WINSTON-SALEM STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION, INC.

Financial Statements

June 30, 2014 and 2013

BUTLER # BURKE...

BUTLER # BURKE...

To the Board of Directors of Winston-Salem State University National Alumni Association, Inc.

In planning and performing our audit of the financial statements of Winston-Salem State University National Alumni Association, Inc. (the "Association") as of and for the year ended June 30, 2014, in accordance with U.S. generally accepted auditing standards, we considered the Organization's internal control over financial reporting (internal control) as a basis for designing audit procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be significant deficiencies or material weaknesses and, therefore, material weaknesses or significant deficiencies may exist that were not identified. However, as discussed below, we identified a deficiency in internal control that we consider to be a significant deficiency.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A material weakness is a deficiency or combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. We did not identify any deficiencies in internal control that we consider to be material weaknesses.

A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We consider the following deficiency in the Organization's internal control to be a significant deficiency:

 During our review of the bank reconciliation process, we noted that the operating bank account was not being reconciled during the current year due to communication issues between the Association and prior contract bookkeeper. As a result, material misstatements of cash and misappropriation of cash may occur and not be prevented or detected and corrected in a timely manner. We recommend that the contract bookkeeper perform bank reconciliations for all bank accounts on a monthly basis and provide copies of the reconciliation to the Association's management.

This communication is intended solely for the information and use of management and the Board of Directors of Winston-Salem State University National Alumni Association, Inc., and is not intended to be and should not be used by anyone other than these specified parties.

Butler & Burker LLP

Winston-Salem, North Carolina January 30, 2015

BUTLER # BURKE...

January 30, 2015

To the Board of Directors
Winston-Salem State University National
Alumni Association, Inc.
Winston-Salem, North Carolina

We have audited the financial statements of the Winston-Salem State University National Alumni Association, Inc. (the "Association") for the year ended June 30, 2014, and have issued our report thereon dated January 30, 2015. Professional standards require that we provide you with information about responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated October 1, 2014. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Association are described in Note B to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during the year ended June 30, 2014. We noted no transactions entered into by the Association during the year for which there is a lack of authoritative guidance or consensus. All transactions have been recognized in the financial statements in the proper period.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. Adjustments made during the audit are summarized in a report attached to this letter.

Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

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pA 335 768 2310 /: 336 768 8573

Winston-Salem State University National Alumni Association, Inc. January 30, 2015 Page 2

Management Representations

We have requested certain representations from management that are included in the management representation letter dated January 30, 2015.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Association's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Association's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Other Matters

With respect to the supplementary information accompanying the financial statements, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with U.S. generally accepted accounting principles, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

This information is intended solely for the use of the Board of Directors and management of Winston-Salem State University National Alumni Association, Inc. and is not intended to be and should not be used by anyone other than these specified parties.

Sincerely,

Butler + Burke, LLP

Butler & Burke LLP

Client

25480 - WSSU National Alumni Association

Engagement

2014 Audit - WSSU National Alumni Association

Period Ending: Trial Balance: 6/30/2014

Workpaper.

DB - Database AJE - Adjusting Journal Entries Report

Workpaper.	AJE - Adjusting Journal Entries Report				
Account Description		W/P Ref	Debit	Credit	
Adjusting Journa	d Entrine 15 # 2	F3			
	year depreciation.	F-0			
525	Depreciation		55.00		
125 Total	Accumulated depreciation		55.00	55.00 55.00	
Adjusting Journa		PY			
lo record PY entr	ies not made by client to get net assets to roll				
140 101	Other Assets Cash		5,972.25	191.59	
103	BB&T Savings			0.25	
125	Accumulated depreciation			55.00	
201	Accounts payable			960.00	
230	Cleveland Classic			3,691.00	
390	Net Assets			1,074.41	
otal			5,972.25	5,972.25	
	i Entries JE # 4	PY			
o reverse PY adj	ustments to Accounts Payable.				
201	Accounts payable		960.00		
523 otal	Clerical Support		960.00	960.00 960.00	
				333.33	
	l Entries JE # 5	AA3			
o recora account	s payable at 6/30/2014				
523	Clerical Support		960.00	550.00	
201 otal	Accounts payable		960.00	960.00 960.00	
diversing to one	l Entries JE# 7	B3		•	
	nd Classic revenue earned in the current year.	63	13		
230	Cleveland Classic		3,691.00		
410	Other special projects		2.604.00	3,691.00 3,691.00	
otal			3,691.00	3,691.00	
djusting Journa or record sell of or	I Entries JE # 8 ther asset in the CY.	F2			
420	Uncategorized Income		35.00		
542	Fundraising Expense		20.75		
140	Other Assets		20.10	20.75	
428	Fundraising Revenue			35.00	
otal			55.75	55.75	
djusting Journal	Entries JE # 9	E3			
	ent income for the current year per review of investment		3		
415	Unrealized (gain) loss on inv		2,429.49		
413	Income from investments		9 400 40	2,429.49 2,429.49	
otal			2,429.49	2,429.49	
	Entries JE # 10 stock sale recorded as contribution income by client.	E3			
411	Contributions		5,000.00		
411	Unrealized (gain) loss on inv			5,000.00	
otal	77		5,000.00	5,000.00	

Client

25480 - WSSU National Alumni Association

Engagement:

2014 Audit - WSSU National Alumni Association

Period Ending: Trial Balance: Workpaper:

6/30/2014

DB - Database RJE - Reclassifying Journal Entries Report

vvorkpaper:	RJE - Reclassifying Journal Ellules Report			
Account Description		W/P Ref	Debit	Credit
	urnal Entries JE # 1 I from investment accounts	E3		
101	Cash		71,439.51	
110	MSDW Investment 79 - Alumni A		56	55,183.44
111	MSDW Investment 63 - Scholars			16,256,07
Total			71,439.51	71,439.51
Reclassifying Jo	urnal Entries JE# 6	B5		
To record homeco	oming revenue in proper account consistent with prior year.			
406	Homecoming		24,714.90	
406-B	Homecoming Advertising		595.00	
410	Other special projects		200.00	
409	Scholarships			200.00
417	Miss Alumni			25,309.90
Total			25,509.90	25,509.90
	*			

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BUTLER = BURKE...

Board of Directors
Winston-Salem State University National
Alumni Association, Inc.
Winston-Salem, North Carolina

INDEPENDENT AUDITORS' REPORT

We have audited the accompanying financial statements of the Winston-Salem State University National Alumni Association, Inc., which comprise the statements of financial position as of June 30, 2014 and 2013, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit Involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Winston-Salem State University National Alumni Association, Inc. as of June 30, 2014 and 2013, and the changes in its net assets and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

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Other Matter - Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of functional expenses on pages 12–13 are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Butler & Burker LLP

Winston-Salem, North Carolina January 30, 2015

WINSTON-SALEM STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION, INC. STATEMENTS OF FINANCIAL POSITION June 30, 2014 and 2013

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	2014	2013			
ASSETS					
Cash and cash equivalents Investments	\$ 85,602 86,715	\$ 99,347 76,649			
Other assets Property and equipment, net	5,951 73	5,972 128			
TOTAL ASSETS	<u>\$ 178,341</u>	\$ 182,096			
LIABILITIES AND NET ASSETS					
Liabilities					
Accounts payable	\$ 960	\$ 960			
Deferred revenue		<u>3,691</u>			
<u>Total Liabilities</u>	960	4,651			
Net Assets					
Unrestricted	170,766	175,457			
Temporarily restricted	6,615	1,988			
<u>Total Net Assets</u>	<u>177,381</u>	177,445			
TOTAL LIABILITIES AND NET ASSETS	\$ 178,341	\$ 182,096			

WINSTON-SALEM STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION, INC.

STATEMENTS OF ACTIVITIES

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For the Years Ended June 30, 2014 and 2013

	2014	2013
Unrestricted Net Assets		
Support and Revenue		
Alumni support	\$ 94,371	\$ 96,587
Sponsorships	29,770	34,751
Fundraising revenue, net	14	1,044
investment income	2,447	1,597
Net realized and unrealized gains on investments	9,114	7,019
Other	137	1,368
Net assets released from restrictions	1,9B8	10,404
Total Support and Revenue	137,841	152,770
Expenses		
Program	101,212	95,753
Management and general	41,320	46,437
Total Expenses	142,532	142,190
Change in Unrestricted Net Assets	(4,691)	10,580
Temporarily Restricted Net Assets		
Support and Revenue		
Sponsorships	6,615	1,988
Net assets released from restrictions	(1,988)	(10,404)
Change in Temporarily Restricted Net Assets	4,627	(8,416)
Change in Net Assets	(64)	2,164
Net Assets, Beginning	<u>177,445</u>	175,281
Net Assets, Ending	<u>\$ 177,381</u>	\$ <u>177,445</u>

WINSTON-SALEM STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION, INC. STATEMENTS OF CASH FLOWS

For the Years Ended June 30, 2014 and 2013

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	 2014	 2013
OPERATING ACTIVITIES	4	
Change In net assets	\$ (64)	\$ 2,164
Adjustments to reconcile change in net assets to		
net cash used in operating activities:		
Depreciation	5S	55
Net realized and unrealized gains on investments	(9,114)	(7,019)
Change In other assets	21	(5,972)
Change in accounts payable	-	(2,618)
Change in deferred revenue	 (3,691)	 3,691
Net Cash Used in Operating Activities	(12,793)	(9,699)
investing Activities Proceeds from sale of investments investments purchased Net Cash Used in Investing Activities	 485 (1,437) (952)	 - (916) (916)
Decrease in Cash and Cash Equivalents	(13,745)	(10,615)
Cash and Cash Equivalents, Beginning	 99,347	109,962
Cash and Cash Equivalents, Ending	\$ 85,602	\$ 99,347

NOTE A: ORGANIZATION AND NATURE OF ACTIVITIES

The Winston-Salem State University National Alumni Association, Inc. (the "Association") was organized to maintain the interest of and encourage the support of Winston-Salem State University by university alumni. This purpose is achieved through various means as established in the Association's articles of incorporation and by-laws.

NOTE B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Association have been prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles (GAAP).

Basis of Presentation

The Association presents its net assets and its support and revenue based upon the absence or existence of donor-imposed restrictions as follows:

<u>Unrestricted net assets</u> – net assets that are not restricted by donors or for which donor-imposed restrictions have expired. If the board specifies a purpose where none has been stated, such funds are classified as board designated unrestricted net assets.

<u>Temporarily restricted net assets</u> – net assets that contain donor-imposed time or purpose restrictions that have not currently been met.

<u>Permanently restricted net assets</u> – net assets that contain donor-imposed restrictions stipulating that amounts be maintained in perpetuity. The Association has no permanently restricted net assets.

Expenses are reported as decreases in unrestricted net assets. Expirations of temporary restrictions on net assets (i.e., the stipulated time period has elapsed or purpose was satisfied) are reported as net assets released from restrictions.

The accompanying financial statements do not include the assets, liabilities, or activities of the local alumni chapters located in various cities throughout the country.

Contributions

Contributions, which include unconditional promises to give (pledges and grants), are recognized as revenues in the period the commitment is made. Conditional promises to give are not recognized until they become unconditional, that is, when the conditions upon which they depend are substantially met. Contributions and grants received with temporary restrictions that are met in the same reporting period are reported as unrestricted support.

NOTE B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Cash and Cash Equivalents

For purposes of reporting cash flows, the Association considers all cash on hand, cash in banks and all highly-liquid temporary cash instruments purchased with an original maturity of three months or less to be cash equivalents. These accounts, at times, may exceed federally insured limits. The Association has not experienced any iosses on these accounts and management does not believe it is exposed to any significant credit risk.

<u>Investments</u>

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investments are stated at fair value. Gains and losses, both realized and unrealized, are recognized as changes in net assets in the periods in which they occur, and investment income is recognized as revenue in the period earned. Income, gains, and losses are treated as unrestricted unless their use is temporarily or permanently restricted by explicit donor stipulations or by law.

Fair Value Measurements

Financial assets and liabilities required to be measured on a recurring basis (at least annually) are classified under a three-tier hierarchy. Fair value is the amount that would be received to sell an asset, or paid to settle a liability, in an orderly transaction between market participants at the measurement date.

The classification of assets and liabilities within the hierarchy is based on whether inputs to the valuation methodology used for measurement are observable or unobservable. Observable inputs reflect market-derived or market-based information obtained from independent sources while unobservable inputs reflect estimates about market data. See Note E for assets of the Association measured at fair value on a recurring basis.

Property and Equipment

Amounts invested in furniture and equipment are stated at cost, or fair value if donated. Furniture and equipment are depreciated over estimated useful lives, generally from five to ten years, using the straight-line method. The website is being amortized over an estimated useful life of three years using the straight-line method.

Expense Allocation

The costs of providing program and supporting services have been summarized on a functional basis in the statements of activities. Accordingly, certain costs have been aliocated between the program and supporting services benefited.

Directly identifiable expenses are charged to the appropriate programs and supporting services. Expenses related to more than one function are charged to programs and supporting services on the basis of estimates made by management. Management and general expenses include those expenses that are not directly identifiable with any other specific function, but provide for the overall support and direction of the Association.

NOTE B:

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Tax-Exempt Status

The Association is a not-for-profit organization and is exempt from income taxes under Section 501(c)(3) of the internal Revenue Code. Accordingly, income tax expense is limited to activities that are deemed by the internal Revenue Service to be unrelated to their exempt purpose.

The Association's primary tax positions relate to its status as a not-for-profit entity exempt from income taxes and classification of activities related to its exempt purpose. It is the opinion of management that the Association has no uncertain tax positions that would be subject to change upon examination.

The Association is required to file a federal exempt organization tax return (Form 990) annually to retain its exempt status. The Association is also required to file an exempt organization business income tax return (Form 990-T) for any year unrelated business income exceeds \$1,000. The Association's Form 990 filings are generally subject to examination by the internal Revenue Service for three years after they are filed.

Subsequent Events

The Association has evaluated its subsequent events (events occurring after June 30, 2014) through the date of this report, which represents the date the financial statements were available to be issued and determined that all significant events and disclosures are included in the financial statements.

NOTE C:

INVESTMENTS

Investments are summarized as follows at June 30:

	 2014		
Common stocks Mutual funds	\$ 17,507 69,208	\$	15,546 61,103
	\$ 86,715	\$	76,649

The Association maintains a margin account at a brokerage house that allows them to borrow funds which are secured by their investments. No amounts were owed at June 30, 2014 or 2013.

NOTE D: PROPERTY AND EQUIPMENT

Property and equipment consists of the following at June 30:

	2014	2013
Office furniture and equipment	\$ 4,631	\$ 4,631
Website	6,570	6,570
	11,201	11,201
Less accumulated depreciation	(11,128) (11,073)
	\$ 73	\$ 128

Depreciation expense was \$55 for the years ended June 30, 2014 and 2013, respectively.

NOTE E: FAIR VALUE MEASUREMENTS

Valuation techniques used to measure fair value are prioritized into the following hierarchy:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for Identical assets or liabilities in active markets that the Association has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for Identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

if the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used by the Association for assets measured at fair value:

 Investments (Common Stocks and Mutual Funds) - Valued at the closing price reported on the active markets on which the individual securities are traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Association believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE E:

FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables sets forth by level, within the fair value hierarchy, the Association's assets measured at fair value on a recurring basis as of June 30, 2014 and 2013:

	2014							2013								
		evel 1		evel 2		evel 3		Total	L	evel 1		evel 2		evel 3		Total
Common stocks																
Financial	\$	612	\$	•	\$	-	\$	612	\$	560	\$	•	\$		\$	560
Healthcare		8,565		•		•		8,565		7,005				•		7,005
industrial goods		1,971		-		-		1,971		1,739		•		•		1,739
Services		2,070				•		2,070		1,949		•		•		1,949
Technology		4,289		•		•		4,289		4,293						4,293
Mutual funds																
Government securities		20,014						20,014		19,814						19,814
Fixed income funds		12,654		•		•		12,654		11,809						11,809
Large cap domestic equity funds		36,540				•		36,540		29,480		-				29,480
Total assets at fair value	\$	86,715	\$		\$	•	\$	86,715	\$	76,649	\$	-	\$		\$	76,649

NOTE F:

ENDOWMENT

In August 2007, the Association established the Winston-Salem State University National Alumni Association Endowed Scholarshlp fund (the "Fund") through an agreement with the Winston-Salem State University Foundation, Inc. (the "Foundation"). The Foundation will solicit the contributions for this Fund. Once the Fund's balance reaches a value of \$10,000, disbursements of income may be transferred to the general scholarship fund located in the Foundation. The Fund shall invest the assets and expend the income according to the investment and spending policies established by the Foundation Board of Directors. Since the donors explicitly granted variance power over these funds to the Foundation, the assets are not reflected in the accompanying financial statements. The value of the Fund at June 30, 2014 and 2013 was \$45,958 and \$38,118, respectively.

NOTE G:

RESTRICTIONS ON NET ASSETS

Temporarily restricted net assets are available for the following at June 30:

		2013		
Time restricted:				
Homecoming event for subsequent year	\$	6,615	\$	1,988

NOTE H:

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RELATED PARTY TRANSACTIONS

In October 2013, the Association began receiving accounting services from one of the Association's Chapter Presidents. The Association Incurred \$5,225 of related party accounting expenses for the year ended June 30, 2014. There were no related party accounting expenses incurred for the year ended June 30, 2013.

WINSTON-SALEM STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION, INC. SUPPLEMENTAL SCHEDULE OF FUNCTIONAL EXPENSES

For the Year Ended June 30, 2014

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	Program Services		nagement General	 Total
Homecoming	\$ 43,146	\$	•	\$ 43,146
Scholarships	37,000		-	37,000
Membership expense	6,673		•	6,673
Professional fees	•		23,476	23,476
Board travel	-		8,747	8,747
Special events	13,923		•	13,923
President's discretionary	220		3,380	3,600
Depreciation	-		55	5S
Miscellaneous	 250		5,662	 5,912
	\$ 101,212	\$	41,320	\$ 142,532

WINSTON-SALEM STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION, INC. SUPPLEMENTAL SCHEDULE OF FUNCTIONAL EXPENSES

For the Year Ended June 30, 2013

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	Program Services			Total	
Homecoming	\$ 48,127	\$	-	\$	48,127
Scholarships	2B,900		-		28,900
Membership expense	6,801		-		6,801
Professional fees	-		23,120		23,120
Board travel	-		14,162		14,162
Special events	11,254		-		11,254
President's discretionary	448		2,147		2,595
Depreciation	-		55		55
Miscellaneous	 223		6,953		7,176
	\$ 95,753	\$	46,437	\$	142,190

Form 990-EZ

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)

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

Open to Public Inspection

OMB No. 1545-1150

2013

Department of the Treasury Internal Revenue Service

A	For the	2013 calendar year, or tax year beginning JULY 01 , 2013, and ending JUNE 3	0	,20 14
B (Check if	applicable: C Name of organization D Emplo	oyer id	entification number
$\prod I$	Address	change WINSTON-SALEM STATE UNIVERSITY ALUMNI		56-6066280
П	Name ch	Number & street (or P.O. box, if mail is not delivered to street addr.) Roam/ suite E Telepi	none ni	
П	nitial ret			
\prod_{i}	erminat	ed PO BOX 13175		(336)750-2125
\square	\mende	return City or town, state or province, country, and ZIP or foreign postal code F Group		
$\prod_{i=1}^{n}$	pplicati	on pending WINSTON-SALEM NC 27110 Numb	er 🕨	
G A	ccoun	ting Method: Cash X Accrual Other (specify) ▶ H Check ▶ X	if the (organization is not
1.3	Vebsite	e: ► N/A required to	attach	Schedule B
JI	ax-ex	empt status (check only one) X 501(c)(3) 501(c)() 4 (insert no.) 4947(a)(1) or 527 (Form 990	, 990-E	Z, or 990-PF).
_		organization: Corporation Trust Association Other		
LA	dd line	s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	sets (P	art II,
		(B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		
	ert I			
		Check if the organization used Schedule O to respond to any question in this Part I		
	1	Contributions, gifts, grants, and similar amounts received		38,742
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	36,459
	4	Investment income	4	17
	58	Gross amount from sale of assets other than inventory	259.7	
-	-		- 5c	
Ë	6	Garning and fundraising events	49763	
¥	_	Gross income from garning (attach Schedule G if greater than		
REVEZUE	"	\$15,000)		
Ë	h	Gross income from fundraising events (not including \$ of contributions		
	"	from fundraising events reported on line 1) (attach Schedule G if the		
		sum of such gross income and contributions exceeds \$15,000) 6b 57,03	7	
		Less: direct expenses from garning and fundraising events 6c	-	
		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
	"	line 6c)	6d	57,037
	70	Gross sales of inventory, less returns and allowances	500000	0.755
			- 22	
	b		7c	
	C	Other revenue (describe in Schedule O)	8	
	8	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	132,255
		Grants and similar amounts paid (list in Schedule O)	10	132/233
	10		11	47,102
Ę	11	Benefits paid to or for members	12	47,7102
ê	12	Salaries, other compensation, and employee benefits	13	23,476
E	13	Professional fees and other payments to independent contractors		23,470
EXPEZSES	14	Occupancy, rent, utilities, and maintenance	14	67
Š	15	Printing, publications, postage, and shipping	15	71,833
	16	Other expenses (describe in Schedule O)	16	142,478
	17	Total expenses. Add lines 10 through 16	17	-10,223
A	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-10,223
NS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	SAME.	176 170
ASSET'S		end-of-year figure reported on prior year's return)	19	176,179
S	20	Other changes in net assets or fund balances (explain in Schedule O)	20	165 056
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 · · · · · · · · ▶	21	165,956

Fo		EM STATE UNI	VER 56-606	6280		Page 2
P	art II Balance Sheets (see the instruc	tions for Part II)				
_	Check if the organization used Sched	fule O to respond to any	question in this Part II			X
				Beginning of year	ļ	(B) End of year
22	Cash, savings, and investments			175,996		181,713
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)			183		183
25	Total assets			176,179		181,896
26	Total liabilities (describe in Schedule O) .				26	0
27	Net assets or fund balances (line 27 of co			176,179	27	181,896
P	art III Statement of Program Sen	vice Accomplishm	ents (see the instructi	ons for Part III)	Ţ	Expenses
_	Check if the organization used Sche				4	(Required for section 501(c)(3) and 501(c)(4)
Wh De:	nat is the organization's primary exempt purpos scribe the organization's program service acco measured by expenses. In a clear and concise sons benefited, and other relevant information	e? SEE ATTACH mplishments for each of manner, describe the se	MENT #1 its three largest prograin rivices provided, the nu	n services, imber of		organizations and section 4947(a)(1) trusts; optional for others.)
	SEE ATTACHMENT #2	for each program me.				T
	(Grants \$) If this arm	ount includes foreign gra	ants, check here		28	a
29						
30	(Grants 5) If this am	ount includes foreign gra	ants, check here		298	1
30						
		 				
	(Grants \$) If this am	ount includes foreign gra	ants, check here	F	308	
31	Other program services (describe in Schedule					
	(Grants \$) If this arm	ount includes foreign gra	ınts, check here	▶ 🗍	318	
	Tatal and an area and a surrounded to deliver a	00-11				0
32	Total program service expenses (add lines:	28a through 31a)			32	1
	Int IV List of Officers, Directors, Trustee					1
		s, and Key Employees	(list each one even if n	ot compensated se	e the	instructions for Part IV)
	rt IV List of Officers, Directors, Trustee	s, and Key Employees	(list each one even if no question in this Part I\ (c) Reportable	ot compensated — se	e the	instructions for Part IV)
	rt IV List of Officers, Directors, Trustee	s, and Key Employees dule O to respond to any	(list each one even if no question in this Part IV	ot compensated — se	e the	e instructions for Part IV) (e) Estimated amount of
Pa	Check if the organization used Schee (8) Name and title	s, and Key Employees dule O to respond to any (b) Average	(list each one even if no question in this Part IV (c) Reportable compensation	(d) Health benefits contributions to employee benefit pla	e the	e instructions for Part IV) (e) Estimated amount of
Pa	Check if the organization used Schee	s, and Key Employees dule O to respond to any (b) Average hours per week	(list each one even if no question in this Part I\ (c) Reportable compensation (Forms W-2/1099 MISC	(d) Health benefits contributions to employee benefit pla	e the	e instructions for Part IV) (e) Estimated amount of
Pa	Check if the organization used Schee (8) Name and title	s, and Key Employees dule O to respond to any (b) Average hours per week	(list each one even if no question in this Part I\ (c) Reportable compensation (Forms W-2/1099 MISC	(d) Health benefits contributions to employee benefit pla	e the	e instructions for Part IV) (e) Estimated amount of
Pa	Check if the organization used Schee (8) Name and title	s, and Key Employees dule O to respond to any (b) Average hours per week	(list each one even if no question in this Part I\ (c) Reportable compensation (Forms W-2/1099 MISC	(d) Health benefits contributions to employee benefit pla	e the	e instructions for Part IV) (e) Estimated amount of
Pa	Check if the organization used Schee (8) Name and title	s, and Key Employees dule O to respond to any (b) Average hours per week	(list each one even if no question in this Part I\ (c) Reportable compensation (Forms W-2/1099 MISC	(d) Health benefits contributions to employee benefit pla	e the	e instructions for Part IV) (e) Estimated amount of
Pa	Check if the organization used Schee (8) Name and title	s, and Key Employees dule O to respond to any (b) Average hours per week	(list each one even if no question in this Part I\ (c) Reportable compensation (Forms W-2/1099 MISC	(d) Health benefits contributions to employee benefit pla	e the	e instructions for Part IV) (e) Estimated amount of
Pa	Check if the organization used Schee (8) Name and title	s, and Key Employees dule O to respond to any (b) Average hours per week	(list each one even if no question in this Part I\ (c) Reportable compensation (Forms W-2/1099 MISC	(d) Health benefits contributions to employee benefit pla	e the	e instructions for Part IV) (e) Estimated amount of
Pa	Check if the organization used Schee (8) Name and title	s, and Key Employees dule O to respond to any (b) Average hours per week	(list each one even if no question in this Part I\ (c) Reportable compensation (Forms W-2/1099 MISC	(d) Health benefits contributions to employee benefit pla	e the	e instructions for Part IV) (e) Estimated amount of
Pa	Check if the organization used Schee (8) Name and title	s, and Key Employees dule O to respond to any (b) Average hours per week	(list each one even if no question in this Part I\ (c) Reportable compensation (Forms W-2/1099 MISC	(d) Health benefits contributions to employee benefit pla	e the	e instructions for Part IV) (e) Estimated amount of
Pa	Check if the organization used Schee (8) Name and title	s, and Key Employees dule O to respond to any (b) Average hours per week	(list each one even if no question in this Part I\ (c) Reportable compensation (Forms W-2/1099 MISC	(d) Health benefits contributions to employee benefit pla	e the	e instructions for Part IV) (e) Estimated amount of
Pa	Check if the organization used Schee (8) Name and title	s, and Key Employees dule O to respond to any (b) Average hours per week	(list each one even if no question in this Part I\ (c) Reportable compensation (Forms W-2/1099 MISC	(d) Health benefits contributions to employee benefit pla	e the	e instructions for Part IV) (e) Estimated amount of
Pa	Check if the organization used Schee (8) Name and title	s, and Key Employees dule O to respond to any (b) Average hours per week	(list each one even if no question in this Part I\ (c) Reportable compensation (Forms W-2/1099 MISC	(d) Health benefits contributions to employee benefit pla	e the	e instructions for Part IV) (e) Estimated amount of
Pa	Check if the organization used Schee (8) Name and title	s, and Key Employees dule O to respond to any (b) Average hours per week	(list each one even if no question in this Part I\ (c) Reportable compensation (Forms W-2/1099 MISC	(d) Health benefits contributions to employee benefit pla	e the	e instructions for Part IV) (e) Estimated amount of
Pa	Check if the organization used Schee (8) Name and title	s, and Key Employees dule O to respond to any (b) Average hours per week	(list each one even if no question in this Part I\ (c) Reportable compensation (Forms W-2/1099 MISC	(d) Health benefits contributions to employee benefit pla	e the	e instructions for Part IV) (e) Estimated amount of
Pa	Check if the organization used Schee (8) Name and title	s, and Key Employees dule O to respond to any (b) Average hours per week	(list each one even if no question in this Part I\ (c) Reportable compensation (Forms W-2/1099 MISC	(d) Health benefits contributions to employee benefit pla	e the	e instructions for Part IV) (e) Estimated amount of
Pa	Check if the organization used Schee (8) Name and title	s, and Key Employees dule O to respond to any (b) Average hours per week	(list each one even if no question in this Part I\ (c) Reportable compensation (Forms W-2/1099 MISC	(d) Health benefits contributions to employee benefit pla	e the	e instructions for Part IV) (e) Estimated amount of
Pa	Check if the organization used Schee (8) Name and title	s, and Key Employees dule O to respond to any (b) Average hours per week	(list each one even if no question in this Part I\ (c) Reportable compensation (Forms W-2/1099 MISC	(d) Health benefits contributions to employee benefit pla	e the	e instructions for Part IV) (e) Estimated amount of
Pa	Check if the organization used Schee (8) Name and title	s, and Key Employees dule O to respond to any (b) Average hours per week	(list each one even if no question in this Part I\ (c) Reportable compensation (Forms W-2/1099 MISC	(d) Health benefits contributions to employee benefit pla	e the	e instructions for Part IV) (e) Estimated amount of
Pa	Check if the organization used Schee (8) Name and title	s, and Key Employees dule O to respond to any (b) Average hours per week	(list each one even if no question in this Part I\ (c) Reportable compensation (Forms W-2/1099 MISC	(d) Health benefits contributions to employee benefit pla	e the	e instructions for Part IV) (e) Estimated amount of
Pa	Check if the organization used Schee (8) Name and title	s, and Key Employees dule O to respond to any (b) Average hours per week	(list each one even if no question in this Part I\ (c) Reportable compensation (Forms W-2/1099 MISC	(d) Health benefits contributions to employee benefit pla	e the	e instructions for Part IV) (e) Estimated amount of
Pa	Check if the organization used Schee (8) Name and title	s, and Key Employees dule O to respond to any (b) Average hours per week	(list each one even if no question in this Part I\ (c) Reportable compensation (Forms W-2/1099 MISC	(d) Health benefits contributions to employee benefit pla	e the	e instructions for Part IV) (e) Estimated amount of

Page 2

1.0	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		<u> </u>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	1		
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	1	l	
	change on Schedule O (see instructions)	34	<u> </u>	X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	36b		X
¢	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	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			Ì
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	類為	Bale.	
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	PEREN.	SUL	830
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	and artists constant	X
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
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:		ZSAN.	100
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	1250		250
	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	JULIAN NO.	X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,	DE.		
	4955, and 4958			
ď	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			
8	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	NAME:	50,030	V
	transaction? If "Yes," complete Form 8888-T	40e		X
41	List the states with which a copy of this return is filed NONE			
42a	The organization's books are in care of ▶ SEE ATTACHMENT #4 Telephone no. ▶			
	Located at ► ZIP+4 ►	- 1	Yes	Nic
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		168	
	a management of the state of th	42b	127353	X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			35
	and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	Charles	X
C		420		
	If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			ьГ
43	and enter the amount of tax-exempt interest received or accrued during the tax year		••••	
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	5.963	2,235,52	Dr. Assid
44a	completed instead of Form 990-EZ	44a	2007	X
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	(M.868)	25/67	MEIGH:
D	completed instead of Form 990-EZ	44b	Description of	X
_	Did the organization receive any payments for indoor tanning services during the year?	44c	-	$\frac{\Lambda}{X}$
		313555		AL SHIELD
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	market.	14.52.53
1E^	explanation in Schedule U	45a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	AND STREET	接続	STATE OF
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		100	
	Form 900. E7 (see instructions)	45h	24.000.70	X

FDA

١	M STATE UNIVER	M STATE UNIVER 56-	M STATE UNIVER 56-60	M STATE UNIVER 56-606628
		56-	56-60	56-606628

Fon	m 990-E	Z (2013)							Pa	age 4
									Yes	No
46		ne organization engage, directly or indirectly, in	•						STEEL	超级
_		ndidates for public office? If "Yes," complete Sc		art I				. 46		X
Pi	art VI									
		All section 501(c)(3) organizations must an	swer questi	ons 47–4	9b and 52, and co	mplete the	tables for lines			
		50 and 51.								_
		Check if the organization used Schedule C	to respond	to any c	uestion in this Par	t VI				[
									Yes	No
47	Did th	e organization engage in lobbying activities or I	have a section	on 501(h	election in effect	during the	tax			
	year?	If "Yes," complete Schedule C, Part II			• • • • • • • • • • • • • •			. 47		Х
48	Is the	organization a school as described in section 1	70(b)(1)(A)(ii)? If "Ye	s," complete Sche	dule E		. 48		Х
49a		e organization make any transfers to an exemp		-	-					X
Ь		s," was the related organization a section 527 or								X
50		lete this table for the organization's five highest						9		**
		yees) who each received more than \$100,000 (•			-		
			(b) Avera		(C) Reportable	1	salth benefits, contruit-			
		(8) Name and title of each employee	hours per		compensation (Form W-2/1099-MISC)	ns utions to o	imployee benefit plans,	(9) Estima other co		
NO	NE		gevated to	position	W-2/1099-MISC)	and on	erred compensation		,	
NO	TA E									
						+				
		,					-			
						-				
f	Total n	umber of other employees paid over \$100,000	▶							
51	Compl	ete this table for the organization's five highest	compensate	d indepe	endent contractors	who each	received more than	ı		
	\$100,0	00 of compensation from the organization. If the	ere is none,	enter "N	оле."					
	(a) N	Name and business address of each independent contra	etor		(b) Type of servic	•	(c) Cor	mpensation		
					(-) .,,,		(0, 00.	.,,		
NON	1E			ì			1			
				}						
d	Total nu	umber of other independent contractors each re	ecelvina ove	r \$100.0	00		···········			
52		organization complete Schedule A? Note: All	-			17(aV1)				
		mpt charitable trusts must attach a completed 5				•		Yes		No
	_	of perjury, I declare that I have examined this return, in	· · · · · · · · · · · · · · · · · · ·							
true, c	penames orrect, an	or perjury, I declare that I have examined this return, in d complete. Declaration of preparer (other than officer)	civoing accom is based on all	panying so Linformatio	en of which preparer	has any knov	iedga.	ie aun naue	11,11110	
	1	1								
01	.	Classic of a Figure						Date		
Sign		Signature of officer			DDEGT	>=>100		Date		
Here	•	GORDON EVERETT			PRESI	DENT				
		Type or print name and title			. 1_					
_		1	's signature		Date		100000 - 1	TIN		
Pald			RANK:	IN	109-1	2-2014		00311		1
_	arer	Firm's name ► H AND R BLOCK					Firm's EIN ▶ 561			
Use	Only	Firm's address ► 5322 NC HWY 55						294-8		
May t	ne IRS d	liscuss this return with the preparer shown abo	ve? See ins	tructions				X Yes		No
-DA	13 9	90EZ4 BWF 990 Form Software Copyright 19	96 - 2014 HR	B Tax Gro	ip, inc.		Fo	m 990-	-EZ (2	013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

		the organizat							Employe			numbe	r
				NIVERSITY AL					56-60 ₀	66280)		
_	irt I			arity Status (All orga					structions.				
	sgro 		•	because it is: (For lines	-	•	-	•					
1 2	Н	•		or association of church		eain se c	tion 1/0(t))(1)(A)(I).					
3	Н			(b)(1)(A)(ii). (Attach Sch	-	contion :	170/63/43//	11/HD					
4	Н	•	•	service organization de erated in conjunction wi					MAMAMBIN	Enter th	a hoeni	tal'e os	mo
7	ш	city, and state:		craed in conjunction w	iui a nospi	IN CESCULO	cum acc		,)(. L. 1001 U	e mospi	um o rec	# 10C,
5		An organizatio		enefit of a college or univ	versity own	ed or ope	rated by a	governme	ntal unit de	scribed i	n sec	tion	
6	П			it or governmental unit d	lescribed i	n section	170(b)(1)	(A)(v).					
7		An organizatio		es a substantial part of					om the ger	eral pub	lic desc	ribed i	n
8	П	A community to	rust described in sec	tion 170(b)(1)(A)(vi). (0	Complete I	Part II.)							
9	П	An organization	n that normally receiv	es: (1) more than 33 1/3	3% of its su	apport from	n contribut	ions, mem	bership fe	es, and g	ross		
		•		exempt functionssubj							3		
				me and unrelated busin		•			from busir	185585			
	_	acquired by th	e organization after J	une 30, 1975. See secl	dou ena(a)(2). (Com	piete Part I	HL.)					
10	П	An organization	n organized and oper	rated exclusively to test i	for public :	safety. See	section	509(a)(4).					
11	_	_	-	rated exclusively for the				_			**		
				upported organizations of ibes the type of supporti							uon		
							•	_			- 42 No	. !	
		a ∐ Type I	b ∐ Type			-		d [J		conany	integr	aiea
G	_			e organization is not con agers and other than on		_					ion		
		•	ction 509(a)(2).		0 01 111010	poonery oc	pponco o	i gas acasos					
1				determination from the	IDS that if	io a Tuna	LTunell	or Tyme III	eunnortine				
•				·····						, 			. Г
g				inization accepted any g									-
_	1	following perso	ns?				•						
	((i) A person w	ho directly or indirect	tly controls, either alone	or togethe	r with per	ons descr	ibed in (ii)				Yes	No
		and (iii) bel	ow, the governing bo	dy of the supported org	janization?					[11g(l)		Х
				scribed in (i) above?							11g(ii)		X
	((iii) A 35% coni	trolled entity of a pers	on described in (i) or (ii)	above? .						11g(iii)		X
h		Provide the folk	owing information abo	out the supported organ	ization(s).						-		
m N	ma	of supported	(ii) EIN	(iii) Type of organization	(hr) is the		(V) Did w	u antifu the	(vi)	is the	/vin	Amour	nt of
(1) 14		nization	(ii) Cit	(described on lines 1-9					organizatio	• • •		tary su	
				above or IRC section		document?		support?		ed in the S.7		-	
				(see instructions))	No.	- N-	Yes	No			-		
					Yes	No	Yes	No	Yes	No	+		
			•								-		
						1							
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					1								
					1		i						
					e-14.0003(2)								
	Ņ(1000			-	

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 falled to qualify under

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Ca	landar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	116,202	145,992	106,918	141,444	75,501	586,057
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.			23			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	116,202	145,992	106,918	141,444	75,501	586,057
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						586,057
Sec	tion B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	116,202	145,992	106,918	141,444	75,501	586,057
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,391	2,173	2,159	10	17	5,758
9	Net income from unrelated business activities, whether or not the business is regularly carried on		7				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10					特的公司的基础	591,815
12	Gross receipts from related activities, etc. (see	instructions)				12	
13	First five years. If the Form 990 is for the org	anization's first, s	econd, third, four	rth, or fifth tax ye	ear as a section 5	501(c)(3)	
	organization, check this box and stop here.						
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2013 (line 6, co	lumn (f) divided t	y line 11, colum	n (f)) · · · · · · ·		14	99.03 %
15	Public support percentage from 2012 Schedul	le A, Part II, line 1	4		[15	%
16a	33 1/3% support test 2013. If the organiza and stop here. The organization qualifies as a					ore, check this bo	× ▶ 🖺
b	33 1/3% support test 2012. If the organization and stop here. The organization qualifies					•	
17a	10%-facts-and-circumstances test 2013 more, and if the organization meets the "facts-organization meets the "facts-and-circumstances"	-and-circumstand	ces" test, check ti	his box and str	op here. Explain	in Part IV how the	8
b	10%-facts-and-circumstances test 2012 more, and if the organization meets the "facts-	-and-circumstand	ces" test, check th	his box and sto	op here. Explain	in Part IV how the	• –
	organization meets the "facts-and-circumstan	_					
18	Private foundation. If the organization did not						
FDA	13 990A2 BWF 990 Form Software Cop	vright 1996 - 2014 F	IRB Tax Group, Inc.		Schedule	A (Form 990 or	990-EZ) 2013

SCHEDULE G (Form 990 or 990-EZ)

Supplemental information Regarding Fundralsing or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047 2013

▶ Attach to Form 990 or Form 990-EZ.

	artment of the Treasury					90 or Form 990-EZ.			Open to Public
	nal Revenue Service	▶ Infor	mation about Schedu	le G (Form	990 or 990-l	EZ) and its instructions is at	www.irs.go		Inspection
	ne of the organization NSTON-SALEM	פתאחים	TIMITUEDO	ተጥህ አ	TITMNIT				ntification number
	Francisci-let							56-60662	.80
Pa			not required to co			nswered "Yes" to Form	990, Pan	IV, line 17.	
1				<u> </u>		wing activities. Check a	di that api	oły.	
а	П					itation of non-governme			
b	Internet and email	solicitation	IS		-	itation of government gr	-		
C	Phone solicitation:	5			g Spec	ial fundraising events			
d	In-person solicital	ions			7				
2a	Did the organization	have a writt	ten or oral agreem	ent with a	ıny individ	ual (including officers, d	irectors, ti	rustees	
	or key employees list	ed in Form	990, Part VII) or e	ntity in co	nnection v	vith professional fundrai	sing servi	ces? · · · · · · ·	··· Yes X No
þ					raisers) pu	rsuant to agreements u	nder whic	h the fundraiser	is
	to be compensated a	it least \$5,0	00 by the organiza	ation.					
			T	Lan -i.			1		
(1)	Name and address of		(ii) Activity	1	fundraiser custody	(iv) Gross receipts	1	ount paid to	(vi) Amount paid to
	or entity (fundrais	ier)		orco	ntrol of	from activity	1 '	ined by) fund-	(or retained by)
			<u> </u>	Yes	butions?	· <u>-</u> · · · · · · · · · · · · · · · · · · ·	raiser	sted in col. (i)	organization
1				162	No				
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10									· · · · · · · · · · · · · · · · · · ·
		- 1							
			-						
					▶				
3			ation is registered	or license	ed to solici	t contributions or has be	een notifie	ed it is exempt fr	om
	registration or licensing	g. 							
						······································			<u>.</u>
								· · · · · · · · ·	
	* *								
		-				***			

Schee	dule G (Form 990 or 990-EZ) 2013	Page 3
11	Does the organization operate gaming activities with nonmembers? Yes	X No
12	is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	_
	formed to administer charitable gaming?	X No
13	Indicate the percentage of garning activity operated in:	_
а	The organization's facility	%
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's garning/special events books	
	and records:	
	Name ►	
	Address ▶	
15a	Does the organization have a contract with a third party from whom the organization receives garning	
	revenue?	X No
ь	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	_
	of gaming revenue retained by the third party 🕨 \$	
C	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address ▶	
16	Gaming manager information:	
	Name ▶	
	Garning manager compensation > \$	
	Description of services provided >	
	☐ Director/officer ☐ Employee ☐ Independent contractor	
17	Mandatory distributions:	
а	is the organization required under state law to make charitable distributions from the garning proceeds to	
	retain the state gaming license?	X No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	
	in the organization's own exempt activities during the tax year ▶ \$	
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	9,
-		

FDA

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2013

Open to Public Inspection

Name of the organization

WINSTON-SALEM STATE UNIVERSITY ALUMNI

Employer identification number

56-6066280

PART IV COLUMN B GORDON EVERETT PRESIDENT 8 HOURS NO COMPENSATION PATTI SANDERS-SMITH VICE-PRESIDENT 2 HOURS NO COMPENSATION CALSINE S PITT TREASURER 2 HOURS NO COMPENSATION SHIRLEY WRIGHT SECRETARY 1 HOUR NO COMPENSATION PART III ORGANIZATIONS PRIMARY EXEMPT PURPOSE TO SUPPORT WINSTON-SALEM STATE UNIVERSITY

990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III OPEN TO PUBLIC INSPECTION For calendar year 2013, or tax period beginning 07-01 , and ending	06-30-201	Δ
Name of Organization	Employer Identification	
WINSTON-SALEM STATE UNIVERSITY ALUMNI	56-6066280	
Primary Purpose		
	UNIVERSITY TO	SOLICIT
CONTRIBUTIONS TO FURTHER THE MISSION OF THE SCHOOL.		
		İ
		ļ

990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ OPEN TO PUBLIC	PAGE 3,	PART III	
INSPECTION For calendar year 2013, or tax period b		07-01-2013, and ending	06-30-2014
ame of Organization	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Employer Identification Number
INSTON-SALEM STATE UNIVERSITY Part III - Statement of Program Service Accomplishmen	ALUMNI ets		56-6066280
	ount includes for	reign grants Program service e	xpenses
		oose Achievements	
ONE			
Ni.			

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV OPEN TO PUBLIC INSPECTION For calendar year 2013 or tay period beginning 0.7-0.1-2.0.1.3 and ending 0.6-3.0-2.0.1.4								
INSPECTION For calendar year 2013, or tax period beginning 07-01-2013, and ending 06-30-2014. Name of Organization Employer Identification Number								
WINSTON-SALEM STATE UNIVERSITY ALUMNI 56-6066280								
(A) Name and Title	(B) Average hours per week devoted to postion	(C) Compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(D) Cont. to employee ben, plans & def. comp.	(E) Expense account & other compensation				
GORDON EVERETT PRESIDENT	8.00	0		0				
PATTI SANDERS-SMITH VICE-PRESIDENT	2.00	0	0	0				
CALSINE S PITT TREASURER	2.00	0	0	0				
SHIRLEY WRIGHT SECRETARY	1.00	(· O	0	0				
			į					
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	·							
	ļ	W						

990 BOOKS ARE IN CARE OF

ATT	ACHMENT	<u> 4 - 990</u>	-EZ PAGE 3	, PART V,	LINE 42A		
	N TO PUBLI	9					
INSI	PECTION	For calendar ye	ar 2013, or tax period	d beginning	07-01	, and ending	06-30-2014
	of Organization						Employer Identification Number
		LEM STAT	E UNIVERSI	<u> TY ALUMNI</u>	·		56-6066280
Part V	- Line 42a						
Individ	lual Name	**********		• • • • • • • • • • • • • • • • • • • •	****		
	Or				55		
	ess Name:						
H&R	BLOCK						
Ctroot	Addroop		* * * * * * * * * * * * * * * * * * * *		E222 NO	י טשע בב	cmr 103
Suber	Muuless		******		<u>3322 NC</u>	NMI 33	SIE 103
					·		
U.S. Ad	ddress:						
	Zio code	27713-	City DE	JRHAM		Sta	te NC
	or				· · · · · ·		<u></u>
Foreiar	n Address						
	City						
	Province or S	State					
	Country						
	Postal code						****
	Phone Numb	per			• • • • • • • • • • • • • • • • • • • •		<u>(919) 294-859</u> 8
	Fax Number			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		

STATEMENT #1 - CONTRIBUTIONS, GIFTS, GRANTS (EZ1 LINE 1)
CONTIBUTIONS, GIFTS & GRANTS 5,350 OTHER INCOME 172 ADS PATRONS & CONTRIBUTIONS 4,255 SPONSORSHIPS 5,000 CIAA 1,737 SCHOLARSHIPS 22,227
TOTAL CARRIED TO EZ1 LINE 1
STATEMENT #2 - PROGRAM SERVICE REVENUE (990-EO PG 1 LINE 9)
TOTAL CARRIED TO 990-EO PG 1 LINE 9
STATEMENT #3 - INVESTMENT INCOME (990-EO PG 1 LINE 10)
INTEREST INCOME
TOTAL CARRIED TO 990-EO PG 1 LINE 10
STATEMENT #4 - OTHER REVENUE (990-EO PG 1 LINE 11)
MEMBER DUES FEES & ASSESSMENTS
TOTAL CARRIED TO 990-EO PG 1 LINE 11
STATEMENT #5 - MEMBERSHIP DUES & ASSESSMENTS (990-EZ PG 1 LINE 3)
MEMBERSHIP DUES & ASSESSMENTS14,608LIFE MEMBERSHIP16,208CHARTER FEES625CHARTER ASSESSMENTS5,018
TOTAL CARRIED TO 990-EZ PG 1 LINE 3
STATEMENT #6 - INVESTMENT INCOME (990-EZ PG 1 LINE 4)
INTEREST
TOTAL CARRIED TO 990-EZ PG 1 LINE 4

FDA

2013 DETAIL STATEMENTS

WINSTON-SALEM STATE UNIVERSITY 56-6066280

PAGE 2

STATEMENT #7 - BENEFITS PD TO OR FOR MEMBERS (990-EZ PG 1 LINE)	L1)
MEMBERSHIP EXPENSE	
TOTAL CARRIED TO 990-EZ PG 1 LINE 11	47,102
STATEMENT #8 - PROFESSIONAL FEES (990-EZ PG 1 LINE 13)	
ACCOUNTING SERVICES	
TOTAL CARRIED TO 990-EZ PG 1 LINE 13	23,476
STATEMENT #9 - PRINTING, PUBLICATION, POSTAGE (990 EZ PG 1 LINE	15)
POSTAGE67	
TOTAL CARRIED TO 990 EZ PG 1 LINE 15	67
STATEMENT #10 - OTHER EXPENSES (EOEZ PG 1 LINE 16)	-
BOARD TRAVEL	
NEWSLETTER 13,923 OTHER SPECIAL PROJECTS 13,923 STUDENT SCHOLARSHIP 37,000 BENEVOLENT FUND 198 PRESIDENTS DISCRETIONARY 220 BANK FEES 4,193 BOARD MEETING 3,380 ANNUAL MEETING 1,239 LIF MEMBERSHIP EXPENSE 1,060 UNCATEGORIZED EXPENSES 230 OFFICE SUPPLIES 1,590 CIAA 52	
TOTAL CARRIED TO EOEZ PG 1 LINE 16	71,833
STATEMENT #11 - OTHER CHANGES IN NET ASSETS (SCH D, PG 1 LINE 20)
UNREALIZED GAIN(LOSS) ON INVESTMENTS	
onnessed on the latest of the	

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2013 DETAIL STATEMENTS

WINSTON-SALEM STATE UNIVERSITY 56-6066280

PAGE 3

STATEMENT #12 - GROSS INCOME FROM FUNDRAISING	(990-EZ PG 1 LI	NE 6B)
HOMECOMING ADVERTISING	53,8 1,8	
TOTAL CARRIED TO 990-EZ PG 1 LINE 6B		57,037
STATEMENT #13 - OF YEAR - CASH (990-EZ PG 1 L	TNF 22A1	
STATEMENT #15 " OF TEAK - CASH (950-E2 FG T II	BEGINNING	ENDING
BB&T	175,996	9,974
BB&T	0	6,531
MS	0	101,946
MS	0	56,208
	0	7,053
M&F	U	1,033
TOTAL CARRIED TO 990-EZ PG 1 LINE 22A	175,996	181,712

H AND R BLOCK 5322 NC HWY 55 DURHAM NC 27713 9192948598

56-6066280 WINSTON-SALEM STATE UNIV. NATIONAL ALUMNI ASSN. INC

INSTRUCTIONS FOR FILING 2013 FEDERAL FORM 990-EZ
.YOU HAVE ELECTED TO E-FILE FEDERAL FORM 990-EZ

Form **8879-EO**

Department of the Treasury	ı	Do not send to the	e IRS. Keep 1	or your reco	ords.	2013
Internal Revenue Service	▶ Information al	bout Form 8879-EO and	d its instruction	ns is at ww	w.irs.gov/form8879eo.	1
Name of exempt organiz	ation				Employer identification	number
WINSTON-SALE	M STATE UN	IV. NATIONAL	ALUMNI	ASSN.	56-6066280	
Name and title of officer						•
GORDON EVERETT	PRESIDENT					
Partilis Type o	f Patura and P	eturn Information	Milholo Dollam	Only		
					amount, if any, from the re	um If you check
	*	-			with this form was blank, th	
				-		
			-0-). But, ii yo	n eustren -/)- on the return, then enter	-0-011 018
applicable line below. Do					am\ al-	
1a Form 990 check here					12) 1b	132,255
2a Form 990-EZ check		tal revenue, if any (Form	•	•		
3a Form 1120-POL che		·			3b	·
4a Form 990-PF check		x based on investment	income (Form	990-PF, Pa	rt VI, line 5) 4b	
5a Form 8868 check her	e ▶ 📗 🛮 b Balanc	e Due (Form 8868, Part	i, line 3c or Pai	rt II, line 8c)	5b	
N. 199-1-1877						
aPart II Declar	ation and Signa	ture Authorization	of Officer			
				that I have	examined a copy of the org	anization's 2013
					and belief, they are true, co	
				-	ion's electronic return. I cor	_
					ation's return to the IRS an	
					or any delay in processing	
					ncial Agent to initiate an ele	
					payment of the organization	
					I must contact the U.S. Tre	
					thorize the financial institution	
processing of the electron	ic payment of taxes t	o receive confidential inf	ormation nece	ssary to ansv	ver inquiries and resolve is:	sues related to the
payment. I have selected	a personal identificat	ion number (PIN) as my	signature for th	ne organizatio	on's electronic return and, i	applicable, the
organization's consent to	electronic funds with	drawal.				
Officer's PIN: check one	box only					
X I authorize H A	AND R BLOCK	(to enter my PIN	as my signature
		ERO firm name			Enter five n	umbers, but
					do not ente	
	-l- t 0040 -l-	-t	l barra ladianta	d within this	return that a copy of the ret	um ie heine filed
on the organization	ns tax year 2013 ele wilee) regulation cha	dionically lifed return. If i	ed/State nmor	ram Iako a	thorize the aforementioned	ERO to enter my PIN
	closure consent scre		ed/Otate brogi	B14 1 B30 60	TO COLOR OF THE COLOR OF THE COLOR	210 00 01101 1117 1 111
on the retains on	COSCIO COMBONI SON	OI A				
As an officer of th	e organization, I will e	enter my PIN as my signa	ature on the on	ganization's t	tax year 2013 electronically	filed return. If I have
indicated within the	is return that a copy	of the return is being file	d with a state a	agency(ies) n	egulating charities as part of	f the IRS Fed/State
program, I will en	er my PH on the fet	urn's discressure consent	screen.		1 1	
Officer's signature 🕨 🍃	445 Int	V		Date	· 9/6/14	
Children a signature	Che Min					
Maria Million Co. Alfa-	-Man and Arch			***************************************	<u> </u>	
Partill Certific	ation and Authe	MUCBUON				
ERO's EFIN/PIN. Enter yo	vur eiv_dinit electronic	e filing identification			E CO 4	05 06110
number (EFIN) followed b						85 26110
11001 (2 117 101101100 4	, , ,				do r	ot enter all zeros
certify that the above nur	neric entry is my PIN	, which is my signature o	n the 2013 ele	ctronically file	ed return for the organization	n indicated above.
l confirm that I am submitt	ing this return in acc	ordance with the requirer	nents of Pub.	4163, Mode	rnized e-File (MeF) Informa	ation for Authorized
RS e-file Providers for Bu		·				
TIC 4-INC LIGHTON OF NO DO	eniego i redilla.					
EDO's signature N. D.E.	יאדעזאגם עזאוי			Date	▶ 08-28-2014	
ERO's signature ▶ <u>PE</u>	<u>NNY RANKIN</u>				- <u>00-20-2014</u>	
				0 - 1 1	A1	
		O Must Retain Thi				
	Do Not Subn	nit This Form To th	ne IRS Unio	ess Requ	ested to Do So	- 9979-EO (2012)

			2014 / 2015 Board of Directors	_E		
EXECUTIVE COUNCIL						
President	Sanders-Smith	Dr. Patti	200 Ravenwood Drive	Greenville	NC 27834 252.916.6840	6.6840
Vice President	Pitt	Ms. Calsine P.	3119 Enslow Ave.	Richmond	VA23222 336.28	336.287.6899
Secretary	Cason	Ms. C. Regina	9115 Arbor Creek Dr.	Charlotte	NC 28269 704.948.1297	8.1297
Treasurer	Nettles	Mr. Carlton	410 Warfield Dr. #1088	Landover	MD 20785 336-83	336-837-9926
Director of Aiumni Affairs	Hairston	Mr. Gregory	WSSU-S G Atkins House	Winston-Salem	NC 27110 336.750.3161	0.3161
Immed. Pst. President	Everett	Mr. Gordon	818 Freedland Ct.	Gambrills	MD 21054 240.535.9173	5.9173
Chanter	l pet Name	First Name	Address	4		=
					State Priones	<u></u>
Asheville ***	Carter	Mr. Calvin	26 Rosewood Ave.	Asheville	NC 28801 828.253.8248	3.8248
Atlanta	Williams	Mr. Murdock	580 Barsham Way	Johns Creek	GA 30097 678-548-8911	8-8911
Baltimore	Hicks	Ms. Veima	5500 N. Charles St.	Baitimore	MD 21210 410.323.7080	3.7080
BMW Inner Coastal	Greene	Ms. Lois	100 Gentry St.	Wiiilamston	NC 27892 252.792.2487	2.2487
Brown	Pender	Ms. Randon	5621 Novack St.	Winston-Salem	NC 27105 336.575.2006	5.2006
Charlotte-QC Rams	Woodley	Ms. Thesha	P.O. Box 560305	Charlotte	NC 28256 704.779.5571	9.5571
Durham	Wilson	Mr. Christopher	5322 NC HWY 55 Suite 103	Durham	NC 27713 919.294.8598	4.8598
Fayettevilie	Williams	Ms. Barbara	605 Knob Ct.	Fayetteville	NC 28303 910,86	910,867,6018
GLC Chapter (Gaston County)	Jaggers III	Mr. George	311 Oakland St.	Dailas	NC 28034 704-860-2845	0-2845
Gold-Wayne	Berry	Mr. William	204 Courtney Rd.	Goidsboro	NC 27534 919.751.1975	1.1975
Greensboro ***	Godette	Ms. Mae	3 Nichoison Court	Greensboro	NC 27407 336.292.9884	2.9884
High Point ***	Nixon	Mr. Richard J.	1729 Bolingbroke Rd	High Point	NC 27265 336.882.1387	2.1387
	Wiiburn	Mr. Antrawn	5002 Guilford Ave.	indianapolis	IN 46205 317.283.7365	3.7365
Kimberiey Park	Pearson	Ms. Karen	110 Cabot Drive	Winston-Salem	NC 27103 336.575.7291	5.7291
Kinston	Bowen	Ms. Ruth	702 North independent	Kinston	NC 28501 252.527.1983	7.1983
Kuandelea	Marshall	Ms. Paulette	3246 Kitterling Ln.	Winston-Salem	NC 27105 336.723.0852	3.0852
Lexington ***	Hamilton	Ms. Alice	P.O. Box 1922	Lexington	NC 27293 336.798.2912	8.2912
Martinsviile / Henry Co.	Lowery	Mr. Winsiow	P. O. Box 4092	Winston-Salem	NC 27115 276.34	276.340.3586
New Jersey	Hutchinson	Ms. Denise	30 Beekman St.	Bloomfield	NJ07003 973.699.1724	9.1724
New / Penn / Del	Scott	Dr. Clayton	1110 Lakeside Ave.	Philadelphla	PA 19126 215.548.9618	8.9618
Pitt County	Sherard	Ms. Annie	700 Kensington Drive	Greenville	NC 27858 252,321,6102	1.6102
Raleigh-Wake	Harding	Mr. Stanley N.	5621 Metedeconk Lane	Raleigh	NC 27604 919.801.6580	1.6580

Richmond Metro	Davis	Mr. Brian	8110 Barrowden Ct.	Mechanicsville	VA23116	704.661.2915
Roanoke	Page III	Mr. Claude	419 Rutherford Ave NE	Roanoke	VA 24022	540,915,0446
Rocky Mount	Hart	Ms. Debra	617 Fairview Rd.	Rocky Mount	NC 27801	NC 27801 252.972.2808
Roxboro	Bumpass	Mr. Frank	3230 Hurdie Miils Rd.	Roxboro	NC 27575	NC 27575 336.599.8178
Salisbury ***	Cowan	Ms. Alfreda	1304 W. Horah St.	Salisbury	NC 28144	NC 28144 704.633.9073
Tidewater	Jarrett	Mr. Arthur	617 Sheffield Ct.	Chesapeake	VA23322	757.482.5098
Vance County	Daye	Ms. Lanisha	1816 Longmill Rd.	Youngsville	NC 27596	NC 27596 919.426.4571
Washington, DC/ Metro	Pace	Mr. Anthony	6410 Juanita Ct.	Suitiand	MD20746	240.455.2040
Wilmington	Mitcheii	Cynthia				
Wilson	Jordan	Willie				520.456.7985
*** Inactive Chapter						
STANDING COMMITTEES						
Annuai Giving	Martin	Mrs. Bonita				
	Wright	Mo				
	Bingham	Ms. Abby				
ByLaws	±	Ms. Calsine P.	Ms. Calsine P. 3119 Enslow Ave.	Richmond	VA 23222	336 287 6800
`	Bumpace	Frank				
	ecedimo 1					
	Rawis	Robert				·
Finance	Carlton	Nettles				
	Pettiford	Verndine				
Membership	Wright	Shirley	126 Appiewood Lane	Spartanburg	SC 29307	SC 29307 864-415-4828
	Rutledge	Ladia				
	Benton	Alexis				
Political Awareness	Williams	Напу				
	Weeks	Eugene				
	Closs-Waldford Carolyn	d Carolyn				
,ni						
S.T.A.T.	Bellamy	Sean		:		

	Phyall	Ms. Deidra
	Robinson	Leonora
Public Awareness	Dav	Siobalm
	La La	Regina
	Jackson	Veronica
Scholarship	Falson	Donald
	Jones	Anthony
	Hutchinson	Denise
Special Events	Caudle	Clyde
	Johnson	Cheryi
	Powell	Haven
Queens Events	Talley-Smith	Tonya
	Williams	Barbara
	Robinson	Octavius
University Liaison	Mitchell	- A
	Everett	Gordon
	Sedwick	Olivia
Athletic Liaison	Weeks	Robert
	Pace	Anthony
	Gaither	Steven
Corporate Relations	Everett	Gordon
	Мипау	Jonathan
Parliamentarian	Everett	Gordon
Eastern Region Coordinator	Hicks	Karen

Southern Region E Coordinato Hart Southern Region W Coordinate Jaggers	nato Hart inatc Jaggers	Debra George			
Employee Office Manager	Manning	Ms. Barbara	S.G. Atkins House	Winston-Salem	NC 27110 336-750.2122

July 2014 - June 2015 Profit Loss Budget vs. Actual **MSSU NATIONAL ALUMNI ASSOCIATION**



Total Net Income

34.22 \$ 3,501.85 Total Other Income 415 UNREALIZED GAIN(LOSS) ON INVEST Other Income/Expense S (18.579) (82,626,71) 2 17,586,51 Z \$ \$8,726,78 91.717,001 2 188,675,00 \$ 17,483,75 \$ 00.273,881 Total Expense 5 10,000,00 \$ \$ **231 CIVV** 1,500.00 \$ \$ \$ 1,500.00 **329 STAR AWARD & RECOGNITION** 2,145.00 \$ 00.228 720.00 \$ 00'5ET \$ 00.000,E **328 LIFE MEMBERSHIP EXP** \$ 326 OTHER TAXES 2,000.00 S \$ 2,000.00 **224 YUNDYT WEELING** 00.840,2 \$ 00,226,2 11,000.00 \$ 2,880.00 \$ 3,072.00 \$ 523 CLERICAL SUPPORT 222 MISS ALUMNI EXP 00.000_,1 \$ 00'000'\$ \$ 221 BOARD MEETING 2,422.00 \$ 00.870,1 S 00.870,1 2 330 CONLINGENCY 2,446.69 \$ 1E.E20,S 10.996 4,500.00 \$ 1,087,30 \$ \$ **210 BYNK LEES** 11'901 \$ 68,568 \$ **218 EXECUTIVE BOARD DISCRETIONARY** L9"LVL 1,000.00 \$ \$ 2,000,00 \$ 217 PRESIDENT'S DISCRETIONARY 5 \$ 000000 00'000'1 \$ 00'000'1 316 OFFICE TELEPHONE SERVICE OE.802,2 \$ 04'16# 288.14 \$ 92.E02 \$ 00'00L'Z SIR OFFICE SUPPLIES 2,273,19 426.81 \$ ET.08E 46.08 \$ \$ 00'004'Z 5 314 POSTAGE 01'776 \$ 06'\$\$ 06,88 1,000.00 213 BENEVOLENT FUND 24,501.00 \$ 00'661'41 2 17,499,00 \$ 00.000,54 \$ **312 STUDENT SCHOLARSHIP** £9'161'E \$ LE'EBI'b S 2,045,52 2 28 751,5 2 00.878, T 211 OTHER SPECIAL PROJECTS EXPEN 2,500,00 5 -2,500,000 \$ 5 SEES LEGAL FEES 64 B87,2 \$ 15'116'6 1,575.00 \$ 18'9EE'Z \$ 00'0016 **209 ACCOUNTING SERVICES** 00,000,4 2 00.000,4 \$ 208 FINANCIAL SERVICES - AUDIT 00.000,1 \$ 00'000'L 507 PRE-ALUMNI COUNCIL (STAT) 87.668,51 33,100,22 \$ ##'\$69'IE \$ 84"#0#'I \$ 00'000'4# 5 **204 HOWECOWING EXPENSE** 2,707,13 \$ 78.297, \$ 4'014'56 2 82.877 \$ 00,002,7 203 MEMBERSHIP EXPENSE \$\$ 696 2,430,45 \$ 3,400.00 \$ 2,430,45 \$ 203 NEWSLETTER 61'99L'E \$ 18.EEC.01 95.355,8 2 5.798,E \$ 00.000,AI **301 BOARD TRAVEL** EXPENSE (T6.688,101) 2 E0.289,88 S 188'675.00 5 44,470.52 5 42,514.51 Total Income (00'000'Z) 2,000.00 \$ 427 LEGAL FUND (11,455.86) \$ \$1.462 S 00.01 204,14 \$ 12,000.00 \$ 430 OTHER INCOME (E3.213,9) \$ 4E P8E'SI Z 75,000,00 \$ 15,384,37 \$ \$ 417 MISS/MR ALUMNI \$ \$ 412 UNREALIZED GAIN (LOSS) ON INVEST (00,000,1) \$ 1,000.00 \$ 413 INCOME FROM INVESTMENTS (16'L6E) \$ 90'Z \$4.0 \$ 151 412 INTEREST INCOME \$ -5 411 CONTRIBUTIONS (16,400.00) 2 410 OTHER SPECIAL PROJECTS \$ 00.000,01 \$ (25,151,00) \$ 00'610'8 \$ 00'615'9 1,500.00 \$ 00.002,66 5 409 SCHOLARSHIPS (00'000'01) \$ 00.000,2 \$ 00.000,2 \$ 00.000,21 241H2XIOSNO42 TOP (BE.827,7) \$ 29'1/2'/2 \$ 37.86 \$ 26,738.76 \$ 00.000,25 409 HOMECOMING (1,467.00)\$ 00.552,6 00'E9\$ \$ 000006 \$ 2,970.00 \$ 404 CHAPTER ASSESSMENTS (152 00) \$ 00.088 00.2T \$ 00.274 403 CHARTER FEES (00 161 'L) \$ 00.608,21 \$ 20,000.00 \$ 6,409.00 \$ 6,400.00 402 LIFE MEMBERSHIP (91,881,9) \$ \$8'1\$8'E1 \$ 23,000.00 \$ 6,644.84 \$ 7,197.00 401 MEMBERSHIP INCOME Year 2014 gngKet 2015 2012 Budget Fiern! Sept 2014 **7014** let Quarter And Quarter and Quarter and Quarter TID 14h 2014
July 2014 Oct 2014-Dec and 2015-Mar Apr 2015-1019 Over/(Under) Approved

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