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**Short Form
Return of Organization Exempt From Income Tax**

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,
and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning 2011, and ending 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization SAMOHI ALUMNI ASSOCIATION
 Number and street (or P.O. box, if mail is not delivered to street address) P.O. BOX 5592 Room/suite _____
 City or town, state or country, and ZIP + 4 Santa Monica CA. 90409-5592

D Employer identification number 95-4228641
E Telephone number 310-393-0765
F Group Exemption Number _____

G Accounting Method: Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: WWW.SAMOHIALUMNI.ORG

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
 Check if the organization used Schedule O to respond to any question in this Part I

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	38,662
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	
4	Investment income	216
5a	Gross amount from sale of assets other than inventory	
5b	Less: cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
6c	Less: direct expenses from gaming and fundraising events	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	
7a	Gross sales of inventory, less returns and allowances	
7b	Less: cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8	Other revenue (describe in Schedule O) <u>SPECIAL EVENT</u>	781
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	39,659
10	Grants and similar amounts paid (list in Schedule O) <u>see statement No. 1</u>	106,464
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	19,610
13	Professional fees and other payments to independent contractors	
14	Occupancy, rent, utilities, and maintenance	
15	Printing, publications, postage, and shipping	19,784
16	Other expenses (describe in Schedule O) <u>see statement No. 1</u>	12,432
17	Total expenses. Add lines 10 through 16	158,290
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	(118,631)
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	257,312
20	Other changes in net assets or fund balances (explain in Schedule O)	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	138,681

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		✓
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a <u>0</u>		
37b	Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		✓
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved <u>N/A</u>		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0</u>		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>0</u>		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		✓
41	List the states with which a copy of this return is filed. ▶ <u>CALIFORNIA</u>		
42a	The organization's books are in care of ▶ <u>Michelle Schrupp</u> Telephone no. ▶ <u>310-393-0765</u> Located at ▶ <u>SAA - 601 Pico Blvd, Santa Monica, CA</u> ZIP + 4 ▶ <u>90405</u>		
42b	b 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)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		✓
42c	c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
44c	c Did the organization receive any payments for indoor tanning services during the year?		✓
44d	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <u>N/A</u>		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No
46

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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 Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No
48

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
49a

b If "Yes," was the related organization a section 527 organization? Yes No
49b N/A

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE	NONE	NONE		

f Total number of other employees paid over \$100,000 ▶ NONE

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE	NONE	NONE

d Total number of other independent contractors each receiving over \$100,000 ▶ NONE

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: Michelle Schrupp Date: 8/14/12
 Type or print name and title: MICHELLE SCHRUPP TREASURER

Paid Preparer Use Only Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____
 Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no.: _____

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

Name of the organization

SAMOHI ALUMNI ASSOCIATION

Employer identification number

95-4228641

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 11, 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).
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for 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.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 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.)
- 9 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.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (ii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

N/A

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	180,344	69,043	36,397	39,272	38,662	363,718
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	424	325	634	1,010	781	3,174
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.	180,768	69,368	37,031	40,282	39,443	366,892
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)	180,768	69,368	37,031	40,282	39,443	366,892

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	180,768	69,368	37,031	40,282	39,443	366,892
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,275	2,818	8,665	413	216	15,387
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,275	2,818	8,665	413	216	15,387
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	184,043	72,186	45,696	40,695	39,659	382,279
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	96.0 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	95.8 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	4.0 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	4.2 %
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

NONE

1 Part I, Line 10 – Grants and Similar Amounts Paid

Organ Restoration at Barnum Hall	\$	94,473
Student Scholarships		4,855
Graduation Event		2,020
Athletic Programs and Special Projects		5,116
	\$	<u>106,464</u>

2 Part I, Line 16 – Other Expenses

Special Event	\$	643
Payroll Tax Expense		1,390
Payroll Service Fees		776
Worker's Comp Insurance		1,134
General Insurance		1,550
Website and Technology		2,148
Online Credit Card Fees		639
Office Expenses and Supplies		3,657
Telephone		495
	\$	<u>12,432</u>

	(B) Title & Average Hrs./wk	(C) Compensation	(D) Contributions to Benefit Plan	(E) Expense Account
*Jon Arenberg 1212 Ocean Park Blvd #15 Santa Monica, CA 90405	Director/Scholarships 2 hr/wk	-0-	-0-	-0-
*Patricia Armacost 902 Stanford Street Santa Monica, CA 90403	Director 1/2 hr/wk	-0-	-0-	-0-
*Catherine Baxter 10021 Tabor Street #217 Los Angeles, CA 90034	Director / Liaison 1/2 hr/wk	-0-	-0-	-0-
*Winfred Danley Buller 926 San Vicente Boulevard Santa Monica, CA 90402	Director 1/4 hr/wk	-0-	-0-	-0-
*Natalie Wilson Crawford '57 20940 Big Rock Drive Malibu, CA 90265	Director 1/2 hr/wk	-0-	-0-	-0-
*Joe Deering, Jr '64 836 Stanford Street Santa Monica, CA 90403	Director/VP 1/2 hr/wk	-0-	-0-	-0-
*Tessie Reyes Dunn '54 7427 Jumilla Street Winnetka, CA 91306	Director 1/4 hr/wk	-0-	-0-	-0-
Jana Jurenka Emhardt '76 420 Hill Street #3 Santa Monica, CA 90405	Director/Web Manager 5 hr/wk	-0-	-0-	-0-
*Linda Fleming Gray '64 1229 Mill Street San Luis Obispo, CA 93401	President Emeritus 1/4 hr/wk	-0-	-0-	-0-
*Marilyn Goodrich '62 1215 Grant Street Santa Monica, CA 90405	Secretary 1/4 hr/wk	-0-	-0-	-0-
*Betty Higham Guercio '56 43827 Silver Bow Road Lancaster, CA 93535-4300	Director 1/4 hr/wk	-0-	-0-	-0-
*Al Hamblin 2428 Ashland Avenue Santa Monica, CA 90405	Director/Archivist 1/4 hr/wk	-0-	-0-	-0-
*Michael Hill 649 Copeland Court #3 Santa Monica, CA 90405	President Emeritus 1/4 hr/wk	-0-	-0-	-0-
*Jim Jaffe 1011 Pier Street Santa Monica, CA 90405	President 5 hr/wk	-0-	-0-	-0-
*Johanna Jara 1323 S. Carmelina #207 Los Angeles, CA 90025	Director 1/4 hr/wk	-0-	-0-	-0-
*Joan Buller Kaczorowski 845 - 26th Street Santa Monica, CA 90403	Director/Secretary 1/2 hr/wk	-0-	-0-	-0-
*Gail Mackey 16901 Sunset Boulevard Pacific Palisades, CA 90272	Director/Telephones 1 hr/wk	-0-	-0-	-0-
*Rena McKinzie 527 - 21st Place Santa Monica, CA 90402	Director/Editor 15 hr/wk	-0-	-0-	-0-
*Becky Mejia 2272 - 24th Street Santa Monica, CA 90405	Director 1/4 hr/wk	-0-	-0-	-0-
*Ken Owens 1117 Franklin Street Santa Monica, CA 90403	Director 1/4 hr/wk	-0-	-0-	-0-
*Linda Skelton Owens 1117 Franklin Street Santa Monica, CA 90403	Director/Membership 1 hr/wk	-0-	-0-	-0-
*Rachel Powell 1007 Lincoln Blvd., #1 Santa Monica, CA 90403	Director 1/4 hr/wk	-0-	-0-	-0-
*Michelle Schrupp PO Box 461 El Segundo, CA 90245	Director/Treasurer 20 hr/wk	-0-	-0-	-0-

Exempt Purpose: The organization's primary exempt purpose is to support current events and programs at Santa Monica High School such as student scholarships and alumni awards. Funds for these activities are raised from alumni of the school.

(a) Accomplishments toward the Association's goals are as follows:

All Class Picnic

Approximately 500-600 alumni and friends gathered on the campus to socialize and reminisce. Through tours and memorabilia and contact with students and staff, they learned about the current situation at the high school and are made aware of student needs.

Alumni Award Honors and Career Day

Nationally prominent alumni are inducted into the Hall of Fame and periodically honored at a reception. The selected alumni serve as role models for all current and future student graduates. About 400 alumni received crystal awards for their life membership donations. SAA participates in Career Day and draws upon successful alumni to speak, inform students of possible career choices, and answer student questions.

Scholarships

About \$5,000 was given to Samohi seniors through the SAA. This money assisted them in their further education or career choices. SAA pays for the printing and other expenses of the Scholarship & Honors Night Program. SAA printed scholarship brochures to inform the students of the many sources available to assist them in obtaining higher education in early spring. SAA also assists the SMHS Scholarship Coordinators with the distribution of their scholarships to students.

Grad Nite

Approximately 800 seniors were provided a safe and sober place to celebrate their graduation. SAA supported the event with general funds and also gave 4 - \$250 prizes through a drawing at the end of the event as an added incentive for students to attend and stay until the end. SAA also provided about \$1,000 to help prepare for the event.

Trophy Repair

In order to present the history of the school to current students, school visitors and returning alumni, SAA provided ongoing care to keep the approximately 700 trophies updated and in good repair.

Special Projects

As special needs came up for students and classroom teachers, SAA responded with financial assistance.

Athletic and Student Programs

SAA contributed to the production of programs for various sports and annual yearbook. Through this method, the teams bought needed equipment for competition. About 900 students were involved in athletic programs which provided for healthful development and learning.

Barnum Hall Restoration and Chairs

Funds contributed by alumni were added to other support for refurbishing the auditorium so that it would again be used by of all 3,300 students as well as the Santa Monica community groups who use this facility many times during each year.

Campus Beautification

In order for the students and many visitors to have an inviting and proper environment to work and study, funds were provided to make the outside area appealing. Campus beautification incorporated the students in many projects which help them in the classroom as well as providing future career training.

Viking News Postage and Printing

The quarterly newsletter of 60-90 pages is mailed to approximately 3 to 4,000 alumni and friends of Samohi to keep them informed of current activities of classmates and events on the campus. Costs are approximately \$19,000.

Memorial Plaques

Memorial plaques are purchased by family members and friends for installation on the walls of the Memorial Theater in the outdoor amphitheater in remembrance of their contributions to the school's history. Upkeep is necessary for the 90 plaques as well as those memorializing the names of student alumni who have given their lives in defense of their country.

Library and other Departments

Funds contributed by alumni are added to support the school's library, music, athletics, & academics for the use of all 3,300 students.

Senior Bench Fund

The Senior Bench was refurbished as it represents a part of school history and it provides a place where students sit daily for lunch.

Archives

Memorabilia, records, files and photos are incorporated and preserved into the archives of SAA in order to connect current students, staff and high school visitors to the rich history of over 100 years.

Office

An Alumni Office was created and supplied with the necessary equipment to provide a space for members of the Association to meet with students as well as to do some of the work of the organization.

Website

A website is maintained for the information and communication to and among alumni. Alumni can now become a member of the association and provide donations electronically via the website.

Application for Extension of Time To File an Exempt Organization Return

(Rev. January 2012)

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number, see instructions	
	Samohi Alumni Association	<input checked="" type="checkbox"/> Employer identification number (EIN) or	95 4228641
	Number, street, and room or suite no. If a P.O. box, see instructions.	<input type="checkbox"/> Social security number (SSN)	
File by the due date for filing your return. See instructions.	527 21st Place	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Santa Monica, CA.	90402-3047	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► Michelle Schrupp

Telephone No. ► 310-393-0765 FAX No. ► N/A

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► calendar year 20 11 or

► tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number, see instructions	
	Number, street, and room or suite no. If a P.O. box, see instructions.	<input type="checkbox"/>	Employer identification number (EIN) or
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	<input type="checkbox"/>	Social security number (SSN)

Enter the Return code for the return that this application is for (file a separate application for each return) [] []

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of Telephone No. FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until _____, 20_____.
- For calendar year _____, or other tax year beginning _____, 20_____, and ending _____, 20_____.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension _____

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Michelle M. Schwapp Title Treasurer Date 5/15/12