Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2019

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

Department of the Treasury

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

| | | ide Service | | | | | ~~ | |
|------------|-------------------------|--|--|---------------------------|-------------------|----------|--------------|--------------------|
| A F | For the 2 | 2019 calenda | | ly 1, , 2019, | and ending | | ıne 30 | , 20 20 |
| B c | Check If app | | | | | | | ation number |
| <u> </u> | Address ch | hange | District Alpha of the Clemson Alumni Associa | | | | 82-3348 | 3437 |
| | | nne change Number and street (or PO box if mall is not delivered to street address) Room/suite E Telep | | | | | | |
| = | Initial return | I 109 Daniel Dr | | | | | | -2345 |
| = | Final return/terminated | | | | | F Grou | p Exemption | |
| = | Amended return | | | | | | ber 🕨 | |
| | | ing Method | ✓ Cash | | н | Check > | if the c | rganization is not |
| ı v | Nebsite: | : https: | //alumniclemson.edu | | | | to attach So | |
| J T | ax-exem | npt status (che | ck only one) — 🗸 501(c)(3) 🔲 501(c) () ◀ | (insert no) 4947(a)(1) o | r 🔲 527 | (Form 99 | 0, 990-EZ, d | or 990-PF) |
| KF | Form of | organization | | sociation | | | | |
| | | | 7b to line 9 to determine gross receipts. If gross | receipts are \$200,000 or | more, or if total | assets | | |
| (Pa | rt II, colu | umn (B)) are \$ | 500,000 or more, file Form 990 instead of Form | 990-EZ | | | ▶ \$ | 192,333 |
| Р | art I | Revenu | e, Expenses, and Changes in Net As | sets or Fund Balanc | es (see the | ınstruc | tions for f | |
| | | | the organization used Schedule O to res | | | | | |
| | 1 | | ns, gifts, grants, and similar amounts recei | | | | 1 | |
| | 2 | | ervice revenue including government fees a | | | . | 2 | 171,980 |
| | 3 | _ | p dues and assessments | | | Ī | 3 | 19,427 |
| | 4 | Investment | income | | | . [| 4 | |
| | 5a | Gross amo | unt from sale of assets other than inventor | / 5a | | į | 12 | |
| | Ь | Less cost | or other basis and sales expenses | 5b | | | انعث | |
| | 1 | | ss) from sale of assets other than inventory | | ıne 5a) | | 5c | |
| | 6 | - | d fundraising events. | | , | Ī | | |
| | a | _ | ome from gaming (attach Schedule G | if greater than | | ŀ | | DECEN/ED |
| Revenue |) _ | | | · · · · 6a | | | | RECEIVED |
| Ven | b | Gross inco | me from fundraising events (not including | \$c | of contribution | ıs | | |
| æ | | | aising events reported on line 1) (attach S | | | 1 | B638 | MAY (18) 2021 |
| | | sum of suc | h gross income and contributions exceeds | \$15,000) . 6b | | | | 14 |
| | С | | t expenses from gaming and fundraising ev | | <u> </u> | | | OCDEN LIE |
| | ď | Net incom | e or (loss) from gaming and fundraising e | vents (add lines 6a an | d 6b and sul | btract | | OGDEN, UT |
| | | line 6c) . | | | | [| 6d | |
| | 7a | Gross sale | s of inventory, less returns and allowances | | <u> </u> |] | 14 15 | |
| | b | Less cost | of goods sold | 7b | | | Archi da. | |
| | С | Gross prof | t or (loss) from sales of inventory (subtract | line 7b from line 7a) . | | | 7c | |
| | 8 | | nue (describe in Schedule O) | | | [| 8 | 926 |
| | 9_ | | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | <u> </u> | <u> </u> | . ▶ | 9 | 192,333 |
| | 10 | Grants and | similar amounts paid (list in Schedule O) | | | [| 10 | 123,892 |
| | 11 | • | | | | . [| 11 | |
| es | 12 | | her compensation, and employee benefits | | | [| 12 | |
| nses | 13 | Profession | al fees and other payments to independent | contractors | | [| 13 | 218 |
| Expe | 14 | | | | | [| 14 | |
| Ŋ | 15 | | | | | [| 15 | |
| | 16 | | nses (describe in Schedule O) | | | [| 16 | 71,593 |
| _ | 17 | Total expe | nses. Add lines 10 through 16 | <u> </u> | <u> </u> | . ▶ | 17 | 195,703 |
| S | 18 | Excess or | deficit) for the year (subtract line 17 from li | ne 9) | | { | 18 | -3,370 |
| set | 19 | | or fund balances at beginning of year (fre | om line 27, column (A) |) (must agree | e with | (Marrie | |
| As | 1 | | r figure reported on prior year's return) | | | | 19 | 38,390 |
| Net Assets | 20 | Other char | ges in net assets or fund balances (explain | in Schedule O) | | . [| 20 | |
| <u>z</u> | 21 | | or fund balances at end of year. Combine | | <u></u> | | 21 | 35,020 |
| | | | | | | | | |

For Paperwork Reduction Act Notice, see the separate Instructions.

Form **990-EZ** (2019)

| | 20 22 (20 10) | | | | | |
|----------|---|--|--|---|--------------|--|
| Pa | | | | _ | | |
| | Check if the organization used Schedule | O to respond to ar | ny question in this | Part II | | |
| | • | | - | 11-3 3 1 | | (B) End of year |
| 22 | Cash, savings, and investments | | [- | 38,390 | 23 | 35,020 |
| 23 24 | Land and buildings | | · · · · · } | | 24 | |
| 25 | Total assets | | | 38,390 | | 35,020 |
| 26 | Total liabilities (describe in Schedule O) | | ' ' ' ' ' ' | 30,390 | 26 | 35,020 |
| 27 | Net assets or fund balances (line 27 of column | | | 38,390 | | 35,020 |
| Par | | | | | | 00,020 |
| | Check if the organization used Schedule | | | | } | Expenses |
| Wha | is the organization's primary exempt purpose? | refer to schedule O | , | | | uired for section c)(3) and 501(c)(4) |
| | ribe the organization's program service accompli easured by expenses. In a clear and concise n | | | | | nizations, optional for |
| | ons benefited, and other relevant information for ea | | e services provided | , the number of | | • |
| 28 | Student scholarship and other academic and studen | | for Clemson Univer | sitv | | <u> </u> |
| | | | | | | |
| | | | | | | |
| | (Grants \$ 123,892) If this amount | ıncludes foreign gra | ints, check here . | <u>.</u> ▶ 🔲 | 28a | 123,892 |
| 29 | Serve Clemson University alumni through career ser | | | | | |
| | of sentiment and affection for the University through | events and activities | | *** | | |
| | | | | | 1 | |
| | | includes foreign gra | | | 29a | 71,811 |
| 30 | | | | | | |
| | | | ••••• | | } | |
| | /O | | | | ا مم | |
| 24 | (Grants \$) If this amount Other program services (describe in Schedule O) | includes foreign gra | | | 30a | |
| 31 | | : includes foreign gra | | | 31a | |
| 32 | Total program service expenses (add lines 28a | through 31a) | ants, check here . | · · · · · · · · · · · · · · · · · · · | 32 | |
| Par | | | | | | 195,703 |
| | Check if the organization used Schedule | | | | | |
| | (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) | (d) Health benefits, contributions to employ benefit plans, and | /ee (e) O | |
| Gren | Morton | | | | +- | |
| | g worton dent & Director | 2 | ĺ , | | 0 | C |
| | tt Rechicar | | | 1 | 1 | |
| | President & Director | 1 2 | | | 0 | C |
| Melir | da Keaton | | | | | |
| Secr | etary/Treasurer & Director | 2 | <u> </u> | o | 0 | |
| | Adams | | | | | |
| Direc | tor | 1 | | 0 | 0 | |
| Wilse | n Hunter | | | | | |
| Direc | tor | 11 | | 0 | 0 | |
| Carl | 3ishop | .∤ | | | | |
| Direc | | 11 | | 0 | | |
| | n Josey | | | | | |
| Direc | tor | 11 | | 0 | 0 | |
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| Part | | | | |
|----------|--|------------|------------|----------|
| | instructions for Part V.) Check if the organization used Schedule O to respond to any question in this | Part | V | |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a | | res | No |
| | detailed description of each activity in Schedule O | 33 | \ | 1 |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions | 34 | | |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business | 34 | - | ✓ |
| | activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | 1 |
| c | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35b 35c | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | 1 |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | | 建設 | |
| ь 38а | Did the organization file Form 1120-POL for this year? | 37b 38a | | ✓ |
| b | If "Yes," complete Schedule L, Part II, and enter the total amount involved | | | |
| 39 | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 | | | |
| a b | Gross receipts, included on line 9, for public use of club facilities | | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 | | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | / |
| С | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | |
| 41 | List the states with which a copy of this return is filed ▶ | | | |
| 42a | | 864-65 | | 5 |
| b | Located at ► 109 Daniel Dr, Clemson, SC ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over | 29 | 631 Yes | No |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | 1 |
| | If "Yes," enter the name of the foreign country ▶ | | | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| C | At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country | 42c | | √ |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year | • | 124 | ► [] |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | | No ✓ |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | |
| c d | Did the organization receive any payments for indoor tanning services during the year? . If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44c 44d | | Ż |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | _ | √ |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions | 45b | | 1 |

Sign Here name and title Preparer's signature Date Print/Type preparer's name **Paid** Check | if self-employed **Preparer** Firm's name **Use Only** Firm's EIN ▶ Firm's address ▶ Phone no. May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

true, correct, and complete Deelaration of preparer (other than officer) is based on all information of which preparer has any knowledge

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

2019

Open to Public Inspection

Employer identification number

| Name of the organization Employer identification number | | | | | | | | |
|---|---|--|---------------------------------------|---|-------------------------|--------------------------------------|---|---|
| | District Alpha of the Clemson Alumni Association Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. | | | | | | | |
| Par | | | | | | | | ns |
| The c | A chu | on is not a private founda rch, convention of churcl ool described in section | nes, or association | on of churches descri | bed in s e | ction 17 | 0(b)(1)(A)(i). | 06 |
| 3 4 | 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: | | | | | | | |
| 5 | section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | |
| 6 7 | | | | | | | | |
| 8 | A con | nmunity trust described ii | n section 170(b) | (1)(A)(vi). (Complete I | Part II.) | | | |
| 9 | or uni unive | - | nt college of agr | culture (see instruction | ons). Ente | r the nan | ne, city, and state of | the college or |
| 10 | receip | ganization that normally rots from activities related ort from gross investmented by the organization a | to its exempt fui t income and uni | nctions—subject to ci related business taxal | ertain exc ble incom | eptions, ie (less se | and (2) no more that ection 511 tax) from | า 33¹/₃% of i̇̃ts |
| 11 | | ganization organized and | • | • | • | | | |
| 12 | of on | ganization organized and e or more publicly suppo k the box in lines 12a thro | orted organization | ns described in secti | on 509(a |)(1) or se | ection 509(a)(2). Sec | e section 509(a)(3). |
| а | th | /pe I. A supporting organ e supported organization upporting organization. Y e | (s) the power to | regularly appoint or e | lect a ma | jority of t | | |
| b | C | /pe II. A supporting orgal ontrol or management of ganization(s) You must | the supporting o | rganization vested ın | the same | | • • | |
| С | | <pre>/pe III functionally integ s supported organization(</pre> | | | | | | ally integrated with, |
| d | th | pe III non-functionally integrated in the part of the second section of the second second in the sec | grated. The orga | nization generally mu | st satisfy | a distribi | ition requirement an | |
| е | | heck this box if the organ nctionally integrated, or I | | | | | | e II, Type III |
| f | | ne number of supported of | - | | | | | [] |
| <u> </u> | | the following information | | | | | | |
| | (I) Name o | supported organization | (ii) EIN | (III) Type of organization (described on lines 1–10 above (see instructions)) | | rganization ir governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | Yes | No | | |
| (A) | | | | | | | | |
| (B) | | | | | | | | |
| (C) | | | | | | | | |
| (D) | | | | | | | | |
| (E) | | | | , | | | | |
| Tota | | | 第四次 | | 是臨時 | NA SAN | | |

| Part | | | | | | | |
|-------------|--|-----------------------------------|------------------|---------------------|----------------------|-----------------|-------------------|
| | (Complete only if you checked th | | | | | | lify under |
| Casti | Part III. If the organization fails to | quality unde | er the tests iis | tea pelow, p | lease comple | te Part III.) | |
| | on A. Public Support | (a) 2015 | (h) 2016 | (a) 2017 | (4) 2018 | (e) 2019 | (f) Total |
| Calend 1 | dar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (i) Total |
| • | Gifts, grants, contributions, and membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | 3,287 | 19,427 | 22,714 |
| 2 | Tax revenues levied for the | | | | 3,207 | 13,427 | 22,714 |
| _ | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| • | furnished by a governmental unit to the | 1 | | | | | |
| | organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | 3,287 | 19,427 | 2,2,714 |
| 5 | The portion of total contributions by | | | | | | $\overline{}$ |
| • | each person (other than a | | | | | | - 1 |
| | governmental unit or publicly | | | | | | / |
| | supported organization) included on | | | | | | - 1 |
| | line 1 that exceeds 2% of the amount | | | | | | l |
| | shown on line 11, column (f) | | 阿里尼斯 | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | <i>V</i> |
| | on B. Total Support | 1 1 1 2 2 2 2 | 1 0 1 2 2 2 2 | | () 22/2 | () 22/2 | |
| | dar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4 | | | | 3,287 | 19,427 | 22,714 |
| 8 | Gross income from interest, dividends, | | 1 | l | 1 | | |
| | payments received on securities loans, rents, royalties, and income from | | | | | | |
| | similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | <u> </u> |
| • | activities, whether or not the business | | 1 | | | | |
| | is regularly carried on | | ľ | ĺ | | | |
| 10 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | ļ | | 187,089 | 172,906 | 3359,995 |
| 11 | Total support. Add lines 7 through 10 | | | | 新疆域的 | | 382,709 |
| 12 | Gross receipts from related activities, etc | • | • | | | 12 | |
| 13 | First five years. If the Form 990 is for the | | n's first, secon | d, third, fourth | , or fifth tax y | ear as a sectio | n 501(c)(3) |
| | organization, check this box and stop he | | | · <u>·</u> · · · | <u> </u> | <u> </u> | · · > 🗀 |
| | on C. Computation of Public Suppo | | | | | | |
| 14 | Public support percentage for 2019 (line | | | | | 14 | % |
| -15 16a | Public support percentage from 2018 Sci 331/3% support test—2019. If the organ | nedule A, Part Ization did not | II, IINE 14 . | v on line 12 ai | nd line 14 is 31 | 15 | shock this |
| 104 | box and stop here. The organization qua | | | | | | . • 🗆 |
| b | 331/3% support test—2018. If the organi | | | | | | |
| ~ | this box and stop here. The organization | | | | | | |
| 17a | 10%-facts-and-circumstances test-2 | - | | • | | | |
| 174 | 10% or more, and if the organization me | | | | | | |
| | Part VI how the organization meets the ' | | | | | | |
| | organization | | | | | | |
| b | 10%-facts-and-circumstances test—2 | | | | | | _ |
| | 15 is 10% or more, and if the organiza | - | | | | | • |
| | Explain in Part VI how the organization in | meets the "fac | ts-and-circum | stances" test. | The organizati | on qualifies as | a publicly |
| | supported organization | | | | | | . ▶ □ |

Page 3 Schedule A (Form 990 or 990-EZ) 2019 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.) Section A. Public Support (c) 2017 Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (d) 2018 (e) 2019 (f)-Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5. . 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from Section B. Total Support (a) 2015 **(b)** 2016 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal year beginning in) ▶ (c) 2017 Amounts from line 6 . . 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . c Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly capiled on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.) .

| 14 | First five years/If the Form 990 is for the organization's first, second, third, fourth, or fifth tax ye | ar as a s | ection 501(c)(3) |
|------|--|------------|------------------------------|
| | organization, check this box and stop here | | . 🕨 🗆 |
| Sect | ion C. Computation of Public Support Percentage | | |
| 15 | Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 | Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | % |
| Sect | ion D. Computation of Investment Income Percentage | | |
| 17 | Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 | Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | % |
| 19a | 331/3% support tests-2019. If the organization did not check the box on line 14, and line 15 is mo | re than 3 | 331/3%, and line |
| | 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly suppo | rted orgai | nization . 🕨 🔲 |
| b | 331/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 | is more tl | han 33 ¹ /3%, and |
| | line 18 is not more than 331,3%, check this box and stop here. The organization qualifies as a publicly su | pported o | organization 🕨 📋 |

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Yes No

Part IV Supporting

Supporting Organizations

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

Section A. All Supporting Organizations

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

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| Part | Supporting Organizations (continued) | |
| 11 a | Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | Yes No |
| | A family member of a person described in (a) above? | 11b |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c |
| Secti | on B. Type I Supporting Organizations | |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | Yes No |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 |
| Secti | on C. Type II Supporting Organizations | |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | Yes No |
| Secu | on D. All Type III Supporting Organizations | 197 - TNI- |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | Yes No |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 |
| Secti | on E. Type III Functionally Integrated Supporting Organizations | |
| 1 a b c | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (| |
| 2 | Activities Test. Answer (a) and (b) below. | Yes No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 22a |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b |
| 3 a | Parent of Supported Organizations <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | ani | zations | |
|--|------|------------------------------|-----------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | tru | st on Nov. 20, 1970 (explair | in Part VI) See |
| instructions. All other Type III non-functionally integrated supporting organ | | | |
| 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) | თ | | |
| 4 Add lines 1 through 3. | 4 | | |
| 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 | | |
| Section B—Minimum 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 | | |
| 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 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C-Distributable Amount | • | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3 | 4 | | |
| 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 | | |
| 7 Check here if the current year is the organization's first as a non-functionall instructions). | y in | tegrated Type III supporting | organization (see |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | |
|--|--|---------------------------------------|--|---|--|
| Secti | on D-Distributions | | | Current Year | |
| 1_ | | | | | |
| 2 | 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | | | | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nizations | | |
| 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. | | | | |
| | Total annual distributions. Add lines 1 through 6 | | | | |
| 8 | Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions | h the organization is res | sponsive | | |
| 9_ | Distributable amount for 2019 from Section C, line 6 | · | | | |
| 10_ | Line 8 amount divided by line 9 amount | · · · · · · · · · · · · · · · · · · · | | | |
| Sect | on E—Distribution Allocations (see Instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 | |
| _1_ | Distributable amount for 2019 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | | |
| a | From 2014 | | | | |
| b | From 2015 | | | | |
| C | From 2016 | | | | |
| <u>d</u> | From 2017 | | | | |
| e | From 2018 | | | | |
| f | Total of lines 3a through e | | | | |
| <u>g</u> | Applied to underdistributions of prior years | | Comparison and the second of t | | |
| <u>h</u> | Applied to 2019 distributable amount | | | English statistics and accommodate the second | |
| _ <u>i</u> | Carryover from 2014 not applied (see instructions) | | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | | |
| 4 | Distributions for 2019 from Section D, line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | AND DESCRIPTION OF THE PROPERTY OF THE PROPERT | | |
| b | Applied to 2019 distributable amount | | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| а | Excess from 2015 | | 建筑建筑建筑 | | |
| b | Excess from 2016 | | | | |
| С | Excess from 2017 | | | 为是是是是 | |
| d | Excess from 2018 | | | | |
| е | Excess from 2019 | | | | |

| | Form 990 or 990-EZ) 2019 Page & |
|---|--|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No 1545-0047

Name of the organization Employer Identification number District Alpha of the Clemson Alumni Association 82-3348437 Part I, line 8-Other revenue Miscellaneous revenue-\$926 Part I, line 10-grants and similar amounts paid Scholarships support for Clemson University-\$123,892 Part I, line16-Other expenses Progam and event venue and equipment rental- \$28,564 Progarm and event food and catering costs-\$22,361 Other Program and event costs-\$12,754 Marketing/promotional materials-\$7,914 Insurance-Total other expenses-\$71,593 Part III-Organization's primary exempt purpose To serve, support, and benefit Clemson University and the Clemson Alumni Associationa and its members