Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

2014

DLN: 93493051003067 OMB No 1545-0047

167,894

700.120

-40,302

794,514

Beginning of Current

Year

246,664

880.307

423,966

1,201,401

End of Year

Inspection

Department of the Treasury Internal Revenue

Form **990**

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015 C Name of organization Stuyvesant High School Alumni Association Inc D Employer identification number **B** Check if applicable 13-3509279 Address change Doing business as E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite Name change 345 Chambers Street (212)312-4894City or town, state or province, country, and ZIP or foreign postal code New York, NY 10282 Г G Gross receipts \$ 1,399,758 Initial return Г Fına return/terminated V Amended return Г Application pending Name and address of principal officer $\mathbf{H(a)}$ Is this a group return for SOO H KIM ┌ Yes 🗸 No subordinates? 345 Chambers Street Rm 101 New York, NY 10282 **H(b)** Are all subordinates ┌Yes ┌No included? Tax-exempt status If "No," attach a list (see instructions) 4947(a)(1) or 527 Website: ▶ www.stuyalumni.org **H(c)** Group exemption number ▶ L Year of formation 1988 M State of legal domicile NY Summarv Briefly describe the organization's mission or most significant activities To support Stuyvesant High School, its students and alumni, through enrichment, scholarships, and networking support Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 3 24 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 24 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 9 25 6 **6** Total number of volunteers (estimate if necessary) 7aTotal unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **7**b **Prior Year Current Year** 1,192,694 Contributions and grants (Part VIII, line 1h) . 300.755 Ravenua Program service revenue (Part VIII, line 2g) . 337,705 4,988 9 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 16.953 25.262 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4.405 81,329 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 659,818 1,304,273 12) . 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 368.149 379.195 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 254,448 164,077 5 - 10)Expenses **16**a Professional fundraising fees (Part IX, column (A), line 11e) . . Total fundraising expenses (Part IX, column (D), line 25) ▶ 14,548 b

Part II Signature Block

Signature of officer

Under penalties of perjury, I declare that I have examined this return, i my knowledge and belief, it is true, correct, and complete Declaration preparer has any knowledge

Total assets (Part X, line 16) .

Total liabilities (Part X, line 26) .

Sign	
110	

d Balances

Net A

Net assets or fund balances Subtract line 21 from line 20

Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .

Revenue less expenses Subtract line 18 from line 12

Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

Here SOO H KIM PRESIDENT
Type or print name and title

Paid **Preparer** Use Only

17

18

19

20

21

22

Preparer's signature JONATHAN A BANDER Firm's name ► RICH AND BANDER LLP

Firm's address ▶ 15 WEST 28TH ST SUITE 7A

NEW YORK, NY 10001

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

For Paperwork Reduction Act Notice, see the separate instructions.

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

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Par	t IV Checklist of Required Schedules (continued)			
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		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	Yes	
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		No
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		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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	25b		No

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

28 Was the organization a party to a business transaction with one of the following parties (see Schedule I. Part IV

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M...

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

37

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

a A current or former officer, director, trustee, or key employee? If "Yes." complete Schedule 1, Part

an officer, director, trustee, or direct or indirect owner? If "Yes." complete Schedule L. Part IV

b A family member of a current or former officer, director, trustee, or key employee? *If "Yes,"*

instructions for applicable filing thresholds, conditions, and exceptions)

Nο

Nο

Nο

Nο

Νo

Νo

Νo

Nο

Νo

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Νo

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28b

28c

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Yes

Form 990 (2014)

Part V	Statements	Regarding	Other	IRS Filinas	and Tax	Complian

Par	rt V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V \cdot . \cdot .				. [
10	a Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	1.1	-	Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	11			
	Did the organization comply with backup withholding rules for reportable payments to vendor				
_	gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	9			
b	If at least one is reported on line 2a, did the organization file all required federal employment Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in		2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year	ar?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Scl	hedule O :	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature over, a financial account in a foreign country (such as a bank account, securities account, or account)?	r other financial	4a		No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fin (FBAR)	nancial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year? !	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	ter transaction?	5b		Νo
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	📙			
63	a Does the organization have annual gross receipts that are normally greater than \$100,000,	<u> </u>	5с 6а		No
	organization solicit any contributions that were not tax deductible as charitable contributions If "Yes," did the organization include with every solicitation an express statement that such	s?	Ja		110
	were not tax deductible?		6b		
	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and particles provided to the payor?	partly for goods and	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	·	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for where the file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal contract?		7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organizat required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business h during the year?	- '	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers	son?	9b		
10	Section 501(c)(7) organizations. Enter				
	Initiation fees and capital contributions included on Part VIII, line 12 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter				
	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	of Form 1041? 1	.2a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedul	le O	.За		
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 13b				
c	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	1	.4a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in S	Schedule O 1	.4b		

►LISA CANGRO TEPPERBERG 345 Chambers Street Rm 101

New York, NY 10282 (212) 312-4894

Form 990 (2014) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax 1a 24 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . Νo 6 Yes 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? . . 8a Yes **b** Each committee with authority to act on behalf of the governing body? 8b Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . a Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10a Did the organization have local chapters, branches, or affiliates? 10a Nο **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes Did the organization have a written whistleblower policy? 13 Nο Did the organization have a written document retention and destruction policy? Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Nο **15**b Nο If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Nο **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 16b Section C. Disclosure 17 List the States with which a copy of this Form 990 is required to be filed▶NY Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

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

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Chack this box if norther th olated organization

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unles	ore tl ss pe	han ersor cer cor/t	not one n is and rusi		an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) SOO H KIM	6 00			Ų						
President		X		X				0	0	0
(2) LAWRENCE F MARSHALL	2 00	×		×				0	0	0
1st Vice President (3) ROBERT AYZIN	3 00									
	3 00	x		×				o	0	0
2nd Vice President (4) VANESSA LIU	2 00			\vdash						
Treasurer		×		X				o	0	0
(5) EVELYN KREJCI	3 00							_	_	
Recording Secretary		X		X				0	0	0
(6) SHAKIL AHMED	2 00	×						0	0	0
Board Member		^						, and the second		
(7) CHRISTINA ALFONSO	2 00	X						0	0	0
Board Member										
(8) RICHARD L BRAUN	2 00	х						0	0	0
Board Member	2 00									
(9) DANIEL G EGERS		×						О	0	0
Board Member (10) CARL E HENDRICKS	2 00									
		X						0	0	0
Board Member (11) JUKAY HSU	3 00									
Board Member		X						0	0	0
(12) HARRY S MALAKOFF	2 00									
Board Member	·····	X						0	0	0
(13) SERPHIN R MALTESE	2 00							0	0	
Board Member		×						0	0	0
(14) MARIANNA MOLIVER	2 00	×						0	0	0
Board Member		.,						<u> </u>		
										Form 990 (2014)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Comparing the companies of the compani		(A) Name and Title	(B) A verage hours per week (list any hours for related	Average Position (do not check more than one box, unless person is both an officer and a director/trustee)								(E) Reportable compensation from related organizations (W- 2/1099-		Estim amou oth comper from	nated int of ner nsation the
Board Member (16) TARA ALIMEN 2			below	Individual trustee or director	Institutional Trustee	Officer	key employee	₿	Former	MISC)	MISC)	and re	lated
Board Intuitive (17) RAPACHISEN 2 X (18) MERICANDON FONC 2 X (18) MERICANDON FONC 2 X (19) MERICANDON FONC 2 X (20) JEF KESTIER 2 X (20) JEF KESTIER 2 X (21) MILE JEMAN 2 X (22) MERICANDON STEINER (21) MILE JEMAN 2 X (23) MILE JEMAN 2 X (24) MILE JEMAN 2 X (25) SOLOPION STEINER (26) MERICANDON STEINER (27) MILE JEMAN (28) MILE JEMAN (29) SOLOPION STEINER (20) JEF KESTIER (21) MILE JEMAN (22) MILE JEMAN (23) SOLOPION STEINER (24) MILE JEMAN (25) SOLOPION STEINER (26) MILE JEMAN (27) MILE JEMAN (28) MILE JEMAN (29) MILE JEMAN (29) MILE JEMAN (20) JEF KESTIER (20) JEF KESTIER (21) MILE JEMAN (22) MILE JEMAN (23) MILE JEMAN (24) MILE JEMAN (25) SOLOPION STEINER (26) MILE JEMAN (27) MILE JEMAN (28) MILE JEMAN (29) MILE JEMAN (29) MILE JEMAN (20) JEF KESTIER (20) JEF KESTIER (21) MILE JEMAN (22) MILE JEMAN (23) MILE JEMAN (24) MILE JEMAN (25) MILE JEMAN (26) MILE JEMAN (27) MILE JEMAN (28) MILE JEMAN (29) MILE JEMAN (29) MILE JEMAN (20) JEF KESTIER (20) JEF KESTIER (20) JEF KESTIER (21) MILE JEMAN (21) MILE JEMAN (22) MILE JEMAN (23) MILE JEMAN (24) MILE JEMAN (25) MILE JEMAN (26) MILE JEMAN (27) MILE JEMAN (28) MILE JEMAN (29) MILE JEMAN (29) MILE JEMAN (20) JEF KESTIER (20) JEF KESTIER (21) MILE JEMAN (21) MILE JEMAN (22) MILE JEMAN (23) MILE JEMAN (24) MILE JEMAN (25) MILE JEMAN (26) MILE JEMAN (27) MILE JEMAN (28) MILE JEMAN (29) MILE JEMAN (20) JEMAN (20	(15) R	OBERT W SHERWOOD	2	¥											
Board Trustee (17) RAYMOND FONG 2 X Sobord Trustee (17) RAYMOND FONG 2 X															
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Board Trustee			٦			_									
(18) M ELIX RESSHWATER				×											
Board Trustee (19) NEIL GRABOIS 2			2												
Complete this table for your five highest compensation from the organization of mid-vidual for services rendered to the organization of mid-vidual for services rendered to the organization? If "Yes," complete Schedule J for such person is table for your five highest compensation from the organization of mid-vidual for services rendered to the organization? If "Yes," complete Schedule J for such person is table for your five highest compensation from the compensation from the organization from the organization of the organization of the person is table for your five highest compensation from the compensation from the organization of the				×											
Board Trustee (21) PHILIP LEHMAN 2			2												
Board Trustee (21) PHLIP L LEHMAN 2 X Board Trustee (22) MEL SHAFTEL 2 X Board Trustee (23) SOLOMON S STEINER 2 X Board Trustee (24) PAUL M WEICHSEL 2 X Board Trustee (24) PAUL M WEICHSEL 2 X Board Trustee (25) SOLOMON S STEINER 2 X Board Trustee (26) PAUL M WEICHSEL 3 X Board Trustee (27) PAUL M WEICHSEL 4 X Board Trustee (28) SOLOMON S STEINER 5 Total I mumber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (E)				X											
Board Trustee (22) MEL SHAFTEL 2 X Board Trustee (23) SOLOMON S STEINER 2 X Board Trustee (24) PAUL M WEICHSEL Board Trustee 2 X Board Trustee (25) Sub-Total C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Organization individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Organization individual for services rendered to the organization? If "Yes," complete Schedule J for such person C Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year (A) (B) (C)	, ,		2	v											
Board Trustee (22) MEL SHAFTEL 2 X Board Trustee (23) SOLOMON S STEINER 2 X Board Trustee (24) PAUL M WEICHSEL 2 X Board Trustee 1b Sub-Total C Total from continuation sheets to Part VII, Section A 1 Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Pection B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year (A) (B) (C)				_^_											
Sub-Total	, ,		_	×											
Board Trustee (23) SOLOMON S STEINER 2			7			_									
2 X Board Trustee 3 X Board Trustee 4 X Board Trustee 5 X Board Trustee 7				×											
Board Trustee (24) PAUL M WEICHSEL 2			2			-									
2 PAUL M WEICHSEL 2 X				×											
Board Trustee			2												
c Total from continuation sheets to Part VII, Section A				×											
c Total from continuation sheets to Part VII, Section A															
to Total from continuation sheets to Part VII, Section A	1b	Sub-Total					>								
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶ Yes If the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	c						>								
\$100,000 of reportable compensation from the organization Yes 1	d	Total (add lines 1b and 1c)					•								
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2	•			ed a	bove	e) w	ho re	ceiv	ed more tha	an				
on line 1a? If "Yes," complete Schedule J for such individual														Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3				ey en	nplo	yee,	, or hi	ghe	st compens	ated	employee			
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual	_	•			•	•	•	•	•				3		No
Individual	4											the			
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C)							•	•	•				4		No
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C)	5	5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for								No					
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C)															
(A) (B) (C)		Complete this table for your five highest co												tax y ear	
		(A)	·								(В)		(C	
													\dashv		
													\Box		
Total number of independent contractors (including but not limited to those listed above) who received more than		Total number of independent contractors (in	cluding but not !!	mited	to +1	1050	lic+	ed at	101/0) who reco:	ved m	ore than	+		

Part V	* • • •	Statement o	f Revenue					_
		Check If Sched	ule O contains a respoi	nse or note to any lu	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1a	Federated cam	paigns 1a					312 311
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership du	ıes 1 b	82,537				
Gr.	С	Fundraising eve	ents 1c					
ifts, ar A	d	Related organiz	zations 1d					
<u>i</u>	e	Government grant	s (contributions) 1e					
Ons	l f	All other contribution	ons, gifts, grants, and 1f	1,110,157				
outi her	'	sımılar amounts no	ot included above					
	g	Noncash contribute 1a-1f \$	ons included in lines					
Cont	h	Total. Add line:	s 1a-1f		1,192,694			
ı,				Business Code				
Program Service Revenue	2a	Reunions & events	5	611710	4,988			
æ	ь							
<u> </u>	C							
₹ *	d							
an	e	A II a than nua ann						
rogr	f	All other progra	am service revenue					
<u> </u>	g		s 2a-2f		4,988			
	3		ome (including dividen ar amounts)		11,375			11,375
	4	Income from inves	stment of tax-exempt bond	proceeds ►				
	5	Royalties .		•				
	6a	Gross rents	(ı) Real	(II) Personal				
	b	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	109,372					
	ь	Less cost or other basis and sales expenses	95,485					
	c	Gain or (loss)	13,887		12.007			12.007
	d 8a	Net gain or (los Gross income f	SS)		13,887			13,887
Other Revenue		events (not inc	luding s reported on line 1c)					
Je.	ь	Less directex	penses b					
Õ	c	Net income or	(loss) from fundraising	events ▶				
	9a		rom gaming activities ne 19 a					
	l		penses b (loss) from gamıng actı					
	10a	Gross sales of	inventory, less	•				
		returns and allo						
	ь	less costofa	a oods sold b					
			(loss) from sales of inv	entory >				
		Miscellaneou		Business Code				
	11a	A dministrative	fees	900099	81,329	81,329		
	ь							
	С	A.II						
	d _	All other reven						
	e	Total. Add lines			81,329			
	12	Total revenue.	See Instructions .	•	1.304.273	86.317		25.262

Form 990 (2014) Part IX Statement of Functional Expenses

cetten 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete colur. Check if Schedule O contains a response or note to any line in this Part IX. Check if Schedule O contains a response or note to any line in this Part IX. Check if Schedule O contains a response or note to any line in this Part IX. (a) (b) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d) ent and	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 16, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 21 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members. 5 Compensation of current officers, directors, trustees, and key employees. 6 Compensation of included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salares and wages. 8 Pension plan accruals and contributions (include section 401(k)) and 403(b) employer contributions). 9 Other employee benefits. 18,107 0 Deryroll taxes. 16,684 3,649 11 Fees for services (non-employees) a Management. b Legal. c Accounting. d Lobbying. e Professional fundraising services. See Part IV, line 17 f Investment management fees. 9 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0). 4 Advertising and promotion.	ent and kpenses	Fundraising expenses
Total expenses Program service expenses general expenses of the expenses of th	ent and kpenses	Fundraising expenses
domestic governments See Part IV, line 21 Grants and other assistance to domestic 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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 18,107 Other employee benefits 16,684 3,649 Fees for services (non-employees) Management Accounting Accounting Control of the first part of the professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) Advertising and promotion Office expenses Information technology 68,567 48,567	158,094	13,521
individuals See Part IV, line 22	158,094	13,521
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. 4 Benefits paid to or for members	158,094	13,521
4 Benefits paid to or for members	158,094	13,521
5 Compensation of current officers, directors, trustees, and key employees	158,094	13,521
(as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 219,657 48,042 36 7 Other salaries and wages 219,657 48,042 36 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 18,107 0 9 Other employee benefits 18,107 0 10 Payroll taxes 16,684 3,649 11 Fees for services (non-employees) 16,684 3,649 12 Accounting 35,123 0 12 Advertising and promotion 33,377 0 13 Office expenses 48,567	158,094	13,521
7 Other salaries and wages	158,094	13,521
and 403(b) employer contributions)		
10 Payroll taxes		
taxes	18,107	0
a Management	12,008	1,027
b Legal		
c Accounting		
d Lobbying		
Professional fundraising services See Part IV, line 17 f Investment management fees	35,123	0
f Investment management fees		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 13 Office expenses		
amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 13 Office expenses 14 Information technology	3,377	0
13 Office expenses		
14 Information technology		
15 Royalties	20,000	0
16 Occupancy		
17 Travel		
Payments of travel or entertainment expenses for any federal, state, or local public officials		
19 Conferences, conventions, and meetings		
20 Interest		
21 Payments to affiliates		
Depreciation, depletion, and amortization	8,556	0
23 Insurance		
Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)		
a Printing & postage 85,873 85,873	0	0
b Temporary staffing 2,976 0	2,976	0
c Payroll processing fees 1,284 0	1,284	0
d Credit card processing fees 11,516 11,516	0	0
e All other expenses 26,606 26,606	0	0
Total functional expenses. Add lines 1 through 24e 880,307 606,234	259,525	14,548
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 (2	2014)			Page 11
Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X $$. $$.		•	
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	223,564	1	92,611
2	Savings and temporary cash investments	187,689	2	682,561
3	Pledges and grants receivable net		3	5.500

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22 23

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31

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33

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6,337

330,954

120,833

336,390

788,177

794,514

5,556

13,110

380,310

21,753

1,201,401

9,866

9,866

60,880

461.052

669,603

1,191,535

1,201,401

Form 990 (2014)

15,283

8,964

359,014

794,514

6,337

16,477

3,367

10a

10b

Loans and other receivables from current and former officers, directors, trustees, key

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary

employees, and highest compensated employees Complete Part II of

organizations (see instructions) Complete Part II of Schedule L

Land, buildings, and equipment cost or other basis Complete

Accounts receivable, net . .

Notes and loans receivable, net .

Less accumulated depreciation .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Unsecured notes and loans payable to unrelated third parties

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets . .

Permanently restricted net assets .

Unrestricted net assets .

complete lines 30 through 34.

Total net assets or fund balances

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule

Inventories for sale or use .

Part VI of Schedule D

Intangible assets .

Grants payable . .

Deferred revenue .

Tax-exempt bond liabilities .

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34

Liabilities

Assets or Fund Balance

Net

0 (2014)
(I)	Reconcilliation of Net Assets
	Check if Schedule O contains a respons
otal	revenue (must equal Part VIII, column (A

Net unrealized gains (losses) on investments

Other changes in net assets or fund balances (explain in Schedule O) .

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

A), line 12) . . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes." to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

audit, review, or compilation of its financial statements and selection of an independent accountant?

Cash Accrual Cother

Both consolidated and separate basis

Both consolidated and separate basis

2 3 4

1

423,966 788,177 -20.608

Page **12**

1,304,273

880,307

	1,1	191,535
		<u>. ୮</u>
	 Yes	.
		. No
		. No
 2a		No No

2b

2c

За

3b

Yes

Yes

Νo

Form 990 (2014)

Total expenses (must equal Part IX, column (A), line 25) . . . Revenue less expenses Subtract line 2 from line 1 . . .

Donated services and use of facilities . .

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

▼ Separate basis

basis, consolidated basis, or both

Part XII

Prior period adjustments .

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE A

DLN: 93493051003067

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

990EZ)

10

11

(Form 990 or

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

Name of the organization **Employer identification number** Stuyvesant High School Alumni Association Inc 13-3509279 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 11, check only one box)A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)

- A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3
- A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public
- described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
 - An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses
 - acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
 - An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
 - An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of
- one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B.
- Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C.
- Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E.
- Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement
- (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- Provide the following information about the supported organization(s) (ii) FIN (iv) Is the organization (i)Name of cupported /iii) Type of (v) A mount of (vi) A mount of

	organization	(1) 2111	organization (described on lines 1-9 above or IRC section (see instructions))	listed in your governing document?		monetary support (see instructions)	other support (see instructions)
			mstructionsy	Yes	No		
Total							

organization

instructions

supported organization

Schedule A (Form 990 or 990-EZ) 2014 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (d) 2013 (e) 2014 (c) 2012 (f) Total in) Gifts, grants, contributions, and membership fees received (Do not 243,279 197,443 459,852 300,755 1,192,694 2,394,023 include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 243,279 197,443 459.852 300,755 1,192,694 2,394,023 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 from 2,394,023 line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) ▶ 243,279 197,443 459.852 300.755 1.192.694 2,394,023 Amounts from line 4 Gross income from interest, dividends, payments received on 11,562 12.414 10.500 7.078 11.375 52,929 securities loans, rents, royalties and income from similar sources Net income from unrelated business 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) Total support Add lines 7 through 2,446,952 Gross receipts from related activities, etc (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 97 840 % 15 Public support percentage for 2013 Schedule A, Part II, line 14 15 96 690 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization **▶** □ b 33 1/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶┌ 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

▶┌

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) ▶ Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b

8	from line 6)							C
Se	ection B. Total Support	•	•	•	•			
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20	14	(f) Total
9	A mounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c,							
	11, and 12)							
14	First five years. If the Form 990 is f check this box and stop here			d, third, fourth, or	fifth tax year as a	section 5	01(c)(3 	3) organization, ▶ ┌
Se	ection C. Computation of Publ							
15	Public support percentage for 2014	(line 8, column	(f) divided by line	13, column (f))		15		0 %
16	Public support percentage from 201	3 Schedule A, P	art III, line 15			16		
Se	ection D. Computation of Inve	estment Inco	me Percenta	ge				
17	Investment income percentage for 2	2014 (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17		0 %

19a 33 1/3% support tests-2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 Investment income percentage from 2013 Schedule A, Part III, line 17

▶┌

18

Supporting Organizations Part IV

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked

	11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you I, complete Sections A and D, and complete Part V)	u chec	ked 11	d of Pa
Se	ection A. All Supporting Organizations			
	ation 711 711 outporting of gameations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	1.65	
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)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3 b		
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	3 c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
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 $(2)^7$ 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	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5 b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9 b		
c	Did a disqualified person (as defined in line 9(a)) 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 .	9 c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
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)	10 b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI

11c

Part IV Supporting Organizations (continued)

Section	n R	Tyne	T Sun	nortina	Organizat	ione

S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
S	ection C. Type II Supporting Organizations			
			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 the supported organization(s)	1		
Sı	ection D. All Type III Supporting Organizations			
	section by Am Type and outporting organizations		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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
	action E. Type III Eurotionally, Integrated Connecting Overalizations			
	ection E. Type III Functionally-Integrated Supporting Organizations			
1		mstfu	ictions)	
	a			
	The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.)	ntity (see	

2	Activities Test Answer (a) and (b) 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				
b	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement				
3	Parent of Supported Organizations Answer (a) and (b) below.				

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of За each of the supported organizations? Provide details in Part VI
- b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

Multiply line 5 by 035

Recoveries of prior-year distributions

7

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		

8	Minimum Asset Amount (add line 7 to line 6)	3			
	Section C - Distributable Amount			I	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)			1	
2	Enter 85% of line 1			2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)			3	
4	Enter greater of line 2 or line 3				
5	Income tax imposed in prior year			5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency te reduction (see instructions)	mpo	rary	6	
7	Check here if the current year is the organization's first as a non-functionally-in Type III supporting organization (see instructions)	nteg	rated		

Schedule A (Form 990 or 990-EZ) 2014			Page 7
Section D - Distributions			Current Year
1 A mounts paid to supported organizations to accom			
2 A mounts paid to perform activity that directly furth excess of income from activity	ported organizations, in		
3 Administrative expenses paid to accomplish exem	ot purposes of supported org	anızatıons	
4 A mounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re-	quired)		
6 Other distributions (describe in Part VI) See instri	· · · ·		
	30013		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
_ c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7			
\$			
a Applied to underdistributions of prior years b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to			
2014, If any Subtract lines 3g and 4a from line 2 (If amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 31 and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			
e From 2014			

Schedule A (hedule A (Form 990 or 990-EZ) 2014 Page 8							
Part VI	Part III, line 12; Part I Section B, lines 1 and 1c, 2a, 2b, 3a and 3b;	Wation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; V, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part 4, and 6. Also complete this part for any additional information. (See instructions).						
	Facts And Circumstances Test							
Re	eturn Reference	Explanation						
		Schedule A (Form 990 or 990-EZ) 2014						

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Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047

DLN: 93493051003067

Open to Public

Department of the

SCHEDULE D

(Form 990)

te	asury rnal Revenue	Information about Schedule D (Form	990) and its instruct	tions is at <u>www.i<i>rs</i></u>	.gov / 1	form990. Inspect	ion
	nce me of the organi	 zation			Emp	loyer identification number	
		Alumni Association Inc			'	•	
Pa		izations Maintaining Donor Adv		ther Similar Fu		3509279 or Accounts. Complet	e ıf the
	Organiz	ation answered fes to form 950,	(a) Donor adv	vised funds		(b) Funds and other accoun	nts
	Total number at	t end of year	. , ,				
	Aggregate valu	e of contributions to (during year)					
	Aggregate valu	e of grants from (during year)					
	Aggregate valu	e at end of year					
		ation inform all donors and donor adviso rganization's property, subject to the org	-		or advı	sed Yes	┌ No
	used only for cl	ation inform all grantees, donors, and do haritable purposes and not for the benefi ermissible private benefit?		5			_ No
)a		rvation Easements. Complete if	the organization a	nswered "Yes" to	Forn	<u>'</u>	1
-		conservation easements held by the orga			7 1 0111	11 33 67 1 41C 117 IIIC 71	
	_ ` ` ` `	on of land for public use (e g , recreation	•		n histoi	rically important land area	
	_ ′	of natural habitat	F			ed historic structure	
	<u></u>	on of open space	'				
	Complete lines	2a through 2d if the organization held a ne last day of the tax year	qualified conservation	on contribution in th	he forn	n of a conservation	
						Held at the End of the	Year
а	Total number o	f conservation easements			2a		
b	Total acreage r	restricted by conservation easements			2b		
c	Number of cons	servation easements on a certified histo	ric structure include	d ın (a)	2 c		
d		servation easements included in (c) acq ire listed in the National Register	uired after 8/17/06,	and not on a	2 d		
	Number of cons	servation easements modified, transferre	ed, released, extingu	ished, or terminate	d by th	ne organization during	
	the tax year ▶_						
į	Number of state	es where property subject to conservati	on easement is locat	ed >			
		nization have a written policy regarding t the conservation easements it holds?	he periodic monitorin	ng, inspection, hand	lling of	violations, and Yes	_ No
	Staff and volun	teer hours devoted to monitoring, inspec	cting, and enforcing c	conservation easem	nents d	luring the y ear	
	A mount of expe	enses incurred in monitoring, inspecting	, and enforcing conse	ervation easements	during	g the year	
		servation easement reported on line 2(d 0(h)(4)(B)(u)?) above satisfy the re	equirements of sec	tion 17	70(h)(4)(B)(ı) Yes	□ No
	In Part XIII, de	escribe how the organization reports con and include, if applicable, the text of the				nse statement, and	,
aı	the organization	n's accounting for conservation easeme izations Maintaining Collection:	nts s of Art, Historic	al Treasures, o			
		ete if the organization answered "Ye					
а	works of art, his	tion elected, as permitted under SFAS 1 storical treasures, or other similar asset e, in Part XIII, the text of the footnote to	ts held for public exh	ibition, education, o	or rese	arch in furtherance of publi	с
b	works of art, his	tion elected, as permitted under SFAS 1 storical treasures, or other similar asset e the following amounts relating to these	ts held for public exh				С
	(i) Revenue ind	cluded in Form 990, Part VIII, line 1				▶ \$	
		uded in Form 990, Part X				► \$	
		inded in Form 990, Part X ion received or held works of art, histori	ical treasures, or othe	ersimilar assets fo	r finan	•	
	Jigainzat	I sall a contract the tracks of any miscori		45566510			

Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Part	***	Organizations Maintaining Co	lections of Art	, His	toric	al Tr	easur	es, or	Othe	er Simila	r Ass	ets (co	ntınued)
3		ng the organization's acquisition, accessi ection items (check all that apply)	on, and other recor	ds,ch	eck a	n y of t	he follo	wing that	are a	a significan	t use o	of its	
а	Г	Public exhibition		d		Loan	or exch	nange pro	gram	ıs			
b	Γ	Scholarly research		e	Γ	Othe	r						
c	Γ	Preservation for future generations											
4		vide a description of the organization's co t XIII	llections and expla	ın hov	v they	furthe	r the or	ganızatıd	n's e	xempt purp	ose in		
5		ing the year, did the organization solicit o ets to be sold to raise funds rather than to								mılar	Γ	_ Yes	┌ No
Par	t IV							answer	ed "\	res" to Fo	rm 99	90,	
		Part IV, line 9, or reported an am											
1a	ıncl	he organization an agent, trustee, custod uded on Form 990, Part X?					tions or	other as	ssets	not	Г	_ Yes	☐ No
b	If"\	Yes," explain the arrangement in Part XII	I and complete the	follov	ving ta	ble		ı			A		
_	р.,								1c		Amo	unt	
c d	-	Jinning balance						-	1d				
e		ditions during the year							1e				
f		tributions during the year							1f				
		ling balance	000 D 1 V 1	2.4									
2a	Dia	the organization include an amount on Fo	rm 990, Part X, IIn	e 21,	for es	crow o	rcusto	iai acco	unt II	ability	ı	Yes	│ No
b		Yes," explain the arrangement in Part XII											<u> </u>
Pai	rt V	Endowment Funds. Complete i	(a)Current year		Prior ye					<u>rt IV, line</u>)Three years		a) Four v	ears back
1a	Bea	Jinning of year balance	407,721	(5)		18,649	D (C)IW	581,7			3,197	e)i odi y	432,546
b	_	ntributions	563,464			16,005		336,0	79	47:	1,409		428,786
c	Net	: investment earnings, gains, and losses											
	C ===	nto or a shelarahana	2,322 10,845			22,406 13,183		10,5 409,6	_		2,4 1 4 0,284		11,562 314,697
d e	O th	nts or scholarships ner expenditures for facilities programs	209,128			36,156		403,0			5,20+		314,037
f		ministrative expenses											
g		l of year balance	753,534		4	07,721		518,6	49	58:	1,736		55 8,1 97
2		ı vıde the estımated percentage of the curr	ent vear end balan	ce (lin	e 1a.	columi	n (a)) he	eld as			I		
a		rd designated or quasi-endowment ▶	0 %	(5/		(=))						
h		manent endowment ► 88 860 %											
•		444	40 %										
·	The	percentages in lines 2a, 2b, and 2c shou	ld equal 100%										
3a		there endowment funds not in the posses anization by	sion of the organiz	ation	that ar	e held	and ad	mınıster	ed for	the		Yes	No
	_	unrelated organizations									3a(i)		NO
		related organizations									3a(ii		No
b	If"	Yes" to 3a(II), are the related organization	ns listed as require	d on S	chedu	le R?					3b		
4		cribe in Part XIII the intended uses of th											
Par	t VI			the o	rganı	zation	answe	ered 'Ye	s' to	Form 99	0, Par	t IV, lır	ne
		11a. See Form 990, Part X, line 1 Description of property	0.		(a) Cost o	r other	(b)Cost	or othe	r (c) Accur	nulated	(d) B	ook value
							stment)	basis (d	ther)	deprec			
	Land												
		ings								1			
		ehold improvements											
		oment								1			
	othe								16,47	7	3,36	7	13,110
Tota	Ι Δ Α.	d lines 1a through 1e (Column (d) must e		X colu	mn /P) line	10(c))			•	<u> </u>		13 110

See Form 990, Part X, line 12.		n answered 'Yes' to Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>	
Part VIII Investments—Program Related. C See Form 990, Part X, line 13.	omplete if the organization	on answered 'Yes' to Form 990, Part IV, line 110
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
		90, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc		(b) Book value
Total. (Column (b) must equal Form 990. Part X. col (B) line	15)	
		to Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.	anızatıon answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.		<u>'</u>
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. (a) Description of liability	anızatıon answered 'Yes'	<u>'</u>
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. (a) Description of liability	anızatıon answered 'Yes'	<u>'</u>
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. (a) Description of liability	anızatıon answered 'Yes'	<u>'</u>
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Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. (a) Description of liability	anızatıon answered 'Yes'	<u>'</u>
Form 990, Part X, line 25.	anızatıon answered 'Yes'	<u>'</u>
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. (a) Description of liability	anızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. (a) Description of liability	anızatıon answered 'Yes'	

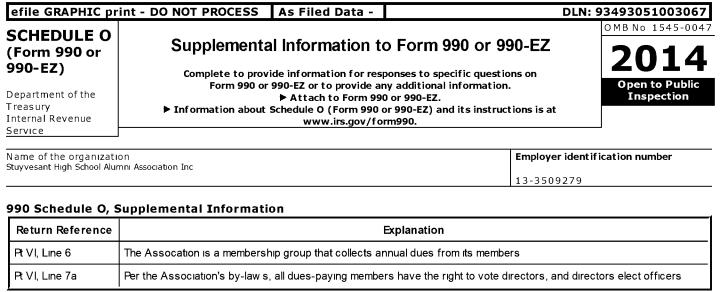
1	Total revenue, gains, and other	support per audited financial statements .					1	1,283,665
2	A mounts included on line 1 but	not on Form 990, Part VIII, line 12						
а	Net unrealized gains (losses) o	n investments	2a		-2	0,608		
b	Donated services and use of fa	cilities	2b					
c	Recoveries of prior year grants		2c					
d	Other (Describe in Part XIII)		2d					
e	Add lines 2a through 2d .						2e	-20,608
3	Subtract line ${f 2e}$ from line ${f 1}$.					[3	1,304,273
4	Amounts included on Form 990	, Part VIII, line 12, but not on line 1						
а	Investment expenses not inclu	ded on Form 990, Part VIII, line 7b .	4a					
b	Other (Describe in Part XIII)		4b					
c	Add lines 4a and 4b	. .					4c	
5	Total revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line 12	2)			.	5	1,304,273
Par		penses per Audited Financial State		nts V	Vith Exp	enses	perl	Return. Complete
		wered 'Yes' to Form 990, Part IV, line 1	.2a.				Г. Т	
1	· ·	audited financial statements		•		•	1	880,307
2		not on Form 990, Part IX, line 25		1				
а		cilities	2a				.	
Ь	Prior year adjustments	l l	2b					
c	Other losses		2 c					
d	Other (Describe in Part XIII)	<u>L</u>	2d					
e	Add lines 2a through 2d			•			2e	
3	Subtract line 2e from line 1 .						3	880,307
4	Amounts included on Form 990	, Part IX, line 25, but not on line 1:						
а	Investment expenses not inclu	ded on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII)		4b					
c	Add lines 4a and 4b						4c	
5		d 4c. (This must equal Form 990, Part I, line 1	18)				5	880,307
Par	t XIII Supplemental Info	rmation						
Part		Part II, lines 3, 5, and 9, Part III, lines 1a an lines 2d and 4b, and Part XII, lines 2d and 4l						e any additional
	Return Reference	Explanation						
Pt X,	Line 2	The Association has evaluated its current ta the Association does not have any significan necessary						

chedule D (Form 990) 2013		Page 5			
Part XIII Supplemental Information	on (continued)				
Return Reference	Explanation				

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493051003067 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public Department of the Treasury Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization Employer identification number Stuyvesant High School Alumni Association Inc. 13-3509279 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable valuation non-cash assistance grant cash or assistance (book, FMV, or government assistance appraisal, other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.



990 Schedule O, Supplemental Information

Return Reference Explanation

Pt VI, Line 7b	All dues-paying members have the right to vote on issues of dissolution, reorganization or merging of the Association
Pt VI, Line 12c	Directors are required to review and sign the conflict of interest policy when first elect
	ed and annually thereafter The Alumni Office review's all submitted conflicts policies and
	presents all vendor payments conflicts to the Executive Committee

990 Schedule O, Supplemental Information

Return Reference

Pt VI, Line 11b	Draft(s) of the tax return are provided to members of the governing body for their review before the tax return is filed

Explanation

Form 990. Part IX. Line SUPPLIES AND REPAIRS 5660 5660 0 0 REUNIONS AND SPECIAL EVENTS 19102 19102 0 0 MEA

LS AND ENTERTAINMENT 1060 1060 0 0 MISCELLANEOUS 784 784 0