Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

<u>A I</u>	or the		ing J	UN 30, 2022					
В	Check if applicable	HONIER COLLEGE HIGH SCHOOL ALUMNAE/I		D Employer identifie	cation number				
	Addres change	S ASSOCIATION, INC.							
	Name change			13-39533	96				
Ē	Initial return		m/suite	E Telephone numbe					
F	Final return/		13B	212-772-					
	termin- ated			G Gross receipts \$	428,925.				
Х	Amend			H(a) Is this a group re					
Ē	Applica tion			for subordinates					
_	pendin	SAME AS C ABOVE		H(b) Are all subordinates in					
	Tay aya	mpt status: X 501(c)(3)	527		list. See instructions				
		e: ► WWW. HCHSAA. ORG	021	H(c) Group exemptio					
			■ Voor o		State of legal domicile: NY				
		Summary	L I Gai C	n iorination. ±557 N	1 State of legal doffliche, 14 1				
_		Briefly describe the organization's mission or most significant activities: SEE SCI	перп	T.E. O					
& Governance	1 1	Briefly describe the organization's mission or most significant activities:	1111100	пв О					
Jan			- 6	# OFO/ -f # +					
/er		Check this box if the organization discontinued its operations or disposed			ssets.				
ģ		Number of voting members of the governing body (Part VI, line 1a)			22				
જ		Number of independent voting members of the governing body (Part VI, line 1b)			4				
ties		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			22				
Activities		Total number of volunteers (estimate if necessary)							
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	l d	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	•	0.				
e			-	Prior Year	Current Year				
	8 (Contributions and grants (Part VIII, line 1h)		664,956.	345,154.				
Ģ		Program service revenue (Part VIII, line 2g)		219.	9,697.				
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		-2,211.	17,903.				
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,466.	-317.				
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		664,430.	372,437.				
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		317,010.	30,190.				
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
S	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		254,451.	176,866.				
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ъ	b 1	Fotal fundraising expenses (Part IX, column (D), line 25) 46,025	<u>.</u>						
Ω̈́	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		123,836.	126,026.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	🗀	695,297.	333,082.				
		Revenue less expenses. Subtract line 18 from line 12		-30,867.	39,355.				
or			Beg	ginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Fotal assets (Part X, line 16)		2,008,710.	1,692,778.				
ASS	21	Fotal liabilities (Part X, line 26)		212,899.	31,272.				
Free	22 1	Net assets or fund balances. Subtract line 21 from line 20		1,795,811.	1,661,506.				
Pa	art II	Signature Block							
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and	d stateme	ents, and to the best of m	y knowledge and belief, it is				
true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which [preparer	has any knowledge.					
		<u> </u>							
Sig	n	Signature of officer		Date					
Her		▶ VIVIAN ALTMAN, PRESIDENT							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN				
Pai		JENNIFER COATES		if self-employe	P02247728				
	-								
		Firm's address 551 FIFTH AVENUE, SUITE 400		5 E					
	'	NEW YORK, NY 10176		Phone no 21	2-697-2299				
May the IRS discuss this return with the preparer shown above? See instructions X Ve									

	1990 (2021) ASSOCIATION, INC. 15-3933396 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE HCHSAA IS TO SUSTAIN A SOCIAL AND PROFESSIONAL
	NETWORK FOR ALUMNAE/I AND TO PROVIDE SUPPORT TO THE HIGH SCHOOL AND
	ITS STUDENTS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 30,190 • including grants of \$ 30,190 •) (Revenue \$)
	GRANTS - DESPITE THE WIDESPREAD IMPACT OF THE PANDEMIC, THE HCHSAA HAS
	EFFECTIVELY UTILIZED ALUMNAE/I DONATIONS TO SUPPORT VARIOUS PROGRAMS,
	ENHANCING THE EDUCATIONAL JOURNEY AND FACILITATING INCREASED
	OPPORTUNITIES AND ACCESSIBILITY AT THE HIGH SCHOOL. THIS INCLUDED:
	-IN FY22 THE ASSOCIATION ESTABLISHED A NEW GRANT PROGRAM TO EXTEND
	TRANSPORTATION AID TO UNDERSERVED FAMILIES OF ADMITTED HCHS SEVENTH
	GRADERS, SPECIFICALLY THOSE IDENTIFIED AS RESIDING IN AREAS FARTHER
	FROM THE HIGH SCHOOL WITH RESTRICTED ACCESS TO TRANSPORTATION. THIS
	GRANT, THROUGH WHICH \$8,000 WAS AWARDED AND DISBURSED IN FY22, ENABLED
	CHILDREN FROM UNDERREPRESENTED FAMILIES TO ATTEND HCHS.
	CHILDREN FROM UNDERREPRESENTED FAMILIES TO ATTEND HCHS.
	160 101
4b	(Code:) (Expenses \$ 168,191. including grants of \$) (Revenue \$ 9,380.)
	EVENTS/PROGRAMS - THE HCHSAA WORKED TO CONNECT AND ENGAGE THE ALUMNAE/I
	COMMUNITY THROUGH A RANGE OF PROGRAMS, EVENTS, AND COMMUNICATIONS.
	BUILDING UPON THE SUCCESS OF INITIATIVES LAUNCHED IN 2020 IN RESPONSE
	TO THE COVID-19 PANDEMIC, THE ASSOCIATION CONTINUED ITS CALENDAR OF
	VIRTUAL PROGRAMS. LEVERAGING THE VERSATILITY OF PLATFORMS LIKE ZOOM,
	THESE PROGRAMS ATTRACTED A BROADER AUDIENCE OF ALUMNAE/I, TRANSCENDING
	GEOGRAPHICAL BOUNDARIES AND INCREASING ENGAGEMENT ACROSS DIVERSE
	LOCATIONS.
	-IN FY22 THE ASSOCIATION PRESENTED 26 VIRTUAL PROGRAMS COVERING A
	DIVERSE RANGE OF TOPICS, FROM INTERACTIVE YOGA AND TAI CHI SESSIONS TO
	AN INTERVIEW RELATED TO NUCLEAR WEAPONS BANS. PANELS WERE ORGANIZED ON
4c	(Code:) (Expenses \$
	
4 - '	Other pregram convices (Describe on Schodule O.)
4d	Other program services (Describe on Schedule O.)
4 -	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 198,381.
4e	
	Form 990 (2021)

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Page 3

ASSOCIATION, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		Х
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? If "Yes," complete Schedule C, Part II	4		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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	11a	Х	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
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		X
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? If "Yes," complete Schedule G, Part I. See instructions	17		Х
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		X
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		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

HUNTER COLLEGE HIGH SCHOOL ALUMNAE/I

Form 990 (2021)

ASSOCIATION, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		X
h	Schedule K. If "No," go to line 25a	24a		
	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			ا
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Silver in Contradict Contradict and Copposition of Florida to daily linto in the Fact V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b		j i		
	(gambling) winnings to prize winners?	1c	Х	

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Form **990** (2021)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
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 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			.,,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a		
D		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ĭ	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	, , , , , , , , , , , , , , , , , , , ,			
11	```			
a	Gross income from members or shareholders 11a			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
192	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2021)

13-3953396

Page 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 22									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	0 , 0									
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a	X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b	Describe on 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	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►NY									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website X Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d fina	ncial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	THE ORGANIZATION - 212-772-4079									
	HUNTER COL- 695 PARK AVE, 1313B, NEW YORK, NY 10065-5024									

132006 12-09-21

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

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

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

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

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

Check this box if neither the organiz (A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(40	not o	Pos	ition	than	ono	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	a a a	irecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	Institutional trustee		yee	mpen		1099-NEC)	1000 NEO)	and related
	below	iduali	ution	<u></u>	Key employee	est co oyee	ь			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) RAYMOND TSAO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(2) JUDITH DANIEL-GEORGE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(3) SHERMAN CHAN	5.00									
TREASURER		Х		Х				0.	0.	0.
(4) PEGGY BLUMENTHAL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) VIVIAN ALTMAN	5.00							_	_	_
PRESIDENT		Х		Х				0.	0.	0.
(6) ANETTE ALMAZAN	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(7) ALEXANDRA FRIEDMAN	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(8) HAEWAN BAE	1.00	ļ								
BOARD MEMBER		Х						0.	0.	0.
(9) EMMA KERINS	1.00	ļ								
BOARD MEMBER	1 00	Х						0.	0.	0.
(10) MARI FRANKLIN	1.00	۱								•
BOARD MEMBER		Х						0.	0.	0.
(11) MARIA HEKKER	5.00	١								0
SECRETARY	1 00	Х		Х				0.	0.	0.
(12) ROSA OPPENHEIM	1.00	ļ ,,							0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(13) ESTHER ROSE	1.00	Į.,							0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(14) GABE ROSENBERG	1.00	₩							0	^
BOARD MEMBER (15) DAVID STEFANOU	1.00	X		\vdash			_	0.	0.	0.
	1.00	x						0.	0.	0.
BOARD MEMBER (16) ADAM STOLZ	1.00	^					\vdash	0.	0.	0.
	1.00	x						0.	0.	0.
BOARD MEMBER (17) JILL TILLMAN IRVING	1.00	┢		\vdash				0.	0.	<u> </u>
BOARD MEMBER	1.00	X						0.	0.	0.
DOWED HEMDEK	1	12	I	ı	I	1	ı	1	l 0 •	Ι .

132007 12-09-21

Form **990** (2021)

Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A)	(B)			-	C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos heck		1 e than	one	Reportable	Reportable		Estimat	
	hours per week					is bot or/trus		compensation	compensation		amount	
	(list any	-		Ī		Π	T	from the	from related		othe	
	hours for	direct				_		organization	organizations (W-2/1099-MISC/		ompens from th	
	related	9e Or (stee			sate		(W-2/1099-MISC/	1099-NEC)	- 1	organiza	
	organizations	trust	al tru		yee	mpel		1099-NEC)	,	ı	and rela	
	below	Individual trustee or director	Institutional trustee	e	Key employee	est co	je.	·		0	rganizat	tions
	line)	Indiv	Insti	Officer	Key e	Highest compensated employee	Former					
(18) SOPHIA LIAO	1.00											
BOARD MEMBER		Х						0.	0	•		0.
(19) DIANA MCKEAGE	1.00											
BOARD MEMBER		Х						0.	0	•		0.
(20) JAKE PRICE	1.00											
BOARD MEMBER		Х						0.	0	•		0.
(21) DAVID ROBISON	1.00											
BOARD MEMBER		X						0.	0	•		0.
(22) JOYCE VARUGHESE-RAJU	1.00										,	
BOARD MEMBER		Х						0.	0	•		0.
		1										
										\top		
		1										
1b Subtotal	1			_	<u> </u>	_	—	0.	0	$\overline{\cdot}$		0.
c Total from continuation sheets to Part V								0.	0	$\overline{\cdot}$		0.
d Total (add lines 1b and 1c)								0.	0	$\overline{\cdot}$		0.
Total number of individuals (including but recommendation)							ho r	eceived more than \$100	0.000 of reportable			
compensation from the organization	iot iii iii ii oo ti	1000	11000	ou u	DOV-	O, W	101		,,ooo or reportable			0
compensation from the organization											Yes	_
3 Did the organization list any former officer	director trust	ee l	KEV (emn	love	2 <u>0</u> 0	r hic	nhest compensated emr	olovee on			
line 1a? If "Yes," complete Schedule J for s	,	,	,		,	,	_	, , ,	,	3		х
4 For any individual listed on line 1a, is the s										.		
and related organizations greater than \$15	•							•	the organization	4		x
5 Did any person listed on line 1a receive or			•						idual for services			
rendered to the organization? If "Yes," con					-			-		. 5		х
Section B. Independent Contractors	ipicie dericadi	C 0 1	01 3	ucn	per	3011						
Complete this table for your five highest co	mnensated in	dona	ande	ant c	ont	racto	are 1	that received more than	\$100,000 of compe	neatio	n from	
the organization. Report compensation for										iisatio	11 110111	
(A)	tric calcridar y	cai	criai	iiig v	VILII	OI W		(B)	ycar.		(C)	
Name and business	address	NO	INC	E				Description of s	services	Com	pensati	on
				_			_	· ·				
							_					
							\dashv					
							\dashv		+			
							\dashv					
2 Total number of independent contractors (including but :	no+ 1:	mita	d +-	the	SO 11	cto-	d abovo) who received =	oro than			
2 Total number of independent contractors (\$100,000 of compensation from the organ		iot II		u iU		0 0	منحز	a above, who received h	IOIE HIAII			
ψ100,000 of compensation from the organ											m 990	(2021)
										⊢or	111 クラリ	(2021)

132008 12-09-21

			 ,
Form 990 (2021	ASSOCIATION,	INC.	
Part VIII	Statement of Revenue		

			Check if Schedule O contains a resp	onse	or note to any lin	ne in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
<u>ω</u> ω									30000013 312 314
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns 1a						
<u> </u>		b	Membership dues 1b						
An An		С	Fundraising events1c						
Fal		d	Related organizations 1d						
S,(Government grants (contributions) 1e		45,340.				
Sign			All other contributions, gifts, grants, and						
F E		•	similar amounts not included above 1f		299,814.				
호텔				Φ.	233,0110				
o p		_	Noncash contributions included in lines 1a-1f			215 151			
a C		h	Total. Add lines 1a-1f			345,154.			
					Business Code				
9	2	а	REUNION		611000	9,697.	9,697.		
اه چَ		b							
Sal		С							
E Š		d							
P		_							
Program Service Revenue		f All other program service revenue							
_						0 607			
-		g	Total. Add lines 2a-2f			9,697.			
	3		Investment income (including dividends			45 554			45 554
			other similar amounts)		>	17,571.			17,571.
	4		Income from investment of tax-exempt by	ond p	oroceeds >				
	5		Royalties						
			(i) Re	al	(ii) Personal				
	6	a	Gross rents 6a						
			' ···						
			Rental income or (loss) 6c						
	7	а	Gross amount from sales of (i) Secul		(ii) Other				
			assets other than inventory 7a 53,9	68.					
		b	Less: cost or other basis						
ne			and sales expenses 76 53,6	36.					
Revenue		c	Gain or (loss) 7c 3	32.					
Ş		d	Net gain or (loss)			332.			332.
ther			Gross income from fundraising events (not	···					3321
ξ	0	а	- · · · · · · · · · · · · · · · · · · ·						
0			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18	8a					
		b	Less: direct expenses	8b					
		С	Net income or (loss) from fundraising ev	en <u>ts</u>	, 				
	9	а	Gross income from gaming activities. Se	е					
			Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gaming activiti						
				<u> </u>					
	10	а	Gross sales of inventory, less returns		2 525				
			and allowances						
		b	Less: cost of goods sold	10b	2,852.	24.5	0.4.5		
		С	Net income or (loss) from sales of invent	ory		-317.	-317.		
S					Business Code				
o o	11	а							
ane and		b							
Miscellaneous Revenue		c							
isc Re			All other revenue						
Σ									
		e	Total. Add lines 11a-11d			372,437.	9,380.	0.	17,903.
	12		Total revenue. See instructions			J/4,43/•	9,300.	J 0 •	11,303

132009 12-09-21

Form **990** (2021)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon				L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	20,500.	20,500.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	9,690.	9,690.		
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 not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	154 220	70 524	40 205	22 400
7	Other salaries and wages	154,328.	72,534.	49,385.	32,409
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	11,113.	5,223.	3,556.)))/A
9	Other employee benefits	11,113.	5,223.	3,556.	2,334 2,399
10	Payroll taxes	11,443.	5,370.	3,030.	4,399
11	Fees for services (nonemployees):				
a	Management				
b	Legal	21,700.		21,700.	
С.	5 F	21,700.		21,700.	
d	, s F				
e	ř –				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	4,346.	4,346.		
40	Advertising and promotion	4,540.	4,540.		
12 13	Office expenses	75,931.	57,894.	9,362.	8,675
13 14		73,331.	31,054.	3,302.	0,013
15	Information technology				
16	Royalties				
17	Occupancy	135.	135.		
18	Payments of travel or entertainment expenses		2331		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	139.		139.	
23	Insurance	878.		878.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM AND EVENTS	22,689.	22,689.		
b	MISCELLANEOUS EXPENSES	208.	,		208
c		-			
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	333,082.	198,381.	88,676.	46,025
26	Joint costs. Complete this line only if the organization	-	-	-	· · · · · · · · · · · · · · · · · · ·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2021)

Part X Balance Sheet

Part 2	<u> </u>	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			242,519.	1	68,928
:	2	Savings and temporary cash investments			893,766.	2	187,828
;	3	Pledges and grants receivable, net			3		
,	4	Accounts receivable, net		4			
!	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
(6	Loans and other receivables from other disquared					
		under section 4958(f)(1)), and persons descr		6			
. ي	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
₹ 9	9	Prepaid expenses and deferred charges			5,300.	9	11,579
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,900.			
	b	Less: accumulated depreciation	10b	139.	0.	10c	5,761
1	1	Investments - publicly traded securities			867,125.	11	1,418,682
1:	2	Investments - other securities. See Part IV, lin		12			
1:	3	Investments - program-related. See Part IV, li		13			
14	4	Intangible assets			14		
1	5	Other assets. See Part IV, line 11		15			
10	6	Total assets. Add lines 1 through 15 (must e	equal line	33)	2,008,710.	16	1,692,778
1	7	Accounts payable and accrued expenses \dots	9,559.	17	12,272		
18	8	Grants payable	158,000.	18	19,000		
19	9	Deferred revenue				19	
20		Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
2	2	Loans and other payables to any current or f					
<u> </u>		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t				22	
2		Secured mortgages and notes payable to un		F	45 240	23	
2		Unsecured notes and loans payable to unrel			45,340.	24	
2	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24). Complete Part X			
	_	of Schedule D		·····	212 000	25	21 272
20	6	Total liabilities. Add lines 17 through 25			212,899.	26	31,272
န္		Organizations that follow FASB ASC 958,	спеск пе	re 🕨 🕰			
Ĕ <u> </u>		and complete lines 27, 28, 32, and 33.			1,397,098.	07	1,309,346
B 2			398,713.	27	352,160		
<u> </u>	8	Net assets with donor restrictions			390,713.	28	332,100
בַּ		Organizations that do not follow FASB AS	C 958, cn	eck nere			
ร _		and complete lines 29 through 33.	do			20	
29	_	Capital stock or trust principal, or current fur				29	
388		Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances いたのであった。		Retained earnings, endowment, accumulated		F	1,795,811.	31	1,661,506
		Total liebilities and not assets (fund balances			2,008,710.	32	1,692,778
3	<u>ن</u>	Total liabilities and net assets/fund balances			4,000,110.	33	Form 990 (202

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,0	
3	Revenue less expenses. Subtract line 2 from line 1	3		9,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,79		
5	Net unrealized gains (losses) on investments	5	-17	3,6	60.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,66	1,5	06.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

HUNTER COLLEGE HIGH SCHOOL ALUMNAE/I

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ASSOCIATION, INC. 13-3953396 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 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). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

ASSOCIATION, INC.

13-3953396 Page 2

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1197978.	793,070.	846,825.	664,956.	345,154.	3847983.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	110000	500 050	0.4.6 0.0.5	664 056	245 454	2045002	
4	Total. Add lines 1 through 3	1197978.	793,070.	846,825.	664,956.	345,154.	3847983.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,						1006506	
_	column (f)						1096526. 2751457.	
	Public support. Subtract line 5 from line 4.						2/3143/.	
	• • • • • • • • • • • • • • • • • • • •	/s\ 0017	(h) 0010	(a) 0010	(4) 0000	(=) 0001	(f) Tatal	
	ndar year (or fiscal year beginning in)	(a) 2017 1197978.	(b) 2018 793,070.	(c) 2019 846,825.	(d) 2020 664,956.	(e) 2021 345,154.	(f) Total 3847983.	
	Amounts from line 4 Gross income from interest,	11373701	755,070.	040,025	004,550.	343,134.	30473031	
0	, , , , , , , , , , , , , , , , , , ,							
	dividends, payments received on securities loans, rents, royalties,							
	and income from similar sources	227.	5,166.	15,211.	6,940.	17,571.	45,115.	
9	Net income from unrelated business		3,200	20,222	0 / 5 2 0 0	27,73720	10,1101	
•	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.)		125.	18,297.	1,466.		19,888.	
11	Total support. Add lines 7 through 10				·		3912986.	
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	140,568.	
13	First 5 years. If the Form 990 is for the					501(c)(3)		
	organization, check this box and stop	here					>	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2021 (line 6, column (f), d	divided by line 11,	column (f))		14	70.32 %	
15	Public support percentage from 2020) Schedule A, Part	II, line 14			15	71.48 %	
16a	33 1/3% support test - 2021. If the	•		•		•		
	stop here. The organization qualifies							
b	33 1/3% support test - 2020. If the							
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□	
17a	10% -facts-and-circumstances tes	-						
	and if the organization meets the fact			=	•	VI how the organiz	ation	
	meets the facts-and-circumstances to	-		*	-			
b	10% -facts-and-circumstances tes	ū				•	10% or	
	more, and if the organization meets the		•					
	organization meets the facts-and-circ							
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990) 2021

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	siow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		` ,	` ,	<u> </u>	, ,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5		-	-	-		
	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	L	<u>l</u>	1	<u> </u>
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
-	check this box and stop here						
	ction C. Computation of Publ					1 1	
	Public support percentage for 2021 (I						%
	Public support percentage from 2020 ction D. Computation of Inves					16	%
						47	0/
17							%
18	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2021. If the						i / is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2020. If the	organization did ı	not check a box or	n line 14 or line 19a	a, and line 16 is m	nore than 33 1/3%,	
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	▶□
20	Private foundation. If the organizatio	n did not check a	hox on line 14 10	a or 19h check t	his hox and see ir	nstructions	

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1		Yes	No
	_		
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	+0		
	5a		
	5b		
	5c		
	6		
	-		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	46.		
	10b A (Forr	- 000	0004
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Par	t IV	Supporting Organizations (continued)			
		•		Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ly member of a person described on line 11a above?	11b		
С	A 35%	controlled entity of a person described on line 11a or 11b above?/f "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organi	zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	•	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		I how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
202		vised, or controlled the supporting organization. C. Type II Supporting Organizations	2		
56 6	uon C	7. Type II Supporting Organizations		Var	Nic
1	Wora :	a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
'		tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec		D. All Type III Supporting Organizations			
				Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organi	zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	son of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
202		rted organizations played in this regard. . Type III Functionally Integrated Supporting Organizations	3		L
1 a		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). The organization satisfied the Activities Test. Complete line 2 below.	•		
b		The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C		The organization is the parent of each of its supported organizations. <i>Compete line 3 below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see in</i>	struction	ns)	
2		ies Test. Answer lines 2a and 2b below.		Yes	No
		bstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	ne organization was responsive to those supported organizations, and how the organization determined			
	that th	ese activities constituted substantially all of its activities.	2a		
b	Did the	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	I the reasons for the organization's position that its supported organization(s) would have engaged in			
	these	activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	01-		
	OT ITS S	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021

. 13-3953396 Page 6

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ıst complete	Sections A through E.	_
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting org	anization (see

Schedule A (Form 990) 2021

instructions).

ASSOCIATION, INC.

13-395<u>3396 Page 7</u>

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

Schedule A (Form 990) 2021

HUNTER COLLEGE HIGH SCHOOL ALUMNAE/I 13-3953396 Page 8 ASSOCIATION, INC. Schedule A (Form 990) 2021 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

HUNTER COLLEGE HIGH SCHOOL ALUMNAE/I ASSOCIATION, INC.

Employer identification number 13-3953396

Par	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds o	r Accounts. Complete if the
	organization answered Tes Off Offices, Fartiv, in	(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year	. ,		.,
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		eld in donor advised	funds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a h	nistorically important land area
	Protection of natural habitat		Preservation of a c	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contrib	ution in the form of	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the or	rganization during the tax
	year ▶			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per			
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, ar	nd enforcing conser	vation easements during the year
-		dition of circlestons and on	£	and the second s
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and er	forcing conservation	n easements during the year
8	▶ \$ Does each conservation easement reported on line 2(d) above	vo patiofy the requiremen	to of acotion 170/h)	(4\/D\/i\
0				
9	and section 170(h)(4)(B)(ii)?			
3	balance sheet, and include, if applicable, the text of the foot		· ·	
	organization's accounting for conservation easements.	note to the organization s	ililailciai stateilleili	to that describes the
Par	t III Organizations Maintaining Collections o	f Art. Historical Tre	easures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	-	,	
1a	If the organization elected, as permitted under FASB ASC 95		enue statement and	I balance sheet works
	of art, historical treasures, or other similar assets held for pul	•		
	service, provide in Part XIII the text of the footnote to its final	·	•	•
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	,		,
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
				L 4
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A			· ·
а	Revenue included on Form 990, Part VIII, line 1	-		> \$
b	Assets included in Form 990, Part X			

132051 10-28-21

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

Schedule D (Form 990) 2021

	t III Organizations Maintaining Co		t. Hist	torical Tr	easures.	or Other	Similar	Asset	S/contir		age Z
	<u> </u>								900/////	raca,	
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):										
_	a Public exhibition d Loan or exchange program										
b	Scholarly research	e		Other	nange progra	aiii					
	Preservation for future generations	e		Oti 161							
с 4	-	actions and avalair	how th	ov further t	ho organizati	on's even	nt nurnaca	in Dort	VIII		
5	Provide a description of the organization's coll During the year, did the organization solicit or							III Fait	AIII.		
3	to be sold to raise funds rather than to be mail								Yes		No
Par	t IV Escrow and Custodial Arrang										<u> </u>
ı uı	reported an amount on Form 990, Part		ic ii iiic	Giganizatio	il alisweleu	165 0111	OIIII 990, F	aitiv, ii	116 9, 01		
	Is the organization an agent, trustee, custodia		iary for	contribution	ns or other as	sets not in	ncluded				
Iu	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII a							—	103		. 140
	Tree, explain the arrangement in rate xin a	id complete the for	iowing .	iabio.					Amoun	<u> </u>	
c	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on For								Yes		No
	If "Yes," explain the arrangement in Part XIII. C							—]
Par											
		(a) Current year		rior year	(c) Two year			s back	(e) Four	years	back
1a	Beginning of year balance	, ,			,,,,	<u> </u>	, ,		• /	-	
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
·	and programs										
f	Administrative expenses										
g g	End of year balance										
2	Provide the estimated percentage of the curre	nt vear end halanc	e (line 1	a column (a)) held as:	I		L			
a	Board designated or quasi-endowment	The your ond balance	%	9, 001411111 (0	<i>ajj</i> 11010 00.						
h	Permanent endowment	%									
c	Term endowment ▶ %										
Ū	The percentages on lines 2a, 2b, and 2c should										
За	Are there endowment funds not in the possess	•	ation the	at are held a	ınd administe	ered for the	- organizatio	on			
-	by:	sion or the organiza	2017 0110	at and mora c	ara aariii iioto	700 101 111	o organizati	011	ſ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as requir	ed on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the o								0.0		
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered), Part I\	/, line 11a. S	See Form 990), Part X, li	ne 10.				
	Description of property	(a) Cost or ot	ther	(b) Cost	or other	(c) Acc	cumulated		(d) Boo	k value	 e
		basis (investm			(other)		eciation		,		
	Land		· ·								
	Buildings										
	Leasehold improvements										
	Equipment				5,900.		139	•		5,7	61.
	Other										
	. Add lines 1a through 1e. (Column (d) must eq		X, colur	nn (B), line 1	10c.)		>			5,7	61.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 ASSOCIATION	I, INC.	1:	3-3953396 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes'			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes'			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(Is) Dealership
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		<u>· </u>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	•
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			1
(5)			
(6)			
(7)			1
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 25.)	>	<u> </u>
2. Liability for uncertain tax positions. In Part XIII, provide	e the text of the footnote t	o the organization's financial statements	s that reports the

132053 10-28-21

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII..

13-3953396 Page 4

Par	t XI Reconciliation of Revenue per Audited Financial S		n Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV				001 600
1	Total revenue, gains, and other support per audited financial statements			1	201,629.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	100 660		
а	Net unrealized gains (losses) on investments		-173,660.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants		0.050		
d	Other (Describe in Part XIII.)	2d	2,852.		150 000
е	Add lines 2a through 2d			2e	-170,808.
3	Subtract line 2e from line 1			3	372,437.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			0
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5 Deturn	372,437.
Pai	t XII Reconciliation of Expenses per Audited Financial		ın Expenses per	Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV				225 024
1	Total expenses and losses per audited financial statements			1	335,934.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
а	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses		2 052		
d	Other (Describe in Part XIII.)	2d	2,852.		2 052
_	Add lines 2a through 2d			2e	2,852. 333,082.
3	Subtract line 2e from line 1			3	333,082.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			0
_	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	333,082.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			4; Part X,	iine 2; Part XI,
PAF	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
COS	T OF GOODS SOLD				2,852.
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
COS	T OF GOOD SOLD				2,852.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

2021

Open to Public Inspection

HUNTER COLLEGE HIGH SCHOOL ALUMNAE/I Name of the organization Employer identification number 13-3953396 ASSOCIATION, INC. Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (c) IRC section (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) SUPPORT FOR VARIOUS HUNTER COLLEGE HIGH SCHOOL PROGRAMS AND ACTIVITIES 71 EAST 94TH STREET OF HUNTER COLLEGE HIGH NEW YORK, NY 10128 13-6001027 SCHOOL 20,500. 0 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2021

Schedule 1 (1 01111 990) 2021					Tayl
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.		organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS AND AWARDS	6	6,490.	0.		
INTERN STIPENDS	9	3,200.	. 0.		
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
AS PART OF THE GRANT PROCEDURE, GI	RANTEES A	RE REQUIRE	D TO REPOR	T BACK TO THE	
GRANTS COMMITTEE ON THEIR USE OF	THE FUNDS	. DEPENDIN	IG ON THE S	IZE OF THE	
GRANT AND ITS PURPOSE, THE GRANTS	COMMITTE	E AND OR T	HE BOARD M	IIGHT REQUEST	
ADDITIONAL REPORTING AND DOCUMENTA	ATION FRO	M THE RECI	PIENTS.		

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Name of the organization

HUNTER COLLEGE HIGH SCHOOL ALUMNAE/I ASSOCIATION, INC.

Employer identification number 13-3953396

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MISSION OF HUNTER COLLEGE HIGH SCHOOL ALUMNAE/I ASSOCIATION, INC.

("HCHSAA") IS TO PROMOTE CHARITABLE, SCIENTIFIC, LITERARY, AND

EDUCATIONAL ACTIVITIES FOR HUNTER COLLEGE HIGH SCHOOL (THE "SCHOOL")

AND ITS ALUMNAE/I. IT ACCOMPLISHES THIS GOAL THROUGH THE ESTABLISHMENT

OF SCHOLARSHIPS AND FELLOWSHIPS, OFFERING OTHER STUDENT AID PROGRAMS,

AND SPONSORING VARIOUS ACADEMIC AND CULTURAL ACTIVITIES FOR THE SCHOOL

AND ITS ALUMNAE/I. IN ADDITION, HCHSAA SERVES AS AN ADVOCATE FOR THE

SCHOOL AND IT CREATES AND SUSTAINS A SOCIAL AND PROFESSIONAL NETWORK

FOR ITS ALUMNAE/I.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

-IN FY22 THE ASSOCIATION AWARDED A GRANT TO THE HIGH SCHOOL TO COVER

THE COST OF AN ANNUAL SUBSCRIPTION TO NEMNET - A DIVERSITY RECRUITMENT

AND CONSULTING FIRM AIMED AT FACILITATING THE RECRUITMENT OF A MORE

DIVERSE FACULTY AND SCHOOL ADMINISTRATORS.

-IN FY21 THE ASSOCIATION AWARDED A \$250,000 GRANT FOR HCHS'S COVID-19

EMERGENCY RESPONSE, OF WHICH \$100,000 WAS DISBURSED IN FY22. THESE

FUNDS WERE ALLOCATED TO "UND ESSENTIAL ITEMS SUCH AS OUTDOOR TENTS, AIR

FILTRATION SYSTEMS, COVID-19 TESTING FOR PERSONNEL AND MONITORS, AND

REMOTE LEARNING EQUIPMENT.

-IN AN EFFORT TO EXPAND ACCESSIBILITY TO THE HIGH SCHOOL, THE AA

AWARDED IN FY21 AND DISBURSED IN FY22 \$46,000 IN GRANTS TO TWO

NON-PROFIT ORGANIZATIONS: THE EXAM SCHOOLS PARTNERSHIP INITIATIVE

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

Schedule O (Form 990) 2021

132211 11-11-21

BLACK HISTORY MONTH, AND A THIRD DISCUSSION IN HONOR OF WOMEN'S HISTORY

Employer identification number 13-3953396

-THE DIVERSITY COMMITTEE ALSO SPONSORED A THREE-PART SERIES OF

ROUNDTABLE DISCUSSIONS FOCUSED ON ADDRESSING UNDERREPRESENTED GROUPS AT

HCHS. THESE ROUNDTABLE DISCUSSIONS FEATURED ALUMNAE/I, FACULTY, AND

CURRENT HUNTER STUDENTS AS PANELISTS.

-IN FEBRUARY 2022, FOUR DISTINGUISHED CHINESE AMERICAN ALUMNAE/I LED A
PANEL DISCUSSION TO COMMEMORATE LUNAR NEW YEAR.

-A NEWLY ESTABLISHED PROGRAM, IN COMMEMORATION OF HOLOCAUST REMEMBRANCE
DAY, UNITED FOUR SURVIVORS WHOSE FAMILIES ESCAPED EUROPE AND EVENTUALLY
RESETTLED IN THE UNITED STATES.

-HCHSAA HELD ITS FIRST LEGAL NETWORKING NIGHT TO SUPPORT ALUMS

INTERESTED IN THE LEGAL PROFESSION. IT INCLUDED A PANEL DISCUSSION WITH

ALUMNAE/I PROFESSIONALS AND BREAKOUT GROUPS WITH ALUM ATTORNEYS

PRACTICING IN ACADEMIA, BANKING, ENTERTAINMENT, REAL ESTATE, AND OTHER

FIELDS.

-THE ASSOCIATION ORGANIZED SEVERAL REGIONAL SOCIAL HOURS ON ZOOM FOR
ALUMNAE/I RESIDING IN THE WASHINGTON, DC, MARYLAND, AND VIRGINIA (DMV)
AREA, LAYING THE GROUNDWORK FOR A POTENTIAL REGIONAL CHAPTER.

THE ASSOCIATION SERVED AS THE HOST FOR A CORONAVIRUS SUPPORT AND

DISCUSSION GROUP CALLED LIFE IN THE TIME OF CORONA. THIS GROUP CONVENED

MONTHLY FROM JANUARY THROUGH AUGUST 2022 AND REMAINS ONGOING. IT

CONSISTENTLY ATTRACTS ATTENDEES FROM VARIOUS GRADUATION YEARS.

-ADDITIONALLY, THE ASSOCIATION OFFERED A SERIES OF EVENTS THAT INCLUDED

A BOOK TALK WITH TWO AUTHORS MODERATED BY RETIRED HCHSA ENGLISH FACULTY

MEMBER KIP ZEGERS. NOVEMBER 2021, MARKED A RETURN TO IN-PERSON THEATER,

AS NEARLY TWO DOZEN ALUMNAE/I GATHERED TO ATTEND THE PRODUCTION OF

MORNING SUN; TICKETS FOR THE SHOW SOLD OUT WITHIN MINUTES.

-IN JUNE OF 2022 THE AA HOSTED APPROXIMATELY 125 ALUMNAE/I FOR ITS FIRST IN PERSON REUNION SINCE 2019.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE CONSISTS OF A PRESIDENT, VICE PRESIDENT, TREASURER AND SECRETARY. ALL ARE MEMBERS OF THE BOARD. THE EXECUTIVE COMMITTEE HAS ALL THE AUTHORITY OF THE BOARD, EXCEPT IN THE FOLLOWING MATTERS: 1.

SUBMISSION TO MEMBERS OF ANY ACTION WITH RESPECT TO WHICH MEMBERS' APPROVAL IS REQUIRED BY LAW; 2. FILLING VACANCIES IN THE BOARD OF DIRECTORS OR IN ANY COMMITTEE; 3. FIXING COMPENSATION, IF ANY, OF THE DIRECTORS FOR SERVING ON THE BOARD OR ON ANY COMMITTEE; 4. AMENDING OR REPEALING THE BY-LAWS OR ADOPTING NEW BY-LAWS; 5. AMENDING OR REPEALING ANY RESOLUTION OF THE BOARD WHICH BY ITS TERMS CANNOT BE AMENDED OR REPEALED; 6. THE ELECTION OR REMOVAL OF OFFICERS OR DIRECTORS; OR 7. THE APPROVAL OF A MERGER OR PLAN OF DISSOLUTION. THE HCHSAA BYLAWS ALSO DELEGATE DISCRETE AUTHORITY TO ACT ON BEHALF OF THE BOARD TO THREE OTHER COMMITTEES: A. THE AUDIT COMMITTEE, B.

FORM 990, PART VI, SECTION A, LINE 6:

THE ALUMNAE/I ASSOCIATION HAS APPROXIMATELY 1,500 ACTIVE MEMBERS. THEY HAVE
THE RIGHT TO ELECT THE GOVERNING BODY AT THE ANNUAL MEETING OF MEMBERS HELD
EACH YEAR IN JUNE BUT DO NOT HAVE RIGHTS TO APPROVE DECISIONS OF THE

ALUM DATABASE.

GOVERNING BODY OR RECEIVE A SHARE OF THE ORGANIZATION'S PROFITS OR NET

ASSETS. HCHSAA ALSO HAS APPROXIMATELY 3,500 REGISTERED USERS IN ITS ONLINE

FORM 990, PART VI, SECTION A, LINE 7A:

ASSOCIATION, INC.

THE ORGANIZATION'S MEMBERS HAVE THE RIGHT TO ELECT THE GOVERNING BODY AT

ANNUAL MEETING OF MEMBERS HELD EACH YEAR IN JUNE BUT DO NOT HAVE RIGHTS TO

APPROVE DECISIONS OF THE GOVERNING BODY OR RECEIVE A SHARE OF THE

ORGANIZATION'S PROFITS OR NET ASSETS.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE FORM 990 IS SUBMITTED TO THE AUDIT COMMITTEE AND THE BOARD FOR THEIR REVIEW BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER FILLS OUT A CONFLICT OF INTEREST AT THE BEGINNING OF THE FISCAL YEAR. THE FORM IS REVIEWED BY THE GOVERNANCE COMMITTEE AND FILED. THE NEWLY ELECTED EXECUTIVE COMMITTEE ADOPTED A POLICY OF CONDUCTING A CONFLICTS CHECK AT THE BEGINNING OF EACH BOARD MEETING AND EXECUTIVE COMMITTEE MEETING.

FORM 990, PART VI, SECTION B, LINE 15:

HCHSAA HAS NOT HAD AN EXECUTIVE DIRECTOR SINCE IT ELIMINATED THAT POSITION IN JANUARY 2020. HCHSAA DOES NOT HAVE ANY "KEY EMPLOYEES". DURING FY 2022 HCHSAA WAS IN THE PROCESS OF HIRING A NEW EXECUTIVE DIRECTOR AND COMPLETED THAT PROCESS DURING FY 2023. AS PART OF THAT HIRING PROCESS THE BOARD CREATED AN AD HOC SEARCH COMMITTEE COMPOSED OF CURRENT BOARD MEMBERS, A FORMER BOARD MEMBER, AND HUMAN RESOURCES AND NOT-FOR-PROFIT EXECUTIVES.

36

7382 2

Name of the organization HUNTER COLLEGE HIGH SCHOOL ALUMNAE/I ASSOCIATION, INC.

Employer identification number 13-3953396

THAT SEARCH COMMITTEE DEVELOPED AND DOCUMENTED A LIST OF COMPARABLE

ENTITIES AND RESEARCHED THEIR EXECUTIVE DIRECTOR COMPENSATION DATA. THE

SEARCH COMMITTEE REPORTED ITS FINDINGS TO THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. IT ALSO POSTS MANY OF THEM
ON ITS WEBSITE.

FORM 990

AMENDED RETURN

THE FOLLOWING INFORMATION IN THIS 2021 FORM 990 FOR THE YEAR ENDED JUNE 30, 2022 HAS BEEN REVISED BASED ON THE COMPLETION OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMEMENTS:

PAGE 1, LINE G

PART I REVENUE, EXPENSES AND NET ASSETS LINES 8 - 22

PART III, LINE 4A REVENUE AND GRANTS

PART IV, LINE 12A

PART VIII

PART IX

PART X

PART XI

PART XII, LINE 2B

SCHEDULE A, PART II

SCHEDULE D, PARTS XI AND XII

SCHEDULE I, PART III

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2		
Name of the organization	HUNTER COLLEGE HIGH SCHOOL ALUMNAE/I	Employer identification number
J	ASSOCIATION, INC.	Employer identification number 13-3953396