the organization. Report co                    |  |                                |                       |                      |              |                              |                       |  |  | tax          |  |               |
|              |           | (A)<br>Name and business add   | dress  |                                |                       |                      |              |                              |                       | (B)<br>Description of ser                      | vices  | (C<br>Comper |  | •             |
|              |           |  |  |                                |                       |                      |              |                              |                       |  |  |              |  | 0             |
|              |           |  |  |                                |                       |                      |              |                              |                       |  |  |              |  | 0             |
|              |           |  |  |                                |                       |                      |              | ├-                           |                       |  | · · · · -  |              | 0                                      |               |
|              |           |  |  |                                |                       |                      |              | +-                           |                       |  |  |              | 0                                      |               |
| 2            |           | mber of independent contractors (inclu   | -  |                                | tho                   | se                   | liste        | d abo                        |                       | who received                                   |  |              |  |               |

#### Part VIII Statement of Revenue

|  |     | Check if Schedule O contains         | a response of   | r note to any line i | n this Part VIII     |  |   |  |
|--|-----|--------------------------------------|-----------------|----------------------|----------------------|--|---|--|
|  |     |                                      |                 |                      | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| 5  | 1a  | Federated campaigns                  | 1               | a 0                  |                      |  |   |  |
| ant  | b   | Membership dues                      | 1               | <b>b</b> 1,750       | 1                    |  |   |  |
| ភ្   | С   | Fundraising events                   | 1               | <b>c</b> 0           |                      |  |   |  |
| ifts<br>ir A   | d   | Related organizations                | 1               | d C                  |                      |  |   |  |
| s, G<br>mik  | е   | Government grants (contributions     | s) 1            | <b>e</b> 0           |                      |  |   |  |
| ion  | f   | All other contributions, gifts, gran | •               | -                    |                      |  |   |  |
| ibut   |     | similar amounts not included abo     | L L             | if 1,988             |                      |  |   |  |
| Contributions, Gifts, Grants and Other Similar Amounts | g   | Noncash contributions included in li | <u> </u>        | \$ C                 |                      | !                                      |   |  |
| ā Č  | h   | Total. Add lines 1a-1f               |                 | <b>&gt;</b>          | 3,738                |  |   |  |
| <u>a</u>   |     |                                      |                 | Business Code        |                      |  |   |  |
| enu  | 2a  | Homecoming                           |                 | 900099               | 3,817                | 3,817                                  |   |  |
| Rev  | b   | Endowed Scholarship Donations        |                 | 900099               | 48,348               | 48,348                                 |   |  |
| ıce  | С   | Memorial Scholarship Donations       |                 | 900099               | 540                  | 540                                    |   |  |
| serv   | d   | General Scholarship Donations        |                 | 900099               | 13,243               | 13,243                                 |   |  |
| E (  | е   | Alumni Projects for USAO             | ,               | 900099               | 8,418                | 8,418                                  |   |  |
| Program Service Revenue                                | f   | All other program service revenue    | е               |                      | 0                    |  |   |  |
| ď  | g   | Total. Add lines 2a-2f               |                 | <b>&gt;</b>          | 74,366               |  |   |  |
|  | 3   | Investment income (including div     | idends, interes | st, and              |                      |  |   |  |
|  |     | other similar amounts)               |                 | •                    | 59,434               | 59,434                                 |   |  |
|  | 4   | Income from investment of tax-ex     | cempt bond pr   | oceeds <b>&gt;</b>   | 0                    |  |   |  |
|  | 5   | Royalties                            |                 | <u> </u>             | 3,134                | 3,134                                  |   |  |
|  |     |                                      | (ı) Real        | (II) Personal        | _                    |  |   |  |
|  | 6a  | Gross rents                          |                 |                      | _                    |  |   |  |
|  | b   | Less rental expenses                 |                 | <del> </del>         | _                    |  |   |  |
|  | С   | Rental income or (loss)              |                 | <u>o </u>            | <del></del>          |  |   | ·  |
|  | d   | Net rental income or (loss)          |                 | <u> </u>             | 0                    |  |   |  |
|  | 7a  | Gross amount from sales of           | (i) Securities  | (II) Other           | _                    |  |   |  |
|  | _   | assets other than inventory          |                 | <u>o</u>             | 4                    |  |   |  |
|  | b   | Less cost or other basis             |                 |                      |                      |  |   |  |
|  |     | and sales expenses                   |                 | 0 0                  | <b>⊣</b>             |  |   |  |
|  | С   | Gain or (loss)                       |                 | 0 0                  | <del></del>          |  | <del> </del>                            |  |
|  | d   | Net gain or (loss)                   |                 | <u> </u>             | 0                    |  |   | <del> </del>   |
| e  | 8a  | Gross income from fundraising        |                 |                      |                      |  |   |  |
| nu   | Ua  | events (not including \$             | 0               |                      |                      |  |   |  |
| eve  |     | of contributions reported on line    | <br>lc\         |                      |                      |  |   |  |
| r R  |     | See Part IV, line 18                 |                 | a o                  | ,                    |  |   |  |
| Other Revenue  | b   | Less direct expenses                 | _               | 0                    | -                    |  |   | i  |
| ō  | c   | Net income or (loss) from fundrai    |                 | •                    | 0                    |  |   |  |
|  |     | Gross income from gaming activi      | -               |                      | <u></u>              |  |   | <del> </del>   |
|  |     | See Part IV, line 19                 |                 | a O                  |                      |  |   |  |
|  | b   | Less direct expenses                 |                 | 0                    | -                    |  |   |  |
|  |     | Net income or (loss) from gaming     | activities      | <b>&gt;</b>          | 0                    |  |   |  |
|  |     | Gross sales of inventory, less       |                 |                      |                      |  |   |  |
|  |     | returns and allowances               |                 | a   0                |                      |  |   |  |
|  | b   | Less cost of goods sold              | ı               | o 0                  | i                    |  |   |  |
|  | С   | Net income or (loss) from sales of   | f inventory     | <b>•</b>             | 0                    |  |   |  |
|  |     | Miscellaneous Revenue                |                 | Business Code        |                      |  |   |  |
|  | 11a |                                      |                 |                      | 0                    |  |   |  |
|  | b   |                                      |                 |                      | 0                    |  |   |  |
|  | С   |                                      |                 |                      | 0                    |  |   |  |
|  | d   | All other revenue                    |                 |                      | 0                    |  |   |  |
|  | е   | Total. Add lines 11a-11d             |                 | <b>&gt;</b>          | 0                    |  | -                                       |  |
|  | 12  | Total revenue. See instructions      |                 | <u></u>              | 140,672              | 136,934                                | 0                                       | 0  |

following SOP 98-2 (ASC 958-720)

| _        | 90 (2017) USAO Alumini ASSIT   | ····                  |                              | 73-130                              | O9/I Page IC                          |
|----------|--|-----------------------|------------------------------|-------------------------------------|---------------------------------------|
|          | t IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all | columns All other or  | ganizatione must o           | omplete column (A)                  |                                       |
| Secur    | Check if Schedule O contains a response or note  |                       |                              | ompiete column (A)                  |                                       |
|          | not include amounts reported on lines 6b, 7b,<br>9b, and 10b of Part VIII.                       | (A)<br>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   |                       |                              |                                     |                                       |
|          | organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16        | اه                    |                              | į                                   |                                       |
| 4        | Benefits paid to or for members  |                       |                              |                                     | <del></del>                           |
| 5        | Compensation of current officers, directors,   | <del></del>           |                              |                                     |                                       |
| Ŭ        | trustees, and key employees  |                       |                              | ol                                  |                                       |
| 6        | Compensation not included above, to disqualified   | 3                     | _                            |                                     |                                       |
| -        | persons (as defined under section 4958(f)(1)) and  |                       |                              |                                     |                                       |
|          | persons described in section 4958(c)(3)(B)   | 0                     |                              |                                     |                                       |
| 7        | Other salaries and wages   | 0                     |                              |                                     |                                       |
| 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)  |                       |                              |                                     |                                       |
| a        | Management   | 0                     |                              |                                     |                                       |
| b        | Legal  | 0                     |                              |                                     | **                                    |
| C C      | Accounting   | 0                     |                              |                                     |                                       |
| d<br>e   | Lobbying Professional fundraising services See Part IV, line 17                                  |                       |                              |                                     | <del>, _ ,</del>                      |
| f        | Investment management fees   | 15,913                |                              | 15,913                              |                                       |
| g        | Other (If line 11g amount exceeds 10% of line 25, column   | 10,510                |                              | 10,010                              |                                       |
| 9        | (A) amount, list line 11g expenses on Schedule O)  |                       |                              | o                                   |                                       |
| 12       | Advertising and promotion  | 0                     |                              |                                     |                                       |
| 13       | Office expenses  | 40,763                | 39,017                       | 1,746                               |                                       |
| 14       | Information technology   | 0                     |                              |                                     |                                       |
| 15       | Royalties  | 0                     |                              |                                     |                                       |
| 16       | Occupancy  | 0                     |                              |                                     |                                       |
| 17       | Travel   | 0                     |                              |                                     |                                       |
| 18       | Payments of travel or entertainment expenses   |                       |                              |                                     |                                       |
|          | for any federal, state, or local public officials  | 0                     |                              |                                     | <del></del>                           |
| 19       | Conferences, conventions, and meetings   | 4,144                 | 4,144                        |                                     |                                       |
| 20       | Interest   | 0                     |                              |                                     | <del> </del>                          |
| 21       | Payments to affiliates   | 0                     | 0                            | 0                                   |                                       |
| 22<br>23 | Depreciation, depletion, and amortization<br>Insurance   | 0                     | U                            |                                     |                                       |
| 24       | Other expenses Itemize expenses not covered  | <u> </u>              |                              | **                                  |                                       |
| 27       | above (List miscellaneous expenses in line 24e If  |                       |                              |                                     |                                       |
|          | line 24e amount exceeds 10% of line 25, column   |                       |                              |                                     |                                       |
|          | (A) amount, list line 24e expenses on Schedule O)  |                       |                              |                                     |                                       |
| а        | Alumni Association Projects to benefit USAO  | 10,430                | 10,430                       |                                     |                                       |
| b        | Scholarships Awarded to USAO students  | 99,560                | 99,560                       |                                     |                                       |
| С        |  | 0                     |                              |                                     |                                       |
| d        |  | 0                     |                              |                                     |                                       |
| е        | All other expenses   | 0                     |                              |                                     |                                       |
| 25       | Total functional expenses. Add lines 1 through 24e   | 170,810               | 153,151                      | 17,659                              | (                                     |
| 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  |                       |                              |                                     |                                       |

| P                           | art X    | Balance Sheet  |                                 |                          |    |                    |
|-----------------------------|----------|--|---------------------------------|--------------------------|----|--------------------|
|                             |          | Check if Schedule O contains a response or                 | note to any line in this Part X |                          |    |                    |
|                             |          |  |                                 | (A)<br>Beginning of year |    | (B)<br>End of year |
|                             | 1'       | Cash—non-interest-bearing                                  |                                 | 50                       | 1  | 150                |
|                             | 2        | Savings and temporary cash investments                     |                                 | 268,112                  | 2  | 216,286            |
|                             | 3        | Pledges and grants receivable, net                         |                                 | 0                        | 3  | 0                  |
|                             | 4        | Accounts receivable, net                                   |                                 | 0                        | 4  | 0                  |
|                             | 5        | Loans and other receivables from current and fo            | ormer officers, directors,      |                          |    |                    |
|                             |          | trustees, key employees, and highest compensa              | ated employees                  |                          |    |                    |
|                             |          | Complete Part II of Schedule L                             |                                 | 0                        | 5  |                    |
|                             | 6        | Loans and other receivables from other disqualified perso  | ns (as defined under section    |                          |    |                    |
|                             |          | 4958(f)(1)), persons described in section 4958(c)(3)(B), a | nd contributing employers and   |                          |    |                    |
|                             |          | sponsoring organizations of section 501(c)(9) voluntary el |                                 |                          |    |                    |
| Assets                      |          | organizations (see instructions) Complete Part II of Sche  | dule L                          | 0                        | 6  |                    |
| \SS                         | 7        | Notes and loans receivable, net                            |                                 | 0                        | 7  | 0                  |
| •                           | 8        | Inventories for sale or use                                |                                 | 0                        | 8  |                    |
|                             | 9        | Prepaid expenses and deferred charges                      |                                 | 0                        | 9  |                    |
|                             | 10a      | Land, buildings, and equipment cost or                     |                                 |                          |    |                    |
|                             |          | other basis Complete Part VI of Schedule D                 | 10a 0                           |                          |    |                    |
|                             | ] _b     | Less accumulated depreciation                              | <b>10b</b> 0                    | 0                        |    | 0                  |
|                             | 11       | Investments—publicly traded securities                     | 0                               |                          | 0  |                    |
|                             | 12       | Investments—other securities See Part IV, line             | 0                               | 12                       | 0  |                    |
|                             | 13       | Investments—program-related See Part IV, line              | : 11                            | 1,995,593                | 13 | 2,101,258          |
|                             | 14       | Intangible assets  |                                 | 14,546                   |    | 14,546             |
|                             | 15       | Other assets See Part IV, line 11                          | al line 24)                     | 100,000                  | 15 | 100,000            |
|                             | 16<br>17 | Total assets. Add lines 1 through 15 (must equal           | al line 34)                     | 2,378,301                | 16 | 2,432,240          |
|                             | 18       | Accounts payable and accrued expenses Grants payable       | 0                               | 17                       |    |                    |
|                             | 19       | Deferred revenue   | 0                               | 18                       | ļ  |                    |
|                             | 20       | Tax-exempt bond liabilities                                | 0                               | 19                       |    |                    |
|                             | 21       | Escrow or custodial account liability Complete F           | 0                               | 20                       |    |                    |
| s                           | 22       | Loans and other payables to current and former             |                                 |                          | 21 |                    |
| Liabilities                 | ~~       | trustees, key employees, highest compensated               |                                 |                          |    |                    |
| Ē                           |          | disqualified persons Complete Part II of Schedu            | · •                             | 0                        | 22 |                    |
| Ë                           | 23       | Secured mortgages and notes payable to unrela              |                                 | 0                        | 23 | 0                  |
|                             | 24       | Unsecured notes and loans payable to unrelated             | •                               | 0                        |    | 0                  |
|                             | 25       | Other liabilities (including federal income tax, pa        |                                 |                          |    | <u> </u>           |
|                             |          | parties, and other liabilities not included on lines       |                                 |                          |    |                    |
|                             |          | Part X of Schedule D                                       | , ·                             | О                        | 25 | 0                  |
|                             | 26       | Total liabilities. Add lines 17 through 25                 |                                 | 0                        | 26 | 0                  |
| v                           |          | Organizations that follow SFAS 117 (ASC 958                | -                               |                          |    |                    |
| ĕ                           |          | complete lines 27 through 29, and lines 33 an              | id 34.                          |                          |    |                    |
| an                          | 27       | Unrestricted net assets                                    |                                 | 32,620                   | 27 | -19,995            |
| Ba                          | 28       | Temporarily restricted net assets                          |                                 | 353,002                  | 28 | 411,207            |
| Б                           | 29       | Permanently restricted net assets                          |                                 | 1,992,679                | 29 | 2,041,028          |
| Net Assets or Fund Balances |          | Organizations that do not follow SFAS 117 (ASC958),        | check here ► and                |                          |    |                    |
| S                           |          | complete lines 30 through 34.                              |                                 |                          |    |                    |
| set                         | 30       | Capital stock or trust principal, or current funds         |                                 | 0                        | 30 |                    |
| As                          | 31       | Paid-in or capital surplus, or land, building, or ed       | •                               | 0                        | 31 |                    |
| et                          | 32       | Retained earnings, endowment, accumulated in               | come, or other funds            | 0                        | 32 |                    |
| Z                           | 33       | Total net assets or fund balances                          |                                 | 2,378,301                | 33 | 2,432,240          |
|                             | 34       | Total liabilities and net assets/fund balances             |                                 | 2,378,301                | 34 | 2,432,240          |

| LOIM S      | 990 (2017) USAO Alumni Assn  | 13- | 13009/1              | Page   | : 12     |
|-------------|--|-----|----------------------|--------|----------|
| Part        | XI Reconciliation of Net Assets  |     |                      |        |          |
|             | Check if Schedule O contains a response or note to any line in this Part XI                                    |     |                      |        |          |
| 1           | Total revenue (must equal Part VIII, column (A), line 12)  | 1   |                      | 140,   | 672      |
| 2           | Total expenses (must equal Part IX, column (A), line 25)   | 2   |                      | 170,   | 810      |
| 3           | Revenue less expenses Subtract line 2 from line 1  | 3   |                      | -30,   | 138      |
| 4           | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4   | 2                    | 2,378, | 301      |
| 5           | Net unrealized gains (losses) on investments   | 5   |                      | 84,    | 077      |
| 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  |                      | 2,432, | 240      |
| <u>Part</u> |  |     |                      | _      | _        |
|             | Check if Schedule O contains a response or note to any line in this Part XII                                   |     | •                    | L      | <u></u>  |
|             |  |     |                      | Yes    | No       |
| 1           | Accounting method used to prepare the Form 990 X Cash Accrual Other  |     | _   <b>         </b> | - 1    |          |
|             | If the organization changed its method of accounting from a prior year or checked "Other," explain in          |     |                      | 1      |          |
|             | Schedule O   |     |                      |        |          |
| 2a          | Were the organization's financial statements compiled or reviewed by an independent accountant?                |     | 2a                   |        | <u> </u> |
|             | 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  |     |                      | l li   |          |
|             | Separate basis Doth consolidated and separate basis  |     |                      | l li   |          |
| b           | Were the organization's financial statements audited by an independent accountant?                             |     | 2b                   | Х      |          |
|             | 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  |     |                      |        |          |
|             | X Separate basis Consolidated basis Both consolidated and separate basis                                       |     | i                    |        |          |
| С           | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | of  |                      |        |          |
| •           | the audit, review, or compilation of its financial statements and selection of an independent accountant?      |     | 2c                   | X      |          |
|             | If the organization changed either its oversight process or selection process during the tax year, explain in  |     |                      |        |          |
|             | Schedule O   |     |                      |        |          |
| 3a          | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in    |     |                      |        |          |
|             | the Single Audit Act and OMB Circular A-133?   |     | 3a                   |        | Х        |
| b           | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the   |     |                      |        |          |
| -           | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits        |     | 3b                   |        |          |

Form **990** (2017)

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

#### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 73-1366971 USAO Alumni Assn Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) ) 2 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 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 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) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) q 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations ol Provide the following information about the supported organization(s) (iii) Type of organization (iv) Is the organization (v) Amount of monetary (i) Name of supported organization (n) EIN

|       | (t) Name of appeared arguments. | ()  | (described on lines 1–10 above (see instructions)) |     |          |   | other support (see<br>instructions) |
|-------|---------------------------------|-----|--|-----|----------|---|-------------------------------------|
|       |                                 | L., |  | Yes | No       |   |                                     |
| (A)   |                                 |     |  |     |          |   |                                     |
| (B)   |                                 |     |  |     |          |   |                                     |
| (C)   |                                 |     |  |     |          |   |                                     |
| (D)   |                                 |     |  |     | <u> </u> |   |                                     |
| (E)   |                                 |     |  |     |          |   |                                     |
| Total |                                 |     |  |     |          | 0 |                                     |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

| Sec      | tion A. Public Support   |   | ,                                       |  | ļ                                      | ,            | _             |
|----------|--|---|---|--|--|--------------|---------------|
| Cale     | ndar year (or fiscal year beginning in)  | (a) 2013                                    | (b) 2014                                | (c) 2015                                   | (d) 2016                               | (e) 2017     | (f) Total     |
| 1        | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")   | 62,980                                      | 171,248                                 | 164,378                                    | 129,721                                | 192,287      | 720,614       |
| 2        | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |   |   |  |  |              | 0             |
| 3        | The value of services or facilities furnished by a governmental unit to the organization without charge  |   |   |  |  |              | 0             |
| 4        | Total. Add lines 1 through 3   | 62,980                                      | 171,248                                 | 164,378                                    | 129,721                                | 192,287      | 720,614       |
| 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 | 02,000                                      | ,210                                    |  |  | 102,207      | 720,014       |
| _        | shown on line 11, column (f)   |   |   |  |  |              | 720.614       |
| 6<br>Sec | Public support Subtract line 5 from line 4 stion B. Total Support  | <u></u>                                     |   |  | !                                      |              | 720,614       |
|          | ndar year (or fiscal year beginning in)  | (a) 2013                                    | (b) 2014                                | (c) 2015                                   | (d) 2016                               | (e) 2017     | (f) Total     |
| 7        | Amounts from line 4  | 62,980                                      | 171,248                                 | 164,378                                    | 129,721                                | 192,287      | 720,614       |
| 8        | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  | 67,873                                      | 50,866                                  | 56,975                                     | 62,887                                 | 53,199       | 291,800       |
| 9        | Net income from unrelated business activities, whether or not the business is regularly carried on   | 07,073                                      | 50,000                                  | 30,973                                     | 02,007                                 | 33,199       | 0             |
| 10       | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  |   |   |  |  |              | 0             |
|          | Total support. Add lines 7 through 10  |   |   |  |  |              | 1,012,414     |
| 12<br>13 | First five years If the Form 990 is for the o organization, check this box and stop here   | rganization's first, s                      |   | n, or fifth tax year a                     | s a section 501(c)                     | (3)          | ▶ [           |
|          | tion C. Computation of Public Su   | ` <del>.</del>                              |   | -  |  |              | 74.4004       |
|          | Public support percentage for 2017 (line 6, c  |   |   | "))  |  | 14           | 71 18%        |
|          | Public support percentage/from 2016 Sched 33 1/3% support test—2017 If the organiz and stop here. The organization qualifies as  | ation did not check                         | the box on line 13                      | , and line 14 is 33 $^{\circ}$             | 1/3% or more, che                      | ck this box  | 64 97%<br>► X |
| b        | 33 1/3% support test—2016. If the organization qualified box and stop here. The organization qualified   |   |   |  | s 33 1/3% or more                      | , check this | ▶ 🗀           |
|          | 10%-facts-and-circumstances test—2017 is 10% or more /and if the organization meet Part VI how the organization meets the "fact organization."                         | ts the "facts-and-cir<br>s-and-circumstance | cumstances" test,<br>es" test The organ | check this box and<br>ization qualifies as | stop here. Expla<br>a publicly support | in in<br>ed  | ▶□            |
| b        | 10%-facts-and-circumstances test—2016 15 is 10% or more, and if the organization meets supported organization  | eets the "facts-and                         | -cırcumstances" te                      | st, check this box a                       | and stop here.                         |              | ▶□            |
| 18       | Private foundation. If the organization did instructions   | not check a box on                          | line 13, 16a, 16b,                      | 17a, or 17b, check                         | this box and see                       |              | <b>▶</b> □    |

#### 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) 2013   | (b) 2014  | (c) 2015   | (d) 2016   | (e) 2017                               | (f) Total                            |
| 1   | Gifts, grants, contributions, and membership fees  |  |   |  | . :  |  | ·                                    |
|   | received (Do not include any "unusual grants")   | 62,980   | 171,248   | 142,943  | 194,892  | 192,064                                | 764,127                              |
| 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  |  |   |  |  | ĺ                                      | 0                                    |
| 3   | Gross receipts from activities that are not an   |  | ·   |  |  |  |                                      |
| _   | unrelated trade or business under section 513  |  |   |  |  | Ì                                      | 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   | 62,980   | 171,248   | 142,943  | 194,892  | 192,064                                | 764,127                              |
|   | Amounts included on lines 1, 2, and 3  | 52,000   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | 112,010  | 10 1,002   | 102,001                                | 101,127                              |
|   | received from disqualified persons   |  |   | İ  |  |  | 0                                    |
| h   | Amounts included on lines 2 and 3  | ,  |   |  |  |  |                                      |
| b   |  |  |   |  |  |  |                                      |
|   | received from other than disqualified  |  |   |  |  |  |                                      |
|   | persons that exceed the greater of \$5,000   |  |   |  |  |  | •                                    |
|   | or 1% of the amount on line 13 for the year  |  |   |  |  |  | . 0                                  |
|   | Add lines 7a and 7b  | 0  | 0   | 0  | 0  | 0                                      | 0                                    |
| 8   | Public support (Subtract line 7c from  |  |   |  |  |  |                                      |
|   | line 6)  |  |   |  |  |  | 764,127                              |
|   | ction B. Total Support   | (=) 2012   | (b) 2044  | (-) 2045   | (4) 0040   | (-) 0047                               | (D. T1-1                             |
|   | endar year (or fiscal year beginning in)   | (a) 2013   | (b) 2014  | (c) 2015   | (d) 2016   | (e) 2017                               | (f) Total                            |
| 9   | Amounts from line 6  | 62,980   | 171,248   | 142,943  | 194,892  | 192,064                                | 764,127                              |
| 10a   | Gross income from interest, dividends,   |  |   |  |  |  |                                      |
|   | payments received on securities loans, rents,  |  |   |  |  |  |                                      |
|   | royalties, and income from similar sources   | 52,834   | 48,957  | 50,745   | 17,613   | 50,372                                 | 220,521                              |
| b   | Unrelated business taxable income (less  |  |   |  |  | ļ                                      |                                      |
|   | section 511 taxes) from businesses   |  |   |  |  | i                                      |                                      |
|   | acquired after June 30, 1975   |  |   |  |  |  | 0                                    |
| С   | Add lines 10a and 10b  | 52,834   | 48,957  | 50,745   | 17,613   | 50,372                                 | 220,521                              |
| 11  | Net income from unrelated business   |  | ,   |  |  |  |                                      |
|   | activities not included in line 10b, whether   |  |   |  |  |  |                                      |
|   | 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,  |  |   |  |  |  |                                      |
|   | Total support. (Add lines 9, 10c, 11, and 12)  | 115,814  | 220,205   | 193,688  | 212,505  | 242,436                                | 984,648                              |
|   | *  |  |   |  |  |  | 984,648                              |
|   | and 12)  |  |   |  |  |  | 984,648                              |
| 14  | and 12) First five years. If the Form 990 is for the o   | rganization's first, so  | econd, third, fourth,   |  |  |  | 984,648                              |
| 14  | and 12) First five years. If the Form 990 is for the or organization, check this box and stop here   | rganization's first, so  | econd, third, fourth,   | or fifth tax year as   |  |  | 984,648<br>►                         |
| 14<br>Sec                                       | and 12) First five years. If the Form 990 is for the organization, check this box and stop here ction C. Computation of Public Su  | pport Percenta<br>olumn (f) divided by   | ge v line 13, column (f)  | or fifth tax year as   |  | 3)                                     | ▶ [                                  |
| 14<br>Sec<br>15<br>16                           | and 12)  First five years. If the Form 990 is for the organization, check this box and stop here etion C. Computation of Public Surpublic support percentage for 2017 (line 8, computation)  | rganization's first, so<br>pport Percenta<br>olumn (f) divided by<br>ule A, Part III, line 1   | ge Inne 13, column (f)  | or fifth tax year as   |  | 15                                     | <b>▶</b>                             |
| 14<br>Sec<br>15<br>16                           | and 12)  First five years. If the Form 990 is for the organization, check this box and stop here ction C. Computation of Public Support percentage for 2017 (line 8, computer support percentage from 2016 Sched   | pport Percenta<br>olumn (f) divided by<br>ule A, Part III, line 1<br>it Income Perc  | ge v line 13, column (f) sentage  | or fifth tax year as   |  | 15                                     | <b>▶</b>                             |
| 14<br>Sec<br>15<br>16<br>Sec                    | and 12)  First five years. If the Form 990 is for the or organization, check this box and stop here ction C. Computation of Public Support percentage for 2017 (line 8, or Public support percentage from 2016 Sched ction D. Computation of Investment  | pport Percenta<br>olumn (f) divided by<br>ule A, Part III, line 1<br>it Income Perc<br>e 10c, column (f) div   | ge v line 13, column (f) entage rided by line 13, col   | or fifth tax year as   |  | 15  <br>16                             | 77 60%<br>80 66%                     |
| 14<br>Sec<br>15<br>16<br>Sec<br>17<br>18        | and 12)  First five years. If the Form 990 is for the or organization, check this box and stop here ction C. Computation of Public Support percentage for 2017 (line 8, centre of Public support percentage from 2016 Schedetion D. Computation of Investment Investment income percentage for 2017 (line).  | pport Percenta<br>olumn (f) divided by<br>ule A, Part III, line 1<br>at Income Perce<br>a 10c, column (f) div<br>chedule A, Part III, I  | ge / line 13, column (f) 5 entage rided by line 13, column 17   | or fifth tax year as ) umn (f))  | a section 501(c)(                                    | 15<br>16<br>17<br>18                   | 77 60%<br>80 66%<br>22 40%           |
| 14<br>Sec<br>15<br>16<br>Sec<br>17<br>18        | and 12)  First five years. If the Form 990 is for the organization, check this box and stop here  ction C. Computation of Public Sur  Public support percentage for 2017 (line 8, or Public support percentage from 2016 Schedetion D. Computation of Investment Investment income percentage from 2017 (line Investment income percentage from 2016 Schedetion D. Computation of Investment Income percentage from 2016 Schedetion D. Computation of Investment Income percentage from 2016 Schedetion D. Computation of Investment Income percentage from 2016 Schedetion D. Computation of Investment Income percentage from 2016 Schedetion D. Computation of Investment Income percentage from 2016 Schedetion D. Computation of Investment Income percentage from 2016 Schedetion D. Computation of Investment Income percentage from 2016 Schedetion D. Computation of Investment Investment Income percentage from 2016 Schedetion D. Computation of Investment | pport Percenta<br>olumn (f) divided by<br>ule A, Part III, line 1<br>at Income Perc<br>a 10c, column (f) div<br>chedule A, Part III, I<br>zation did not check   | ge Inne 13, column (f) sentage Inded by line 13, column 17 of the box on line 14  | or fifth tax year as ) umn (f))  | a section 501(c)(                                    | 15<br>16<br>17<br>18                   | 77 60%<br>80 66%<br>22 40%<br>19 34% |
| 14<br>Sec<br>15<br>16<br>Sec<br>17<br>18<br>19a | and 12)  First five years. If the Form 990 is for the organization, check this box and stop here  ction C. Computation of Public Sur  Public support percentage for 2017 (line 8, or Public support percentage from 2016 Sched ction D. Computation of Investment Investment income percentage from 2017 (line Investment income percentage from 2016 Sched 2017) (line Investment income percentage from 2016 Sched 2017) (line Investment income percentage from 2016 Sched 2017) (line Investment income percentage from 2017). If the organical contents are contents as a support tests—2017. If the organical contents are contents as a support tests—2017. If the organical contents are contents as a support tests—2017. If the organical contents are contents as a support tests—2017. If the organical contents are contents as a support tests—2017. If the organical contents are contents as a support tests—2017. If the organical contents are contents as a support tests—2017. If the organical contents are contents as a support tests—2017. If the organical contents are contents as a support tests—2017. If the organical contents are contents as a support tests—2017. If the organical contents are contents as a support tests—2017. If the organical contents are contents as a support tests—2017. If the organical contents are contents as a support tests—2017.   | pport Percenta<br>olumn (f) divided by<br>ule A, Part III, line 1<br>at Income Perce<br>10c, column (f) divided by<br>chedule A, Part III, I<br>zation did not check<br>top here. The orga   | ge / line 13, column (f) 5 entage rided by line 13, column 17 of the box on line 14 anization qualifies a                     | or fifth tax year as )  umn (f))  , and line 15 is more a publicly suppor                      | re than 33 1/3%, ated organization                   | 15<br>16<br>17<br>18<br>and line 17 is | 77 60%<br>80 66%<br>22 40%           |
| 14<br>Sec<br>15<br>16<br>Sec<br>17<br>18<br>19a | and 12)  First five years. If the Form 990 is for the organization, check this box and stop here  ction C. Computation of Public Sur  Public support percentage for 2017 (line 8, c  Public support percentage from 2016 Sched  ction D. Computation of Investmen  Investment income percentage for 2017 (line  Investment income percentage from 2016 Sc  33 1/3% support tests—2017. If the organi  not more than 33 1/3%, check this box and s  | pport Percenta<br>olumn (f) divided by<br>ule A, Part III, line 1<br>at Income Perce<br>10c, column (f) divided et al., Part III, I<br>chedule A, Part III, I<br>zation did not check<br>top here. The orga-<br>zation did not check | ge / line 13, column (f) 5 entage rided by line 13, column 17 x the box on line 14 anization qualifies a x a box on line 14 o | or fifth tax year as  )  umn (f))  , and line 15 is more a publicly support line 19a, and line | re than 33 1/3%, ated organization 16 is more than 3 | 15<br>16<br>17<br>18<br>and line 17 is | 77 60%<br>80 66%<br>22 40%<br>19 34% |

determine whether the organization had excess business holdings)

#### 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.)

|      | Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete                            | Part V      | )        |              |
|------|--|-------------|----------|--------------|
| Sect | tion A. All Supporting Organizations   |             |          |              |
|      |  |             | Yes      | No           |
| 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               | <u> </u>    |          |              |
|      | class or purpose, describe the designation. If historic and continuing relationship, explain                           | 1           |          |              |
| 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 <b>Part VI</b> how the organization determined that the supported |             |          |              |
|      | organization was described in section 509(a)(1) or (2)   | 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  | 3a          |          |              |
| b    | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and       | - 50        |          |              |
| J    | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the      |             |          |              |
|      | organization made the determination  | 3b          |          |              |
| _    | ·  | 30          | -        |              |
| С    | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)          |             |          |              |
| 4    | (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use       | 3c          |          |              |
| 4a   | Was any supported organization not organized in the United States ("foreign supported organization")? If               | 4.          |          |              |
|      | "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below   | 4a          |          |              |
| 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             | <del></del> |          |              |
|      | despite being controlled or supervised by or in connection with its supported organizations                            | 4b          |          |              |
| С    | 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 <b>Part VI</b> 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   | 4c          |          |              |
| 5a   | 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 <b>Part VI</b> , 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)   | 5a          |          |              |
| 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?  | 5b          |          |              |
| С    | Substitutions only. Was the substitution the result of an event beyond the organization's control?                     | 5c          |          |              |
| 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    | ŀ           |          |              |
|      | 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.         | 6           |          |              |
| 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)                      | 7           |          |              |
| 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)   | 8           |          |              |
| 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 <b>Part VI</b> .   | 9a          |          |              |
| b    | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which        |             |          | l            |
|      | the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .                              | 9b          |          | l            |
| ^    | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit        | 55          | <b>-</b> | <del> </del> |
| С    | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .   | 9c          |          |              |
| 40-  | Was the organization subject to the excess business holdings rules of section 4943 because of section                  | 130         |          | $\vdash$     |
| 10a  | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated              |             |          |              |
|      |  | 10a         |          |              |
|      | supporting organizations)? If "Yes," answer 10b below  | iva         |          | -            |
| b    | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to                 | I           | I        |              |

10b

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C                | Organ    | izations                      |                             |
|---|----------|-------------------------------|-----------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | _        | , ,                           | •                           |
| instructions. All other Type III non-functionally integrated supporting orga      | nızatıc  | ons must complete Sections    | 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 - Mınimum Asset Amount  |          | (A) Prior Year                | (B) Current Year (optional) |
| Aggregate fair market value of all non-exempt-use assets (see                     |          |                               |                             |
| instructions for short tax year or assets held for part of year)                  |          |                               |                             |
| 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)  |          |                               |                             |
| 2 Acquisition indebtedness applicable to non-exempt-use assets                    | 2        |                               |                             |
| 3 Subtract line 2 from line 1d  | 3        | 0                             | 0                           |
| 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   | 2        |                               | 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  | lly inte | grated Type III supporting of | organization (see           |
| instructions)   |          | _                             |                             |

| Part '   | Type III Non-Functionally Integrated 509(a)(3                   | ) Supporting Organi         | zations (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 exemple | ot purposes of supported    |   |   |
|          | organizations, in excess of income from activity                |                             |   |   |
| 3        | Administrative expenses paid to accomplish exempt purpos        | es of supported organiza    | 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 to  | he organization is respor   | nsive                                   |   |
|          | (provide details in Part VI) See instructions                   |                             | - · · · · · · · · · · · · · · · · · · · |   |
| 9        | Distributable amount for 2017 from Section C, line 6            |                             |   | 0   |
| 10       | Line 8 amount divided by line 9 amount                          |                             |   | 0 000                                     |
| s        | ection E - Distribution Allocations (see instructions)          | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2017  | (iii)<br>Distributable<br>Amount for 2017 |
| 1        | Distributable amount for 2017 from Section C, line 6            |                             |   | 0   |
|          | Underdistributions, if any, for years prior to 2017             |                             |   |   |
| 2        | (reasonable cause required—explain in Part VI) See              |                             |   |   |
|          | instructions  |                             | . <del>-</del> : :                      |   |
| 3        | Excess distributions carryover, if any, to 2017                 |                             |   |   |
| <u>a</u> |   |                             | · · · · · · · · · · · · · · · · · · ·   | ·   |
| b        | From 2013 0   |                             |   |   |
| С        | From 2014 0   |                             |   |   |
| d        | <u>From 2015</u> 0  |                             |   |   |
| ее       | From 2016 0   |                             |   |   |
| f        | Total of lines 3a through e                                     | 0                           |   |   |
| g        | Applied to underdistributions of prior years                    |                             | 0                                       |   |
| <u>h</u> | Applied to 2017 distributable amount                            |                             |   | 0   |
| <u>i</u> | Carryover from 2012 not applied (see instructions)              |                             |   |   |
| i_       | Remainder Subtract lines 3g, 3h, and 3i from 3f                 | 0                           |   |   |
| 4        | Distributions for 2017 from                                     |                             |   |   |
|          | Section D, line 7 \$ 0  |                             |   |   |
| a        | Applied to underdistributions of prior years                    |                             | . 0                                     |   |
| b        | Applied to 2017 distributable amount                            |                             |   | 0   |
| С        | Remainder Subtract lines 4a and 4b from 4                       | 0                           |   |   |
| 5        | Remaining underdistributions for years prior to 2017, 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 2017 Subtract lines 3h         |                             |   |   |
|          | and 4b from line 1 For result greater than zero, explain in     |                             |   |   |
|          | Part VI See instructions  |                             |   | 0   |
| 7        | Excess distributions carryover to 2018. Add lines 3j            |                             |   |   |
|          | and 4c  | 0                           |   |   |
| 8        | Breakdown of line 7   |                             |   |   |
| а        | Excess from 2013 0  |                             |   |   |
| b        | Excess from 2014 0  |                             |   |   |
| С        | Excess from 2015 0  |                             |   |   |
| d        | Excess from 2016 0  |                             |   |   |
| е        | Excess from 2017 0  |                             |   |   |

| Schedule A (Fo                          | rm 990 or 990-EZ) 2017   | USAO Alumni Assn  |  |   |  | 73-1366971             | Page 8 |
|---|--|---|--|---|--|------------------------|--------|
| Part VI                                 | III, line 12, Part IV, So<br>B, lines 1 and 2, Part<br>3a, and 3b, Part V, lir | nation. Provide the expection A, lines 1, 2, 3b, IV, Section C, line 1, Fine 1, Part V, Section B, complete this part for | 3c, 4b, 4c, 5a, 6, 9a<br>Part IV, Section D, Iir<br>, line 1e, Part V, Sec | a, 9b, 9c, 11a, 11b, a<br>nes 2 and 3, Part IV<br>ction D, lines 5, 6, ai | and 11c, Part IV,<br>, Section E, lines<br>nd 8, and Part V, | Section<br>1c, 2a, 2b, |        |
|   | illes 2, 3, and 6 Also   | complete this part for  | any additional infor   | nation (See instruc   | lions )  | <del> </del>           |        |
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#### SCHEDULE G (Form 990 or 990-EZ)

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

| • S         | Section 501(c)(4), (5), or (6) o      | rganizations Complete Part III  |                     |  |  |
|-------------|---------------------------------------|---|---------------------|--|--|
|             | e of organization                     | · -   |                     | Employ                                     | er identification number                           |
| UŞA         | O Alumni Assn                         |   |                     |  | 73-1366971   |
|             |                                       | the organization is exempt und  |                     |  |  |
| 1           |                                       | he organization's direct and indirect p                                       | olitical campaign a | activities in Part IV (see in:             | structions for                                     |
|             | definition of "political cam          |   |                     |  |  |
| 2           |                                       | y expenditures (see instructions)   |                     | ▶ \$                                       |  |
| 3_          |                                       | cal campaign activities (see instruction                                      |                     |  |  |
|             |                                       | the organization is exempt und  |                     |  |  |
| 1           | · · · · · · · · · · · · · · · · · · · | excise tax incurred by the organization                                       |                     | <b>9</b> 55 ▶ \$                           |  |
| 2           |                                       | excise tax incurred by organization m   | -                   | ction 4955 ► \$                            |  |
| 3           | •                                     | ed a section 4955 tax, did it file Form                                       | 4720 for this year? |  | Yes No   |
| 4a          |                                       |   |                     |  | Yes No   |
|             | If "Yes," describe in Part            |   |                     |  |  |
| Pa          |                                       | the organization is exempt und  |                     |  | (c)(3).  |
| 1           | •                                     | expended by the filing organization f   | for section 527 exe | •  |  |
|             | activities                            |   |                     |  | •••••  |
| 2           |                                       | iling organization's funds contributed  | to other organizati |  |  |
| _           | 527 exempt function activ             |   |                     | ▶ \$                                       |  |
| 3           |                                       | penditures Add lines 1 and 2 Enter h  | nere and on Form    | 1120-POL,                                  |  |
|             | line 17b                              |   |                     | ▶ \$                                       | 0  |
| 4           |                                       | file Form 1120-POL for this year?   | .=                  |  | Yes No   |
| 5           |                                       | ses and employer identification numb<br>ents For each organization listed, en |                     |  |  |
|             |                                       | ntributions received that were prompt   |                     |  |  |
|             |                                       | fund or a political action committee  |                     |  |  |
|             | (-) No                                | (h) Address   | (*) 5(1)            | (4) A                                      | /-> A  |
|             | (a) Name                              | (b) Address   | (c) EIN             | (d) Amount paid from filing organization's | (e) Amount of political contributions received and |
|             |                                       |   |                     | funds If none, enter -0-                   | promptly and directly delivered to a separate      |
|             |                                       |   |                     |  | political organization If                          |
|             |                                       |   |                     |  | none, enter -0-                                    |
|             | <u> </u>                              |   |                     |  |  |
| (1)         |                                       |   | 1                   |  |  |
| (2)         |                                       |   |                     |  |  |
| (2)         |                                       |   |                     |  |  |
| (3)         |                                       |   |                     |  |  |
| <del></del> |                                       |   |                     |  |  |
| (4)         |                                       |   |                     |  |  |
|             |                                       |   |                     |  |  |
| (5)         |                                       |   |                     |  |  |
|             |                                       |   |                     |  |  |
| (6)         |                                       | ····  | l                   |  | 1  |

f Grassroots lobbying expenditures

| Sch      | edule C (Form 990 or 990-EZ) 2017                                    |                     | _                                     |                      |                                     | Page 2                      |
|----------|--|---------------------|---------------------------------------|----------------------|-------------------------------------|-----------------------------|
| P        | art II-A Complete if the organization                                | on is exempt u      | under section 50                      | 01(c)(3) and filed   | Form 5768 (ele                      |                             |
|          | under section 501(h)).   | •                   |                                       |                      | •                                   |                             |
| Δ        | Check ▶ If the filing organization b                                 | elongs to an a      | ffiliated group (ar                   | nd list in Part IV e | ach affiliated gro                  | up member's                 |
| •        | name, address, EIN, exp  | _                   |                                       |                      |                                     | ap                          |
| В        | Check ► if the filing organization of                                |                     |                                       |                      |                                     |                             |
| _        |  |                     |                                       | , or providence up   |                                     |                             |
|          | Limits on Lob<br>(The term "expenditures" n                          | bying Expendit      |                                       |                      | (a) Filing<br>organization's totals | (b) Affiliated group totals |
|          |  |                     | · · · · · · · · · · · · · · · · · · · |                      | organization o totale               | <del></del>                 |
| 1a       | Total lobbying expenditures to influence pu                          |                     |                                       |                      |                                     | 0                           |
| b        | Total lobbying expenditures to influence a                           |                     | direct lobbying)                      |                      | 0                                   | 0                           |
| C        | Total lobbying expenditures (add lines 1a a                          | ina 1b)             |                                       |                      | 0                                   | 0                           |
| d        | Other exempt purpose expenditures                                    | aaa 1a aad 1d\      |                                       |                      | 0                                   | 0                           |
| e        | Total exempt purpose expenditures (add lii                           |                     | llavina tabla in bath                 | _                    | 0                                   | 0                           |
| ī        | Lobbying nontaxable amount Enter the am columns                      | iount irom the io   | llowing table in both                 | 1                    | 0                                   | 0                           |
| ſ        |  | . The lebbyin       | a nontavable emer                     | nt io:               | U                                   | 0                           |
| }        | If the amount on line 1e, column (a) or (b) is<br>Not over \$500,000 |                     | g nontaxable amou<br>mount on line 1e | 111.15               |                                     | 1                           |
| ł        | Over \$500,000 but not over \$1,000,000                              |                     | s 15% of the excess                   | over \$500,000       |                                     |                             |
| ł        | Over \$1,000,000 but not over \$1,500,000                            |                     | s 10% of the excess                   |                      |                                     |                             |
| İ        | Over \$1,500,000 but not over \$17,000,000                           |                     | s 5% of the excess o                  |                      |                                     |                             |
| Ì        | Over \$17,000,000  | \$1,000,000         |                                       |                      |                                     | 1                           |
| g        | Grassroots nontaxable amount (enter 25%                              | of line 1f)         |                                       | •                    | 0                                   | 0                           |
| h        | Subtract line 1g from line 1a If zero or less                        | s, enter -0-        |                                       |                      | 0                                   | 0                           |
| ī        | Subtract line 1f from line 1c If zero or less,                       | enter -0-           |                                       |                      | 0                                   | 0                           |
| j        | If there is an amount other than zero on eit                         | her line 1h or line | e 1i, did the organiz                 | ation file Form 4720 | ) reporting                         | <u> </u>                    |
|          | section 4911 tax for this year?                                      |                     |                                       |                      |                                     | Yes No                      |
|          | 4  | Year Averaging      | Period Under sec                      | tion 501(h)          |                                     |                             |
|          | (Some organizations that made a                                      |                     |                                       |                      | f the five columns                  | below.                      |
|          | , -  |                     | ructions for lines                    |                      |                                     |                             |
|          |  | ·                   |                                       |                      |                                     |                             |
|          | Lobby  | ing Expenditure     | s During 4-Year A                     | veraging Period      |                                     |                             |
|          | Colondar year (or fineal year  | (a) 2014            | <b>(b)</b> 2015                       | (c) 2016             | (d) 2017                            | (e) Total                   |
|          | Calendar year (or fiscal year beginning in)                          | (a) 2014            | (6) 2013                              | (6) 2010             | (d) 2017                            | (e) Total                   |
|          | Jogg,  |                     |                                       |                      |                                     |                             |
| <u> </u> |  |                     |                                       |                      |                                     |                             |
| 2a       | Lobbying nontaxable amount   | 0                   | 0                                     | 0                    | 0                                   | 0                           |
| b        | Lobbying ceiling amount  |                     |                                       |                      |                                     |                             |
|          | (150% of line 2a, column(e))   |                     |                                       | =                    |                                     | 0                           |
| С        | Total lobbying expenditures  |                     |                                       |                      |                                     |                             |
| _        | Total loodying exponditures  | 0                   | 0                                     | Ó                    | 0                                   | 0                           |
| d        | Grassroots nontaxable amount   | _                   |                                       | _                    |                                     | _                           |
| _        |  | 0                   | 0                                     | 0                    | 0                                   | 0                           |
| ę        | Grassroots ceiling amount (150% of line 2d, column (e))              |                     |                                       |                      |                                     | 0                           |

Schedule C (Form 990 or 990-EZ) 2017

| Par    | t II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).   | NOT filed      | For              | n 5768   |          | uge e |
|--------|--|----------------|------------------|----------|----------|-------|
|        |  | (á             | 9)               |          | (b)      |       |
|        | each "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed<br>cription of the lobbying activity  | Yes            | No               | Aı       | nount    | t     |
| 1      | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |                |                  |          |          |       |
| а      | Volunteers?  |                |                  |          |          |       |
| b<br>c | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?   |                |                  |          |          |       |
| d      | Mailings to members, legislators, or the public?   |                |                  |          |          |       |
| е      | Publications, or published or broadcast statements?  | <u> </u>       |                  |          |          |       |
| f      | Grants to other organizations for lobbying purposes?   |                |                  |          | <u> </u> |       |
| g      | Direct contact with legislators, their staffs, government officials, or a legislative body?  |                |                  |          |          |       |
| h<br>: | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |                |                  |          |          |       |
| !<br>: | Other activities? Total Add lines 1c through 1i  |                |                  |          |          | C     |
| 2a     | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  | <del></del>    |                  |          |          |       |
| b      | If "Yes," enter the amount of any tax incurred under section 4912  |                |                  |          |          |       |
| C      | If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |                |                  |          |          |       |
| d      | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |                |                  |          |          |       |
|        | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).   | 501(c)(5)      | or s             | ection   |          |       |
|        | 001(0)(0).   |                |                  |          | Yes      | No    |
| 1      | Were substantially all (90% or more) dues received nondeductible by members?   |                |                  | 1        |          |       |
| 2      | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |                |                  | 2        |          |       |
| 3      | Did the organization agree to carry over lobbying and political campaign activity expenditures from the pi   | or year?       |                  | 3        |          |       |
| Par    | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes."   |                |                  |          |          | 3, is |
| 1      | Dues, assessments and similar amounts from members   |                | 1                |          |          |       |
| 2      | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of  |                |                  |          |          |       |
|        | political expenses for which the section 527(f) tax was paid).   |                |                  |          |          |       |
| a      | Current year   |                | 2a               |          |          |       |
| b      | Carryover from last year   |                | 2b<br>2c         |          |          |       |
| 3      | Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due   | •              | 3                |          |          |       |
| 4      | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the   | 3              | _ <del>-</del> - | :        |          |       |
| ·      | excess does the organization agree to carryover to the reasonable estimate of nondeductible  |                |                  |          |          |       |
|        | lobbying and political expenditure next year?  |                | 4                |          |          |       |
| 5      | Taxable amount of lobbying and political expenditures (see instructions)   |                | 5                |          |          | C     |
| Part   |  |                |                  |          |          |       |
| Prov   | ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated  | group list), F | Part II-         | A, lines | 1 and    | t     |
| 2 (se  | e instructions), and Part II-B, line 1 Also, complete this part for any additional information   |                |                  |          |          |       |
|        |  |                |                  |          |          |       |
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| USA(    | ) Alumnı Assn<br>rm 990 or 990-EZ) 2017 | 73-1366971 | ,                                       |
|---------|---|------------|---|
| Part IV | Supplemental Information (continued)    |            | Page <b>4</b>                           |
|         |   |            | <del></del>                             |
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#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

USAO Alumni Assn 73-1366971 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 1 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) C 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 а Assets included in Form 990, Part X

|         |  |                              |                 |                                       |                        |             |                        |                | •         | •        |
|---------|--|------------------------------|-----------------|---------------------------------------|------------------------|-------------|------------------------|----------------|-----------|----------|
| Sched   | ule D (Form 990) 2017 USAO Alumni Assn                   |                              |                 |                                       |                        |             | 73-136                 | 6971           |           | age 2    |
|         | III Organizations Maintaining Colle                      | ctions of Art,               | Histor          | ical Trea                             | sures, or              | Other Si    |                        |                |           | <u> </u> |
| 3       | Using the organization's acquisition, access             |                              |                 |                                       |                        |             |                        |                |           |          |
|         | collection items (check all that apply)                  |                              |                 | ·                                     |                        | -           | -                      |                |           |          |
| а       | Public exhibition  |                              | d 🔲             | Loan o                                | r exchange p           | orograms    |                        |                |           |          |
| b       | Scholarly research                                       |                              | e 🗌             | Other                                 |                        |             |                        |                |           |          |
| С       | Preservation for future generations                      |                              |                 |                                       |                        |             |                        |                |           |          |
| 4       | Provide a description of the organization's of           | collections and ex           | olain ho        | ow they fur                           | ther the orga          | anization's | exempt purp            | ose in Pa      | art       |          |
| •       | XIII   |                              | , <b>p</b> .c   | , , , , , , , , , , , , , , , , , , , |                        |             | onompt purp            |                |           |          |
| 5       | During the year, did the organization solicit            | or receive donati            | ons of a        | irt, historic                         | al treasures,          | or other s  | similar                |                |           |          |
|         | assets to be sold to raise funds rather than             |                              |                 |                                       |                        |             |                        | Y              | es 🔙      | No       |
| Part    | V Escrow and Custodial Arrangen                          | nents.                       |                 |                                       | ·                      |             |                        |                |           |          |
|         | Complete if the organization answ                        |                              | Form 9          | 90, Part l                            | IV, line 9, c          | r reporte   | d an amour             | t on Fo        | rm        |          |
|         | 990, Part X, line 21                                     |                              |                 |                                       |                        |             |                        |                |           |          |
| 1a      | Is the organization an agent, trustee, custoo            | dian or other inter          | rmediary        | for contri                            | butions or ot          | her assets  | s not                  |                |           |          |
|         | included on Form 990, Part X?                            |                              |                 |                                       |                        |             |                        | Y              | es 🔃      | No       |
| b       | If "Yes," explain the arrangement in Part XII            | I and complete the           | he follov       | ving table                            |                        | · · · · · · |                        |                |           |          |
|         |  |                              |                 |                                       |                        |             |                        | Amount         |           |          |
| C       | Beginning balance  |                              |                 |                                       |                        | 1c          |                        |                |           | 0        |
| d       | Additions during the year                                |                              |                 |                                       |                        | 1d<br>1e    |                        |                |           |          |
| e<br>f  | Distributions during the year<br>Ending balance          |                              |                 |                                       |                        | 1f          |                        |                |           |          |
|         | <del>-</del>   | 000 Bart V                   | 1.00.01         | · •                                   | or ougtod              | L           | t hability?            |                | [V        | No       |
| 2a      | Did the organization include an amount on                |                              |                 |                                       |                        |             |                        | ш "            | es 🔀      | INO      |
| þ       | If "Yes," explain the arrangement in Part XI             | Check here if t              | ne expi         | anation na                            | s been provi           | ded on Pa   | Iπ XIII                |                |           |          |
| Part    |  |                              | C               | 00 D-4                                | N/ line 40             |             |                        |                |           |          |
|         | Complete if the organization answ                        | Current year                 | (b) Prio        | T.                                    | (c) Two years          | back (d)    | Three years bac        | (a) 5          | our years |          |
| 1a      | Beginning of year balance                                | 2,143,428                    |                 | ,774,209                              | <del></del>            | 4,209       | 1,517,97               |                |           | 6,363    |
| b       | Contributions  | 68,346                       | <u> </u>        | 183,978                               |                        | 7,382       | 1,017,0                | -              |           | 8,250    |
| c       | Net investment earnings, gains,                          | 30,0 10                      |                 | ,,,,,,,,                              |                        | 1,1000      |                        |                |           | -,       |
| _       | and losses   | 59,100                       |                 | 48,790                                | 6                      | 1,866       |                        | .              | 6         | 5,034    |
| d       | Grants or scholarships                                   |                              |                 | 77,205                                | 7                      | 9,940       |                        |                | 7         | 6,300    |
| е       | Other expenditures for facilities                        |                              |                 |                                       |                        |             |                        |                |           |          |
|         | and programs   |                              |                 |                                       |                        |             |                        |                |           |          |
| f       | Administrative expenses                                  |                              |                 |                                       |                        |             |                        |                |           | 5,375    |
| g       | End of year balance                                      | 2,270,874                    |                 | ,929,772                              |                        | 3,517       | 1,517,9                | /2             | 1,51      | 7,972    |
| 2       | Provide the estimated percentage of the cu               | rrent year end ba            | alance (I<br>7% | ine 1g, coi                           | umn (a)) nei           | d as        |                        |                |           |          |
| a       | Board designated or quasi-endowment  Permanent endowment | 89%                          |                 |                                       |                        |             |                        |                |           |          |
| b<br>C  | Temporarily restricted endowment                         | 4%                           |                 |                                       |                        |             |                        |                |           |          |
| Ŭ       | The percentages on lines 2a, 2b, and 2c sh               |                              | )               |                                       |                        |             |                        |                |           |          |
| 3a      | Are there endowment funds not in the poss                |                              |                 | n that are                            | held and adr           | nınıstered  | for the                |                |           |          |
|         | organization by  | •                            |                 |                                       |                        |             |                        |                | Yes       | No       |
|         | (i) unrelated organizations                              |                              |                 |                                       |                        |             |                        | 3a(i)          |           | X        |
|         | (ii) related organizations                               |                              |                 |                                       |                        |             |                        | 3a(ii)         | E         | X        |
| b       | If "Yes" on line 3a(ii), are the related organi          |                              |                 |                                       |                        |             |                        | 3b_            | <u> </u>  |          |
| 4       | Describe in Part XIII the intended uses of the           |                              | endown          | nent funds                            |                        |             |                        |                |           |          |
| Part    |  |                              |                 |                                       | 0.7.1                  | . 0         | 000 5                  | 4 V 1 -        | . 40      |          |
|         | Complete if the organization answ                        |                              |                 |                                       |                        |             |                        |                |           |          |
|         | Description of property                                  | (a) Cost or other (investmen | l:              |                                       | st or other<br>(other) | , ,         | cumulated<br>reciation | ( <b>d</b> ) B | ook valu  | е        |
| 1-      | Land   | (maeaunen                    | 0               | D4313                                 | 0                      |             |                        | <del></del>    |           | 0        |
| 1a<br>h | Land<br>Buildings  |                              | 0               |                                       | 0                      |             | 0                      |                |           |          |
| b<br>c  | Leasehold improvements                                   |                              | - 0             |                                       | 0                      |             | 0                      |                |           | 0        |
| _       |  |                              |                 |                                       |                        |             |                        |                |           |          |

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Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

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Equipment

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| D4 3 / III   | 2017 USAO Alumni Assn  |                                       | 73-1366971 Page  |
|--|--|---------------------------------------|--|
| <u> </u>   | estments—Other Securitie   |                                       |  |
|  | mplete if the organization and<br>cription of security or category                         |                                       | art IV, line 11b See Form 990, Part X, line 12 (c) Method of valuation |
|  | cliption of security of category cluding name of security)                                 | (b) Book value                        | Cost or end-of-year market value                                       |
| (1) Financial deriva   |  | 0                                     |  |
| (2) Closely-held eq  | • •  | 0                                     |  |
|  |  |                                       |  |
|  |  |                                       |  |
| (B)<br>(C)   |  |                                       |  |
| (D)  |  |                                       |  |
| (E)  |  |                                       |  |
| (F)  |  |                                       |  |
| (G)  |  |                                       |  |
| (H)  |  |                                       |  |
|  | st equal Form 990, Part X, col (B) line 12   | · · · · · · · · · · · · · · · · · · · |  |
|  | estments—Program Relate  |                                       |  |
| Cor  | mplete if the organization ans   | swered "Yes" on Form 990, Pa          | art IV, line 11c See Form 990, Part X, line 13                         |
| (a)  | Description of investment  | (b) Book value                        | (c) Method of valuation<br>Cost or end-of-year market value            |
| (1) Fidelity Invest  | tments   | 2,101,258 F                           | Cost of end-of-year market value                                       |
| (2)  | ments  | 2,101,236 F                           |  |
| (3)  |  | -                                     |  |
| (4)  |  |                                       |  |
| (5)  |  |                                       |  |
| (6)  |  |                                       |  |
| (7)  |  |                                       |  |
| (8)  |  |                                       |  |
| (9)  |  |                                       |  |
|  | st equal Form 990, Part X, col (B) line 13   | ) ▶ 2,101,258                         |  |
|  | ner Assets.  | LID4 II                               |  |
| Cor  |  |                                       | art IV, line 11d See Form 990, Part X, line 15                         |
| (1)  |  | a) Description                        | (b) Book value   |
| (2)  | <del></del>  | <del></del>                           |  |
| (3)  |  |                                       |  |
| (4)  |  |                                       |  |
|  |  |                                       |  |
| (9)  |  |                                       |  |
|  |  |                                       |  |
| (6)  |  |                                       |  |
| (6)<br>(7)<br>(8)  |  |                                       |  |
| (6)<br>(7)<br>(8)<br>(9)   |  |                                       |  |
| (6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) m   | nust equal Form 990, Part X, col (B  | 1) line 15)                           | <b>&gt;</b>  |
| Part X Oth   | ner Liabilities.   | 1                                     |  |
| (6)<br>(7)<br>(8)<br>(9)<br>Fotal. (Column (b) m<br>Part X Oth   | ner Liabilities.<br>mplete if the organization and   | 1                                     | art IV, line 11e or 11f See Form 990, Part X,                          |
| (6) (7) (8) (9)  Total. (Column (b) m  Cor  line   | ner Liabilities.<br>mplete if the organization ans<br>e 25                                 | swered "Yes" on Form 990, Pa          |  |
| (6) (7) (8) (9)  Total. (Column (b) m  Cor  line   | ner Liabilities.<br>mplete if the organization ans<br>e 25<br>(a) Description of liability | swered "Yes" on Form 990, Pa          |  |
| (6) (7) (8) (9)  Total. (Column (b) m  Part X  Oth  Cor  line  (1) Federal income                            | ner Liabilities.<br>mplete if the organization ans<br>e 25<br>(a) Description of liability | swered "Yes" on Form 990, Pa          | <u> </u>   |
| (6) (7) (8) (9)  Total. (Column (b) m  Part X  Oth  Cor  line  (1) Federal incom (2)                         | ner Liabilities.<br>mplete if the organization ans<br>e 25<br>(a) Description of liability | swered "Yes" on Form 990, Pa          | <u> </u>   |
| (6) (7) (8) (9)  Total. (Column (b) m  Cor  line  . (1) Federal incom (2) (3)                                | ner Liabilities.<br>mplete if the organization ans<br>e 25<br>(a) Description of liability | swered "Yes" on Form 990, Pa          | <u> </u>   |
| (6) (7) (8) (9) Fotal. (Column (b) m Cor line . (1) Federal incom (2) (3) (4)                                | ner Liabilities.<br>mplete if the organization ans<br>e 25<br>(a) Description of liability | swered "Yes" on Form 990, Pa          | <u> </u>   |
| (6) (7) (8) (9)  Total. (Column (b) m  Cor line  (1) Federal incom (2) (3) (4) (5)                           | ner Liabilities.<br>mplete if the organization ans<br>e 25<br>(a) Description of liability | swered "Yes" on Form 990, Pa          | <u> </u>   |
| (6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) m<br>Part X Oth   | ner Liabilities.<br>mplete if the organization ans<br>e 25<br>(a) Description of liability | swered "Yes" on Form 990, Pa          | <u> </u>   |
| (6) (7) (8) (9)  Fotal. (Column (b) m  Part X  Oth  Cor  line  (1) Federal incom (2) (3) (4) (5) (6) (7) (8) | ner Liabilities.<br>mplete if the organization ans<br>e 25<br>(a) Description of liability | swered "Yes" on Form 990, Pa          | <u> </u>   |
| (6) (7) (8) (9)  Fotal. (Column (b) m  Cor line . (1) Federal incom (2) (3) (4) (5) (6) (7) (8) (9)          | ner Liabilities.<br>mplete if the organization ans<br>e 25<br>(a) Description of liability | swered "Yes" on Form 990, Pa          |  |

| Sched                 | ule D (Form 990) 2017 USAO Alumni Assn  |                      | 73-1366971              | Page 4      |
|-----------------------|---|----------------------|-------------------------|-------------|
| Par                   |   | ts With Revenue      |                         |             |
| ı uı                  | Complete if the organization answered "Yes" on Form 990, Pai  |                      | por Rotarii.            |             |
| 1                     | Total revenue, gains, and other support per audited financial statements  | (17, 1110 120        | 1 1                     |             |
| 2                     | Amounts included on line 1 but not on Form 990, Part VIII, line 12  |                      | <del></del>             | <del></del> |
| a                     | Net unrealized gains (losses) on investments  | 2a                   |                         |             |
| b                     | Donated services and use of facilities  | 2b                   |                         |             |
| c                     | Recoveries of prior year grants   | 2c                   |                         |             |
| d                     | Other (Describe in Part XIII )  | 2d                   |                         |             |
| e                     | Add lines 2a through 2d   |                      | 2e                      | 0           |
| 3                     | Subtract line 2e from line 1  |                      | 3                       | 0           |
| 4                     | Amounts included on Form 990, Part VIII, line 12, but not on line 1   |                      |                         |             |
| а                     | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a                   |                         |             |
| b                     | Other (Describe in Part XIII )  | 4b                   |                         |             |
| С                     | Add lines 4a and 4b   |                      | 4c                      | 0           |
| 5                     | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)   |                      | 5                       | 0           |
| Par                   | Reconciliation of Expenses per Audited Financial Stateme  | nts With Expens      | es per Return.          |             |
|                       | Complete if the organization answered "Yes" on Form 990, Pai  |                      | •                       |             |
| 1                     | Total expenses and losses per audited financial statements  |                      | 1                       |             |
| 2                     | Amounts included on line 1 but not on Form 990, Part IX, line 25  |                      |                         |             |
| а                     | Donated services and use of facilities  | 2a                   |                         |             |
| b                     | Prior year adjustments  | 2b                   |                         |             |
| С                     | Other losses  | 2c                   |                         |             |
| d                     | Other (Describe in Part XIII )  | 2d                   |                         |             |
| е                     | Add lines 2a through 2d   |                      | 2e                      | 0           |
| 3                     | Subtract line 2e from line 1  |                      | 3                       | 0           |
| 4                     | Amounts included on Form 990, Part IX, line 25, but not on line 1   |                      |                         |             |
| а                     | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a                   |                         |             |
| b                     | Other (Describe in Part XIII )  | 4b                   |                         |             |
| -                     |   |                      |                         |             |
| C                     | Add lines 4a and 4b   |                      | 4c                      | 0           |
|                       | Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)   |                      | 4c 5                    | 0           |
| c<br>5<br>Par         | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information.   | Part IV lines 1h and | 5                       | 0           |
| c<br>5<br>Par<br>Prov | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  |                      | 2b, Part V, line 4, Par | 0           |
| c<br>5<br>Par<br>Prov | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  **EXIII**  Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F |                      | 2b, Part V, line 4, Par | 0           |
| c<br>5<br>Par<br>Prov | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  **EXIII**  Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F |                      | 2b, Part V, line 4, Par | 0           |
| c<br>5<br>Par<br>Prov | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  **EXIII**  Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F |                      | 2b, Part V, line 4, Par | 0           |
| c<br>5<br>Par<br>Prov | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  **EXIII**  Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F |                      | 2b, Part V, line 4, Par | 0           |
| c<br>5<br>Par<br>Prov | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  **EXIII**  Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F |                      | 2b, Part V, line 4, Par | 0           |
| c<br>5<br>Par<br>Prov | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  **EXIII**  Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F |                      | 2b, Part V, line 4, Par | 0           |
| c<br>5<br>Par<br>Prov | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  **EXIII**  Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F |                      | 2b, Part V, line 4, Par | 0           |
| c<br>5<br>Par<br>Prov | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  **EXIII**  Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F |                      | 2b, Part V, line 4, Par | 0           |
| c<br>5<br>Par<br>Prov | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  **EXIII**  Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F |                      | 2b, Part V, line 4, Par | 0           |
| c<br>5<br>Par<br>Prov | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  **EXIII**  Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F |                      | 2b, Part V, line 4, Par | 0           |
| c<br>5<br>Par<br>Prov | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  **EXIII**  Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F |                      | 2b, Part V, line 4, Par | 0           |

| Schedule D (Fore | n 990) 2017 USAO Alumni Assn         | 73-1366971                              | Page <b>5</b>                           |
|------------------|--------------------------------------|---|---|
| Part XIII        | Supplemental Information (continued) |   |   |
|                  |                                      |   |   |
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# SCHEDULE 1 (Form 990)

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

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

OMB No 1545-0047

2017

Open to Public Inspection

► Go to www.irs.gov/Form990 for the latest information.

► Attach to Form 990.

Employer identification number 73-1366971

•

Department of the Treasury Internal Revenue Service Name of the organization

**USAO Alumni Assn** 

GO to WWW.IIS.gov/roriisso for the latest information.

| Par | Part   General Information on Grants and Assistance  |          |
|-----|--|----------|
| 1   | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and |          |
|     | the selection criteria used to award the grants or assistance?   | <u>0</u> |
| 7   | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States   |          |
| Par | Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form                |          |

990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

| 1 (a) Name and address of organization or government                   | (b) EIN             | (c) IRC section if applicable | (d) Amount of cash<br>grant | (e) Amount of non-<br>cash assistance | (f) Method of valuation<br>(book FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|---------------------|-------------------------------|-----------------------------|---------------------------------------|--|---------------------------------------|------------------------------------|
| (1)  |                     |                               |                             |                                       |  |                                       |                                    |
| (2)  |                     |                               |                             |                                       |  |                                       |                                    |
| (3)  |                     |                               |                             |                                       |  |                                       |                                    |
| (4)  |                     |                               |                             |                                       |  |                                       |                                    |
| (5)  |                     |                               |                             |                                       |  |                                       |                                    |
| (9)  |                     |                               |                             |                                       |  |                                       |                                    |
| (1)  |                     |                               |                             |                                       |  |                                       |                                    |
| (8)  |                     |                               |                             |                                       |  |                                       |                                    |
| (6)  |                     |                               |                             |                                       |  |                                       |                                    |
| (10)   |                     |                               |                             |                                       |  |                                       |                                    |
| (11)   |                     |                               |                             |                                       |  |                                       |                                    |
| (12)   |                     |                               |                             |                                       |  |                                       |                                    |
|  | 1 501(c)(3) and g   | overnment organiza            | tions listed in the line    | 1 table                               |  | <b>A</b>                              |                                    |
| 3 Enter total number of other organizations listed in the line 1 table | organizations liste | ed in the line 1 table        |                             |                                       |  | •                                     | 0                                  |

Schedule I (Form 990) (2017)

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

Grants and Other Assistance to Domestic Individuals. Complete of the organization answered "Yes" on Form 990, Part IV, line 22

Page 2

**USAO Alumni Assn** 

Schedule I (Form 990) (2017)

Part III

(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 (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

#### **SCHEDULE 0** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

| Name of the organization  | Employer identification number |
|---|--------------------------------|
| USAO Alumni Assn  | 73-1366971                     |
| Francisco Dadily Codes Dilus 445 Tarreture as been been been been been a Breed at Francisco Director Ti |                                |
| Form 990, Part IV, Section B, Line 11b Tax return is submitted to Executive Director. The               |                                |
| Director sends copies of tax return to Board members. After review and final approval of tax            |                                |
|   |                                |
| return, the return is filed   |                                |
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| Schedule O (Form 990 or 990-EZ) (2017)  | Page 2                         |
|---|--------------------------------|
| Name of the organization                | Employer identification number |
| USAO Alumni Assn                        | 73-1366971                     |
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# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization **USAO Alumni Assn** 

Part

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

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

OMB No 1545-0047 2017

73-1366971

Open to Public Inspection Employer identification number

|                   |   |                               |   |   | -   |                               |   |                      |
|-------------------|---|-------------------------------|---|---|---|-------------------------------|---|----------------------|
| ,                 | (a) Name, address, and EIN (if applicable) of disregarded entity  | (1)<br>Pnmary                 | (b) Pnmary activity or fo                           | (c) Legal domicile (state or foreign country) | (d)<br>Total income                             | (e)<br>End-of-year assets     | (f)<br>Direct controlling<br>entity       | g g                  |
| (1)               |   |                               |   |   |   |                               |   |                      |
| (2)               |   |                               |   |   |   |                               |   |                      |
| (3)               |   |                               |   |   |   |                               |   |                      |
| (4)               |   |                               |   |   |   |                               |   |                      |
| (5)               |   |                               |   |   |   |                               |   |                      |
| (9)               |   |                               |   |   |   |                               |   |                      |
| Part II           | Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax vear | ons. Complete if the tax vear | le organization ai                                  | swered "Yes" or                               | Form 990, P                                     | art IV, line 34 be            | scause it had                             | _                    |
|                   | (a) Name, address, and EIN of related organization  | (b)<br>Pnmary activity        | (c)<br>Legal domicile (state<br>or foreign country) | (d)<br>Exempt Code section                    | (e) Public chanty status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | 2(b)(13)<br>led<br>? |
|                   |   |                               |   |   |   |                               | Yes                                       | No                   |
| (1)               |   |                               | ·   |   |   |                               | -   |                      |
| (2)               |   |                               |   |   |   |                               |   |                      |
| (3)               |   |                               |   |   |   |                               |   |                      |
| (4)               |   |                               |   |   | :   |                               |   |                      |
| (5)               |   |                               |   |   |   |                               |   | '                    |
| (9)               |   |                               |   |   |   |                               |   |                      |
| (7)               |   |                               | :   |   |   |                               |   | <b> </b>             |
| For Paperw<br>HTA | For Paperwork Reduction Act Notice, see the Instructions for Form 990.  |                               |   |   |   | Schedule                      | Schedule R (Form 990) 2017                | 2017                 |

| Schedule R (Form 990) 2017                         | USAO Alumni Assn  | ssn   |         |   | •  |   |  |                                 | 73-   | 73-1366971   |                                       | Page 2                                      |
|--|---|---|---------|---|--|---|--|---------------------------------|---|--|---------------------------------------|---|
| Part III Identification because it had             | Identification of Related Organizations Taxable because it had one or more related organizations t  | tions Taxable organizations                   |         | ı <b>ership.</b> Co<br>ı partnershı                 | as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line reated as a partnership during the tax year                             | organizatii<br>tax year                       | on answer                              | ed "Yes" e                      | on Form 990   | , Part IV,   | line 34                               | ,   |
| (a) Name, address, and EIN of related organization | (b)<br>Primary activity   | (c) Legal domicile (state or foreign country) | ļ       | Predo ncome exclud tax sections                     | (e) Predomnant Shi uncome (related, unrelated, excluded from tax under sections 512-514)   |   | (g)<br>Share of end-of-<br>year assets | (h) Disproportonate allocatons? | (1) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (1) (2) (3) (4) (5) (6) (7) (7) (7) (8) (9) (9) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (1) (9) (1) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 |                                       | (k)<br>Percentage<br>ownership              |
|  |   | :   |         |   |  |   |  | Yes No                          |   | Yes  | 2                                     |   |
| (1)  |   |   |         |   |  |   |  |                                 |   |  |                                       |   |
| (2)  |   |   | :       |   |  |   |  |                                 |   |  |                                       |   |
| (5)  |   |   |         |   |  |   |  |                                 |   |  |                                       |   |
| (4)  |   |   |         |   |  |   |  |                                 |   |  |                                       |   |
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| (9)  |   |   |         |   |  |   |  |                                 |   |  |                                       |   |
| (7)  |   |   | i       |   |  |   |  |                                 |   |  |                                       |   |
| Part IV Identification IV, line 34 bec             | Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization ans IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. | Itions Taxable                                |         | oration or<br>eated as a                            | <b>as a Corporation or Trust.</b> Complete if the organization answered "Yes" on Form 990, Part nizations treated as a corporation or trust during the tax year. | lete if the o                                 | organizatio                            | n answer<br>year.               | ed "Yes" on I   | Form 990   | , Part                                |   |
| (a) Name, address, and EIN of related organization | related organization  | (b)<br>Primary activity                       |         | (c)<br>Legal domicile<br>(state or foreign country) | (d)<br>Direct controlling<br>entity  | (e) Type of entity (C corp, S corp, or frust) |  | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year assets                       | (h)<br>Percentage<br>ownership   | Section 512(t<br>controlle<br>entity? | Section 512(b)(13)<br>controlled<br>entity? |
|  |   |   |         |   |  |   |  |                                 | :   |  | Yes                                   | õ   |
| (1)  |   |   | <u></u> |   |  |   |  |                                 |   |  |                                       |   |
| (2)  |   |   |         |   |  |   |  |                                 |   |  |                                       |   |
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| (7)  |   |   |         |   |  |   |  |                                 |   |  |                                       |   |
|  |   |   |         |   |  |   |  |                                 | Sc  | Schedule R (Form 990) 2017   | Form 99                               | 0) 2017                                     |

Page 3 73-1366971 USAO Alumni Assn Schedule R (Form 990) 2017

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| Note     | Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule  |                                 |                            | Yes                                   | ٥      |
|----------|---|---------------------------------|----------------------------|---------------------------------------|--------|
| -        | 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?                         | isted in Parts II–IV?           |                            |                                       |        |
| æ        | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity   |                                 | 1a                         |                                       |        |
| q        | Gift, grant, or capital contribution to related organization(s)   |                                 | <del>1</del>               |                                       |        |
| ပ        | Gift, grant, or capital contribution from related organization(s)   |                                 | ပု                         |                                       |        |
| ס        | Loans or loan guarantees to or for related organization(s)  |                                 | 19                         |                                       |        |
| ø        | Loans or loan guarantees by related organization(s)   |                                 | 1e                         |                                       |        |
|          |   |                                 |                            |                                       |        |
| ч        | Dividends from related organization(s)  |                                 | 16                         |                                       |        |
|          | Calculation of accepte to related organization (c)  |                                 | 5                          |                                       |        |
| <b>.</b> | Sale of assets to related organization(s)   |                                 | 2   =                      |                                       |        |
| _        | Purchase of assets from related organization(s)   |                                 | =                          |                                       |        |
| -        | Exchange of assets with related organization(s)   |                                 | =                          |                                       |        |
|          | Lease of facilities, equipment, or other assets to related organization(s)  |                                 | <del>;</del>               |                                       | ĺ      |
|          |   |                                 |                            |                                       |        |
| ¥        | Lease of facilities, equipment, or other assets from related organization(s)  |                                 | +                          |                                       |        |
| _        | Performance of services or membership or fundraising solicitations for related organization(s)  |                                 | =                          |                                       |        |
| Ε        |   |                                 | 1m                         |                                       |        |
| <b>=</b> | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   |                                 | 1                          |                                       |        |
| 0        | Sharing of paid employees with related organization(s)  |                                 | 9                          |                                       |        |
|          |   |                                 |                            |                                       |        |
| ۵        | Reimbursement paid to related organization(s) for expenses  |                                 | 1p                         |                                       |        |
| . 0      | Reimbursement paid by related organization(s) for expenses  |                                 | 19                         |                                       |        |
|          |   |                                 |                            |                                       |        |
| -        | Other transfer of cash or property to related organization(s)   |                                 | +                          |                                       | i      |
| S        | Other transfer of cash or property from related organization(s)   |                                 | 18                         |                                       |        |
| 2        | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | ered relationships and transact | tion thres                 | holds                                 |        |
|          | (a)   | (c)                             |                            | Đ                                     |        |
|          | organization Trans  | n Amount involved               | Method                     | Method of determining amount involved | gur. F |
| (1)      |   |                                 |                            |                                       |        |
| (2)      |   |                                 |                            |                                       |        |
| (3)      |   |                                 |                            |                                       |        |
| 9        |   |                                 |                            |                                       |        |
| 9        |   |                                 |                            |                                       | Ì      |
| 9        |   |                                 |                            |                                       | '      |
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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI

| (a) Name, address, and EIN of entity | (b)<br>Pnmary activity | (a) (b) (c) (d) (e) (f) (g) (g) (g) (g) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g | (d) Predominant income (related, unrelated, excluded from tax under | (e) Are all partners section 501(c)(3) organizations? | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h) Disproportionate allocations? | Code V—UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (I)<br>General or<br>managing<br>partner? | (k)<br>Percentage<br>ownership |
|--------------------------------------|------------------------|--|---|---|---------------------------------|--|-----------------------------------|--|---|--------------------------------|
|                                      |                        |  | sections 512-514)   | Yes No  |                                 |  | Yes No                            |  | Yes No                                    | <b>T</b>                       |
| (1)                                  |                        |  |   |   |                                 |  |                                   |  |   |                                |
| (2)                                  |                        |  |   |   |                                 |  |                                   |  |   |                                |
| (3)                                  |                        |  |   |   |                                 |  |                                   |  |   |                                |
| (4)                                  |                        |  |   |   |                                 |  |                                   |  |   |                                |
| (9)                                  |                        |  |   |   |                                 |  |                                   |  |   |                                |
| (9)                                  |                        |  |   |   |                                 |  |                                   | ,  |   |                                |
| (2)                                  |                        |  | :   |   |                                 | :  |                                   |  |   |                                |
| (8)                                  |                        |  |   |   |                                 |  |                                   |  |   |                                |
| (6)                                  |                        |  |   |   |                                 |  |                                   |  |   |                                |
| (10)                                 |                        |  |   |   |                                 |  |                                   |  |   |                                |
| (11)                                 |                        |  |   |   |                                 |  |                                   |  |   |                                |
| (12)                                 |                        |  |   |   |                                 |  |                                   |  |   |                                |
| (13)                                 |                        |  |   |   |                                 |  |                                   |  |   |                                |
| (14)                                 |                        |  |   |   |                                 |  |                                   |  |   |                                |
| (15)                                 |                        |  |   |   |                                 |  |                                   |  |   |                                |
| (16)                                 |                        |  |   |   |                                 |  |                                   |  |   |                                |

| Schedule R (Forr                      |                                 | USAO Alumni Assn                        |  | 73                                      | 1366971 | Page <b>5</b> |
|---------------------------------------|---------------------------------|---|--|---|---------|---------------|
| Part VII                              |                                 | ental Information.                      |  |   |         | •             |
| T WIT VIII                            | Provide ad                      | dditional information                   | for responses to questions on Schedule R S | See Instructions                        |         |               |
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