### \*\* PUBLIC DISCLOSURE COPY \*\*

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

<u>A r</u>	or un	e 2021 calendar year, or tax year beginning and	enaing						
<b>B</b> c	heck if pplicab	ALEXANDER HAMILION HIGH SCHOOL		D Employer identifi	cation number				
L	_Addre _chang _Name			05 46506	0.0				
F	chang Initial	e Doing business as		95-4673692					
	return _Final _return	POST OFFICE BOX 64-340	Room/suite	E Telephone numbe 818-780-	9615				
	termir ated			G Gross receipts \$	276,359.				
	Amen return	LOS ANGELES, CA 90004		H(a) Is this a group re					
	Applied tion	F Name and address of principal officer: SIEVE ANGEL		for subordinates	? Yes X No				
	pendi	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	ncluded? Yes No				
		empt status: $X = 501(c)(3) = 501(c)($ ) (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions				
		te: > HTTP: //HAMIHIGHALUMNI.ORG/		H(c) Group exemption					
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1998   I	M State of legal domicile; CA				
Pa	art I	Summary	DIEGE	3 T T T T T T T T T T T T T T T T T T T	11.13.DD				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ${\hbox{\bf RECONSCHOLARSHIPS}}$ AT ALEXANDER HAMILTON HIGH S			AWARD				
rnai	2	Check this box  if the organization discontinued its operations or dispos	ed of more	than 25% of its net as:	sets.				
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	12				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			12				
8	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0				
Vitie	6	Total number of volunteers (estimate if necessary)			12				
Ę		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.				
				Prior Year	Current Year				
ē	8	Contributions and grants (Part VIII, line 1h)		233,720.	180,670.				
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.				
3eV	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		15,932.	51,019.				
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		249,652.	231,689.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		61,400.	104,960.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
Expenses	16a   .	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.				
Ϋ́	_b	Total fundraising expenses (Part IX, column (D), line 25)	0.	63,540.	85,570.				
_	۱ ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		124,940.	190,530.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		124,712.	41,159.				
_ v	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year				
Net Assets or	20	Total assets (Part X, line 16)	В	705,026.	767,549.				
Asse Ball	21	Total liabilities (Part X, line 26)		15,550.	8,500.				
Net,	22	Net assets or fund balances. Subtract line 21 from line 20		689,476.	759,049.				
	rt II	Signature Block		000 / 2 / 00					
Und	er pena	ulties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	/ knowledge and belief, it is				
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh							
Sigi	n	Signature of officer		Date					
Her		BOB RASKIN, TREASURER							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check Check	PTIN				
Paid		,	CPA 0	4/26/22 self-employ					
Prep	arer	Firm's name ► LOPEZ ACCOUNTING GROUP		Firm's EIN ▶	81-2737245				
Use	Only	Firm's address 3500 WEST OLIVE AVENUE, SUITE 68	0						
		BURBANK, CA 91505		Phone no.81	8-840-7075				
May	the I	RS discuss this return with the preparer shown above? See instructions			X Yes No				

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	RECONNECT ALUMNI AND AWARD SCHOLARSHIPS AT ALEXANDER HAMILTON HIGH
	SCHOOL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported.  (Code:) (Expenses \$167,958 . including grants of \$) (Revenue \$)
4a	(Code:) (Expenses \$167,958. including grants of \$104,960.) (Revenue \$)  SCHOLARSHIPS GRANTS TO COVER COLLEGE TUITION AND OTHER EDUCATION
	EXPENSES.
4b	(Code:) (Expenses \$ including grants of \$)       (Revenue \$)
4c	(Code:) (Expenses \$
	·
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 167,958.
	Form <b>990</b> (2021)

# ALEXANDER HAMILTON HIGH SCHOOL

Form 990 (2021)

ALUMNI ASSOCIATION

Part IV Checklist of Required Schedules

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	Ψ,	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
_	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		37
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			7.7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			7.7
	Schedule D, Part III	8		_X_
9	ne organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			7.7
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			7.7
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			7.7
	Part VI	11a		_X_
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			7.7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			7.7
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			7.7
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			7.7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			7.7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			7.7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			7.7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7.7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			7.7
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19		<u>X</u>
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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### ALEXANDER HAMILTON HIGH SCHOOL ALUMNI ASSOCIATION

Form	990 (2021) ALUMNI ASSOCIATION 95-467	3692	Р	age 4
Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
_	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u>  • •                                   </u>		
-	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	50		T-
٠.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<del> </del> -
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31		37		x
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		<del> </del>
30		38	Х	
Pai		j 30	- 41	
- 4	Object Market Control of Control			
	Check it Schedule O contains a response or note to any line in this Part v			N <sub>1</sub>
4.	Enter the number reported in how 2 of Form 1006. Fater 0, if not applicable	3	Yes	No
_		5		
b	The trie hamber of forme was a line for a line approache	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.	x	

132004 12-09-21

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	Form	990 (2021) ALUMNI ASSOCIATION 95-4673	692	Р	age 5						
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. 2a 0  b If all least one is reported on line 2a, did the organization life all required federal employment lax returns?  Morter if the sum of lines 1s and 2s is greater than 200, you may be required to e-(inc. See instructions.)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a If If Yes, 1st a filed a Form 900 Tor file year? White this 8b, provide an explanation on Schedule 0  4a At any time during the calendar year, did the organization have an interest in, or a signiture or orthoric authority over, a financial account? In a foreign country (such as a bank account, securities account, or other financial accounts?  4b If Yes, 1st return the name of the foreign country  5c Wass the organization is a froing requirement for FinCNN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c Wass the organization have arrowing gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions have arrowing gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles or chirables contributions?  5c If Yes's the line 5a ce 5b, did the organization the characterious froing the seven of tax deductibles or chirables contributions or gits were not tax deductibles and chirables contributions or gits were not tax deductibles and chirables contributions or gits were not tax deductibles and chirables contributions and partly for goals and services provided to the payor?  7 organizations that may receive deductible contributions under section 170(c).  8 of the organization seller where year, pay premiumes in expenses provided?  7 organizations that may receive deductible contributions under section 170(c).  8 of the organization seller than the provided of the provided the organization for the provided to the sponsoring organization may receive deduction the ye	Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
tilled for the calendary year ending with or within the year covered by this return  bit of at least one is reported on time 2, all the organization file all recipilited decrat employment fax returns?  Note: if the sum of lines 1s and 2s is greater than 250, you may be required to -nike. See instructions.  30  30 Lift the organization have urrelated business gross income of \$1,000 or more during the year?  41  33 Lift the organization favore urrelated business gross income of \$1,000 or more during the year?  43 At any time during the calendar year, did the organization have an interest in 7 a signature or other authority over, a financial account in a foreign country (puch as a bare account, securities account, or a signature or other authority over, a financial account in a foreign country (puch as a bare account, securities account, or a signature or other authority over, a financial account in a foreign country (puch as a bare account, securities account, or other financial account)?  53 We see that the country of the organization that was or is a party to a prohibited tax securities.  54 See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  55 We still be a party metry the organization that was or is a party to a prohibited tax securities.  56 Lift of the security of th				Yes	No						
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 20, you may be required to e-fig. See instructions.  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  5a If Yes, 1 has it filed a form 980° for this year? If No? to line 80, provide an explanation on Schedule 0  5b If Yes, 2 from 1 the 1 man of the frong occurrity.  5c If Yes 1 has the the name of the frong occurrity.  5c If Yes 1 has the hand or frong occurrity such as a bank account, accurrities account, or other financial account?  5c If Yes 1 has been for the name of the frong occurrity.  5c If Yes 1 has been face 3c bit, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes 1 has 6a co 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes 1 has 6a co 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c Obes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any centributions that were not tax deductibles of exhatrable contributions?  6c If Yes 2 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of exhatrable contributions?  6c If Yes, 1 did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductibles of smale party as a combination and party for goods and services provided to the payor?  7c Organizations that may receive deductible contributions under section 170(c).  8d If Yes, 1 did the organization receive a payment in excess 15% make party as a combination and payment of the walker of the goods or services provided?  7c If If Yes, 1 did the organization received a payment in excess 15% make party as a combination of the payment of the section 150	2a										
Note: if the sun of lines 1a and 2a is greater than 250, you may be required to _ntile_See instructions.  3a		filed for the calendar year ending with or within the year covered by this return									
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly;  5b If "Yes," after the name of the foreign country.  5c If "Yes," after the name of the foreign country.  5c If "Yes," after the name of the foreign country.  5c If "Yes," after the name of the foreign country.  5c If "Yes," after the name of the foreign country.  5c If "Yes," after the name of the foreign country.  5c If "Yes," after the name of the foreign country.  5c If "Yes," one to a 05, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," being the 3c of 5c, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," and the 3c of 5c, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles?  7c Organizations that may receive deductible contributions under section 170(c).  8d Did the organization nearest apparent in excess of \$75 make party as contribution and party for goods and services provided?  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," indicate the number of Forms \$282 field during the year  9d If "Yes," indicate the number of Forms \$282 field during the year  9d If "Yes," indicate the number of Forms \$282 field during the year  9d If "Yes," indicate the number of Forms \$282 field during the year  9d If "Yes," indicate the number of Forms \$282 field during the year  9d If "Yes," indicate the number of Forms \$282 field during the year  9d If "Yes," indicates the number of Forms \$282 field during the year  9d If "Yes," indicates the number of Forms \$282 field during the year  9d If "Yes," indicates the number of Fo	b		2b								
b If "Yes," has it flield a Form 990-T for this year? If "No" to fine 3b, provide an explanation on Schedule O and undirection of control of the organization have an interest in, or a signature or other authority over, a financial account in a toreign country (such as a bank account, securities account, or other financial accountry or the securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b ID day at xtable party notify the organization file form 889817  5c ID cost the organization aparty to a prohibited tax shelter transaction?  5c ID cost the organization include with every solicitation and express statement that such contributions or gitts were not tax deductible?  5c ID "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible?  5c ID did the organization neceive applient in excess of S75 made partly as a contribution and partly for goods and services provided to the payor?  5c ID did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c IV IF Yes," did the organization notify the donor of the value of the goods or services provided?  8 If Yes, and the number of Forms 8282 filed during the year  9 ID did the organization received a contribution of qualified intellectual property for which it was required to file Form 82827  9 If the organization received a contribution of qualified intellectual property, did the organization file Form 9889 as required?  10 If the organization received a contribution of qualified intellectual property, did the organization file Form 19880.  10 If the organization received a contribution of cancer by the securit		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.									
4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country   Experiment   X    b   if Yes,** enter the name of the foreign country   Experiment   X    c   if Yes,** enter the name of the foreign country   Experiment   X    b   if Yes,** enter the name of the foreign country   Experiment   X    b   if Yes,** enter the name of the foreign country   Experiment   X    c   if Yes* to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?   Sa   X    b   if Yes,** (in the Sa or 5b, did the organization the fore M88617    c   if Yes* to line Sa or 5b, did the organization the organization the organization in the organization the organization the organization the organization shelt it was or is a party to a prohibited tax shelter transaction?   Sa   X    c   if Yes,** (in the organization the organization the organization the organization shelt in the organization shelt in the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?    c   if Yes,** (ind the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or the value of the goods or services provided?    c   if Yes,** (indicate the number of forms 8820 first mate party as a contribution and party for goods and services provided to the payor?    b   if Yes,** (indicate the number of forms 8820 first material services provided?    c   if the organization receive a payment in excess of \$5 material services and a payor to goods and services provided to the payor and to file form 88867    r   if the organization receive a contribution of qualified mellectual property for which it was required to file form 888627    f   if the organization received a contribution of qualified mellectual property, did the organization in the payor and the organization received a contribution of case,	3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
trancial account in a foreign country (such as a bank account, or other financial account)?  b If 'Yes,' enter the name of the foreign country.  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax sholter transaction at any time during the tax year?  5a Uses the organization aparty to a prohibited tax sholter transaction at any time during the tax year?  5b DI Amy taxable party notify the organization file form 888617  6c I 'Yes' to line Sa or 5b, did the organization file form 888617  6d Does the organization annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that many receive deductible contributions under section 170(c).  8 Did the organization network a payment in excess of \$15 made party is a contribution and party for goods and services provided?  7 Did the organization receive aparty in the other of the value of the goods or services provided?  7 Did the organization receive aparty and the other of the value of the goods or services provided?  7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization received a contribution of cards, boats, airplanes, or other vehicles, did the organization file a form 1098-C7  8 Sponsoring organization have excess business holdings at any time during the year?  8 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization h	b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
b if "Yes," enter the name of the foreign country. ▶  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Id any taxable party notify the organization the fire from 8867.  6a Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles carbaritatel contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitatel contributions.  6c Id the organization to tax deductibles contributions under section 170(c).  6c Id the organization stat may receive deductible contributions under section 170(c).  6c If Yes, "id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles.  7c Organizations that may receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7b If "Yes," idid the organization notify the donor of the value of the goods or services provided?  7c If Yes, "indicate the number of Forms 8828 filled during the year  7c If If Yes," indicate the number of Forms 8828 filled during the year  8 Did the organization received a contribution of payments, directly or indirectly, on a personal benefit contract?  9 To If the organization received an contribution of payments, directly or indirectly, on a personal benefit contract?  9 To If If the organization received an contribution of payments, directly or indirectly, on a personal benefit contract?  9 To If If the organization received an contribution of payments, directly or an expression of the organization file a Form 1088-07  9 To If If the organization received an ornitual payments, directly or indirectly, on a personal benefit contract?  9 To If	4a	<b>a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
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b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  18 Total Complete Schedule O.	а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  18		<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.									
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14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  18 A		organization is licensed to issue qualified health plans									
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  18 In "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  19 In The Interval Inte	С										
Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  17	14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  18 X  19 X  19 X  10 X  11 X  12 X  13 X  14 X  15 X  16 X  17 X  18 PARITHER ARCHARGE STATE S	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  17	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
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If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  17											
If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  17	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  17											
activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17										
		11 11 11 11 11 11 11 11 11 11 11 11 11	_17		L						
		•									

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.						
_	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2	X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?	3		<u>X</u>			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X				
b							
12a	, , , , , , , , , , , , , , , , , , ,						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_X_				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	on Schedule O how this was done	12c	_X_	77			
13	Did the organization have a written whistleblower policy?	13		X			
14	Did the organization have a written document retention and destruction policy?	14		X			
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			77			
	The organization's CEO, Executive Director, or top management official	15a		X			
b	Other officers or key employees of the organization	15b		X			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			77			
	taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
<u> </u>	exempt status with respect to such arrangements?	16b					
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ►CA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole			
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial				
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	BOB RASKIN - 818-780-9615						
	8215 MARY ELLEN AVENUE, NORTH HOLLYWOOD, CA 91605						

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

X Check this box if neither the organization ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.			
(A)	(B)			_ (0	C)			(D)	(E)	(F)		
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated					
	hours per	box			ox, unless person is both an			s both	an	compensation	compensation	amount of
	week	_			a director/il distee)			from	from related	other		
	(list any hours for	Individual trustee or director				_		the organization (W-2/1099-MISC/	organizations (W-2/1099-MISC/	compensation from the		
	related	e or (	stee			ısatec			1099-NEC)	organization		
	organizations	truste	Institutional trustee		yee	Highest compensated employee		1099-NEC)		and related		
	below	idual	tution	ъ	Key employee	est co loyee	Jer.	,		organizations		
	line)	Indiv	Insti	Officer	Key	High	Former					
(1) STEVE ANGEL	3.00											
PRESIDENT		Х		Х				0.	0.	0.		
(2) FELICIA CHASE ZEFF	10.00											
CORPORATE SECRETARY		Х		Х				0.	0.	0.		
(3) BOB RASKIN	15.00											
TREASURER		Х		Х				0.	0.	0.		
(4) JIMMY BIBLARZ	2.00											
DIRECTOR		Х						0.	0.	0.		
(5) DANIEL BLANK	2.00											
DIRECTOR		Х						0.	0.	0.		
(6) DORITT DIAMOND	11.00											
DIRECTOR		Х						0.	0.	0.		
(7) MELISSA HILTON	2.50											
DIRECTOR		Х						0.	0.	0.		
(8) EDWARD HOROWITZ	2.00											
DIRECTOR		Х						0.	0.	0.		
(9) LYNNETTE LIPP	2.00											
DIRECTOR		Х						0.	0.	0.		
(10) ANDREW SACKS	2.50											
DIRECTOR		Х						0.	0.	0.		
(11) DAVID SACKS	2.00											
DIRECTOR		Х						0.	0.	0.		
(12) MARVIN SUGARMAN	10.00											
DIRECTOR		Х						0.	0.	0.		
		1										
		1										
		1										
		1										
						_						

Form 990 (2021)

Form 990 (2021) ALUMNI AS	SOCIATI	ON	Ī						95-467	3692	Р	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			_ (0				(D)	(E)		(F)	
Name and title	Average	(do		Pos heck		<b>າ</b> than ເ	one	Reportable	Reportable	Es	stimate	ed
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	an	nount	
	week (list any				l	1711 43	100)	from	from related		other	
	hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	- 1	pensa om th	
	related	eord	tee			sated		(W-2/1099-MISC/	1099-NEC)		anizat	
	organizations	ruste	l trus		99/	mpen		1099-NEC)	100011120)	١ ٠	d relat	
	below	dualt	utiona	_	nploy	st co	-ia	,			anizati	
	line)	Indivi	Institutional trustee	Officer	key employee	Highest compensated employee	Former					
		-										
										+		
		•										
			$\vdash$							+		
			$\vdash$							+		
										+-		
		-										
										+		
									0	_		
1b Subtotal								0.	0			0.
c Total from continuation sheets to Part VII								0.	0			0.
d Total (add lines 1b and 1c)								0.	0	•		0.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			^
compensation from the organization												0
											Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	director, truste	ee, k	еу е	empl	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for su										3		X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4		X
5 Did any person listed on line 1a receive or a	ccrue compen	ısati	on fi	rom	any	unre	elate	ed organization or individ	dual for services			
rendered to the organization? If "Yes," com	plete Schedule	e J f	or sı	ıch <u>ı</u>	oers	on .				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest cor	mpensated ind	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compens	sation fro	om	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
(A)								(B)		(0		
Name and business	address	NC	INC	3				Description of s	ervices	Compe	nsatio	n

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2021) ALUMNI .

Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			•	•	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
S S	1	a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues 1b					
Ģ G			Fundraising events 1c					
fts, r Ai			Related organizations 1d					
igi.			Government grants (contributions) 1e					
Sin			All other contributions, gifts, grants, and					
utic Je		•		180,670.				
ri Ott		~	Noncash contributions included in lines 1a-1f	100,070.				
o d		_	Total. Add lines 1a-1f		180,670.			
0 6		<u>'''</u>	Total: Add lines 1a-11	Business Code	100,070.			
_	•	_		Business Code				
/ice	2							
er, ue		b						
m S	,	C						
gra Re		d						
Program Service Revenue		e	Au					
ъ.			All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere		26 467			26 467
			other similar amounts)		26,467.			26,467.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
			Gross rents6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 69,222.					
		b	Less: cost or other basis					
nιe			and sales expenses 76 44,670.					
, Ve			Gain or (loss) 7c 24,552.		0.4 550			0.4 550
. Be			Net gain or (loss)		24,552.			24,552.
Other Revenue	8	а	Gross income from fundraising events (not including \$ of					
٥			contributions reported on line 1c). See					
			Part IV, line 18					
		h	Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
			Gross income from gaming activities. See					
		u	Part IV, line 19 9a					
		h	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
	10	а	and allowances 10a					
		h	Less: cost of goods sold 10th					
			Net income or (loss) from sales of inventory	•				
	1	C	Thet income or (loss) from sales of inventory	Business Code				
sn	11	2		Sacrices Code				
eo ne	11							
Miscellaneous Revenue		b						
Sce		۲ C	All other revenue					
Ξ			All other revenue					
	12	<u>e</u>	Total revenue See instructions		231,689.	0.	0.	51,019.
	12		Total revenue. See instructions	·····		U•		J±,U±j•

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 7,860. 7,860. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 97,100. 97,100. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management а Legal 1,330. 1,330. Accounting Lobbying Professional fundraising services. See Part IV, line 17 8,597. 8,597. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 10,065. 10,065. column (A), amount, list line 11g expenses on Sch O.) 574. 574. Advertising and promotion 12 61,982. 59,771. 2,211. Office expenses 13 2,244. 2,020. 224. Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 20 Payments to affiliates \_\_\_\_\_ 21 Depreciation, depletion, and amortization ..... 22 703. 633. 70. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 75. 75. FILING FEES d All other expenses 190,530. 167,958. 22,572. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2021)

Part X Balance Sheet

· ui	ιλ	Check if Schedule O contains a response or	note to any line in this Part X			
		onest il constant o containe a response or	note to any intermental control	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		2,524.	1	917.
	2	Savings and temporary cash investments	69,816.	2	20,077	
	3	Pledges and grants receivable, net	1,882.	3		
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any curren				
		trustee, key employee, creator or founder, su	ubstantial contributor, or 35%			
		controlled entity or family member of any of	these persons		5	
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons descri	bed in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other	1 1			
		basis. Complete Part VI of Schedule D	I I			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		630,804.	11	746,555
	12	Investments - other securities. See Part IV, lii		·	12	•
	13	Investments - program-related. See Part IV, li		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must e	705,026.	16	767,549	
	17	Accounts payable and accrued expenses		, , ,	17	, , , , , , , , , , , , , , , , , , , ,
	18	Grants payable	15,550.	18	8,500	
	19	Deferred revenue	, , , , , , , , , , , , , , , , , , , ,	19	, , , , , , ,	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
,	22	Loans and other payables to any current or f				
Liabilities		trustee, key employee, creator or founder, su				
ig		controlled entity or family member of any of			22	
Lia	23	Secured mortgages and notes payable to un			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax				
		parties, and other liabilities not included on li	• •			
		of Schedule D	nied in 2 ij. dempiete i die x		25	
	26	Total liabilities. Add lines 17 through 25		15,550.	26	8,500
		Organizations that follow FASB ASC 958,				5,7555
es		and complete lines 27, 28, 32, and 33.				
ů	27			653,101.	27	628,960.
3ale	28	Net assets with donor restrictions		36,375.	28	130,089
힐		Organizations that do not follow FASB AS		3373.33		
Ψ		and complete lines 29 through 33.	o 300, check here			
ō	29	Capital stock or trust principal, or current fur	nde		29	
ets	30	Paid-in or capital surplus, or land, building, o			30	
\ss	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32			689,476.	32	759,049.
Ž	32 33	Total net assets or fund balances  Total liabilities and net assets/fund balances		705,026.	33	767,549
	JJ	Total habilities and het assets/fund balances		703,020	<b>33</b>	Form <b>990</b> (2021

Pai	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>89.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2			30. 59.			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5	28	3,4	<u>14.</u>			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	759	0,0	<u>49.</u>			
Pai	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form 9	990	(2021)			

132012 12-09-21

### **SCHEDULE A**

(Form 990)

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

**ZUZ**Open to Public

Inspection

Name of the organization

ALEXANDER HAMILTON HIGH SCHOOL

ALUMNI ASSOCIATION

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

he	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)					
1	Ш	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	Щ	A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	า 990).)						
3	Щ	A hospital or a cooperative					•				
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		An organization operated for		lege or university owned	or operate	ed by a go	vernmental unit describe	ed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the general إ	public described in			
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8	Щ	A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org				-	-	-			
		or university or a non-land-g	grant college of agrice	ulture (see instructions).	Enter the i	name, city	, and state of the college	or			
		university:									
10		An organization that norma	•				•	•			
		activities related to its exen		•			* *	-			
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.			
		See section 509(a)(2). (Con	•								
11	$\vdash$	An organization organized a	•	•	•			_			
12		An organization organized a	· ·	•	-		•				
		more publicly supported or	-					check the box on			
_		lines 12a through 12d that	* *				· · · · · · · · · · · · · · · · · · ·	-1			
а		Type I. A supporting orga	•	•		•					
		the supported organization			majority o	or the direc	tors or trustees of the st	apporting			
<b>L</b>		organization. You must o	-		ion with it		d organization(s) by bay	ina			
b		Type II. A supporting org	•					-			
		control or management o			ame perso	ns mai co	ntroi or manage the supp	Jortea			
_		organization(s). You mus  Type III functionally inte			in connect	tion with	and functionally intograte	od with			
·		its supported organization	-				• •	with,			
d		Type III non-functionally		·				zation(s)			
·		that is not functionally int	= ::				• • • • • • • • • • • • • • • • • • • •	* *			
		requirement (see instructi	-	•	•		•	Verrees			
е		Check this box if the orga	•								
Ĭ		functionally integrated, or					1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1				
f	Ente	r the number of supported of	* *								
q		ride the following information									
		) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
				, ,							
	_						i	1			

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

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

Sec	ction A. Public Support	71	1	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		, ,	, ,	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	72,341.	57,209.	73,284.	233,720.	180,670.	617,224.
2	Tax revenues levied for the organ-						
	ization'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 organization without charge				000 500	100 650	615 004
	Total. Add lines 1 through 3	72,341.	57,209.	73,284.	233,720.	180,670.	617,224.
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,						170 570
_	column (f)						172,578.
	Public support. Subtract line 5 from line 4.						444,646.
	ndar year (or fiscal year beginning in)	(a) 2017	(h) 0010	(=) 2010	(4) 2020	(a) 2021	(f) Total
	Amounts from line 4	(a) 2017 72,341.	(b) 2018 57, 209.	(c) 2019 73, 284.	(d) 2020 233,720.	(e) 2021 180,670.	(f) Total 617,224.
	Gross income from interest,	72,341.	31,203.	73,204.	255,720.	100,070.	017,224.
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,989.	7,987.	8,874.	13,831.	26,467.	62,148.
a	Net income from unrelated business	1,3031	, , , , , ,	0,071	13,0311	20,10,0	02/1100
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						679,372.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	65.45 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	70.48 %
16a	33 1/3% support test - 2021. If the	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or m	ore, check this box	
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				<b>&gt;</b> X
b	<b>33 1/3</b> % <b>support test - 2020.</b> If the o						
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	tion			▶□
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	-	•	*	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						. —
	organization meets the facts-and-circu		-		•		<b>&gt;</b>
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16a	ı, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 ALUMNI ASSOCIATION

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.)	

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an Estilate	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						<b>.</b> —
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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Schedule A (Form 990) 2021

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
-		
2		
За		
3b		
9.0		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
90		
9a		
9b		
9с		
10a		
10b		
ile A (Forn	n 990)	2021

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Pa	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	
-	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			<u> </u>
			Vaa	N <sub>a</sub>
_			Yes	No
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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		Ь
500			· ·	
			Yes	No
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?	1		
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 on line 2, above, 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	$oxed{oxed}$	<u> </u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	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.	2a		<u> </u>
b	Did the activities described on line 2a, above, 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	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
2	of its supported organizations? If "Ves." describe in <b>Part VI</b> the role played by the organization in this regard	3b		

	7777777777777	7111	1111111111111	11101
0) 2021	ALUMNI	ASS	SOCIATION	

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu-		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functional	ally integrated	Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2021

ALUMNI ASSOCIATION

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3			
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5			
6	Other distributions (describe in Part VI). See instructions.		6			
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.		8			
9	Distributable amount for 2021 from Section C, line 6		9			
10	Line 8 amount divided by line 9 amount		10			
	•	(i)	(ii)	(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021		
_1_	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
_3_	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
c	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i_	Carryover from 2016 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
b	Excess from 2018					
с	Excess from 2019					
d	Excess from 2020					
е	Excess from 2021					

Schedule A (Form 990) 2021

Part VI	(in in solve 2021 Indiana time
Pail 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.)

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

ALEXANDER HAMILTON HIGH SCHOOL

ALUMNI ASSOCIATION

Employer identification number

95-4673692

Organiza	ation type (check or	ne):
Filers of	:	Section:
Form 990	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 990	)-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		s covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering a instead of the contributor name and address), II, and III.
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify grequirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2** 

Name of organization
ALEXANDER HAMILTON HIGH SCHOOL
ALUMNI ASSOCIATION

Employer identification number

95-4673692

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* \$ 7 , 500 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

ALEXANDER HAMILTON HIGH SCHOOL

ALUMNI ASSOCIATION

Employer identification number

95-4673692

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		   \$				

Name of organization **Employer identification number** ALEXANDER HAMILTON HIGH SCHOOL ALUMNI ASSOCIATION 95-4673692 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

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

► Attach to Form 990.

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

2021
Open to Public

Inspection

OMB No. 1545-0047

ALEXANDER HAMILTON HIGH SCHOOL Name of the organization **Employer identification number** 95-4673692 ALUMNI ASSOCIATION Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV. line 21, for any Part II recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) ALEXANDER HAMILTON HIGH SCHOOL 2955 S. ROBERTSON BLVD. WEBSITE AND ATTENDANCE LOS ANGELES, CA 90034 95-6001908 501(C)(3) 0 GIFT CARDS 7,860. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) 2021

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	84	97,100.	0.		
		,			
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
SCHOLARSHIPS ARE AWARDED BASED ON	AN APPLIC	ATION PROC	CESS. AFTER	THE	
SCHOLARSHIP IS AWARDED, AND PRIOR	R TO PAYME	NT, AN AGE	REEMENT MUS	T BE SIGNED	
BY THE RECIPIENT AND PROOF OF REG.	STRATION	AS A FRESH	HMAN IN COL	LEGE MUST BE	
PROVIDED. CERTIFIED TRANSCRIPTS A	RE REQUEST	ED AT THE	END OF THE	IR FRESHMAN	
YEAR. IF THE FRESHMAN YEAR IS NOT					
AMOUNT OF THE SCHOLARSHIP MUST BE			•		

### **SCHEDULE O** (Form 990)

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 Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

ALEXANDER HAMILTON HIGH SCHOOL

Employer identification number

ALUMNI ASSOCIATION	95-46/3694
FORM 990, PART VI, SECTION A, LINE 2:	
DAVID SACKS AND ANDREW SACKS HAVE A FAMILY RELATIONSHIP.	
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 IS CAREFULLY REVIEWED AND APPROVED BY THE BOARD P	RIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH DIRECTOR SIGNS A CONFLICT OF INTEREST STATEMENT. ANY	CONFLICTS ARE
EXPECTED TO BE ANNOUNCED AND THE DIRECTOR MUST REFRAIN FRO	M DISCUSSION AND
VOTING SHOULD THERE BE A CONFLICT. THE POLICY IS REVIEWED	ANNUALLY.
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE POSTED ON	THE WEBSITE AND
ARE AVAILABLE UPON WRITTEN REQUEST.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021