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See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



table or RENSSELAER ALUMNI ASSOCIATION

C Name of organization

CISYFR5ZYC

A	menda	2 ,,
, ,		- 4/6

D Employer Identification number

13-6162588

4		_	_
-	T à	9	n
Form	J	3	V

Address change

Department of the Treastry Internal Revenue Service

use IRS

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except black lungbenefit trust or private foundation)

ı	OMB 516-1545-0047
	2007 (1806)
1	LUUIUW
	Upen to Public

The organization may have to use a copy of this return to satisfy state reporting requirements. JUL 1, 2007 and ending JUN 30, 2008 A For the 2007 calendar year, or tax year beginning

•
1

7		Name change	hype See Number and street (or P.O box if mail is not delivered to street address)		Room/suite	E Telephone no	umber 276-6208
2	*	Initial return Termin-	Specific 1301 PEOPLES AVENUE Instruc- tions City or town, state or country, and ZIP + 4		!		ot X Cash Accrual
n	<u> </u>	⊒ation]Amende Jreturn				Other (specify)	t <u>riv</u> Cesin <u></u> Accruai
)	œ	Applicat	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts	Hand	are not app		on 527 organizations.
•	m		must attach a completed Schedule A (Form 990 of 990-EZ).	1		eturn for affiliate	
5	<u>۱۳۵۸</u>	Vebsite:	▶WWW.RPI.EDU			umber of affiliate	s► <u>N/A</u> 0
			lion type (check only one) ► X 501(c) (3) ◀ (Insert no) 4947(a)(1) or 527	7 H(c) A	re all affiliates	included? N	/A Yes No
	CK C	heck he	re 🕨 🔙 if the organization is not a 509(a)(3) supporting organization and its gross	H(d) is	f "No," attach a this a separat	te return filed by	an or
	بر ا		re normally not more than \$25,000. A return is not required, but if the organization	, Q	anization cove	red by a group r	uling? Yes X No
	4c	hooses	to file a return, be sure to file a complete return			on Number 🕨	N/A
C)		450.007				on is not required to attach
		77-7	eipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 459, 097.		ch B (Form 9	90, 990-EZ, or 9	90-PF)
	Pa		Revenue, Expenses, and Changes in Net Assets or Fund Bal	ances	.	1.3.1	
		1	Contributions, grits, grants, and similar amounts received	1		- 14XT	
		а	Contributions to donor advised funds 1a				
		D .	Direct public support (not included on line 1a) 1b	 			
		C	Indirect public support (not included on line 1a) 1c	+		 [18] }	
		1	Government contributions (grants) (not included on line 1a) 11	ــــــــــــــــــــــــــــــــــــــ		***	^
		8	Total (add lines 1a through 1d) (cash \$ noncash \$	NTA-1		_) <u>1e</u>	0.
		2	Program service revenue including government fees and contracts (from Part VII, line 93				
		3	Membership dues and assessments	REC	だいとい	3	
		4	Interest on savings and temporary cash investments	APR -	1 8 2012	. 4	06 635
		5				5	96,615.
		6 a		PRA	KANG.		
		þ	Less rental expenses 6b	LOG	DEN	**\	
	9	C	Net rental income or (loss) Subtract line 6b from line 6a	., .		6c	
	Ē	7	Other investment income (describe) 7	
	Revenue	8 a	Gross amount from sales of assets other (A) Securities	 	(B) Other		
	_		than inventory 277, 640 - 8a	 			
		b	Less cost or other basis and sales expenses 262,238. 8b	1			
		C	Gain or (loss) (attach schedule) 15,402. Bc				(
		I	Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 2			8d	15,402. G
		9	Special events and activities (attach schedule) If any amount is from gaming, check here	1			=
		a	Grass revenue (not including \$ of contributions reported on line 1b) 98	 	8,4	81.	<u> </u>
		þ	Less direct expenses other than fundraising expenses	1			a
		C		STAT	TEMENT	3 96	8,481. U
		10 a	Gross sales of inventory less returns and allowances				èa
		b	Less cost of poors soft V CU				<u> </u>
		C	Gross audit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line	10a		10ε	
		11	Other Revenue (419m Part of 11. June 203) O Total revenue Add lines 1e. 2-3-4-5-6627, 8d, 9c, 10c, and 11		•	11	76,361.
\simeq	<u> </u>	12	Total revenue Add lines 1e, 2, 3, 4, 5, 6627, 8d, 9c, 10c, and 11			12	196,859. O 78,693. O
0 5 2012	S	13	Program bervices (from line 44, column (B))			13	78,693. □
10	Expenses	14	Managemet) horden erallitigm int 44, column (C))			14	σ
<u> </u>		15	Fundraising (from line 44, column (D))			15	
	, ŭ	16	Payments to affiliates (attach schedule)	CATE	TEMENT	4 16	100,000.
	<u> </u>	17	Total expenses. Add lines 16 and 44, column (A)	i		17	178,693.
	•	18	Excess or (deficit) for the year Subtract line 17 from line 12			18	18,166.
Ç	Net Net Ssets	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	1,123,577.
Ä	A S.	20			PEMENT	5 20	-190,447.m
4	ASSA ASS	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20		,	21	951,296
Š	₹7230 12-27	01 7-07	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instruction	nş.			951,296. 40 m 99 k 200 / 1
	יביינל מי		1				
•	• •						IN V
							1()

Form 990 (2007)

ŗ

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
(Grants paid from donor advised funds					
•	ssh \$ 0 • noncesh \$ 0 •)					
		22a				
	Other grants and allocations (attach schedule)					
	cash \$ 0 • noncash \$ 0 •	22b				#5000 C # 1000 C #
		220				
	Specific assistance to individuals (attach	23	}			
	schedule)	23	-			Free States to the Second Second
	Benefits paid to or for members (attach	24	1			(1) 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	schedule) Compensation of current officers, directors, key				**************************************	<u> </u>
	employees, etc. listed in Part V-A	25a	0.	0.	٥.	o
	Compensation of former officers, directors, key	202				
	employees, etc. listed in Part V-B	25b	0.	0.	0.	0
	Compensation and other distributions, not included					· · · · · · · · · · · · · · · · · · ·
	above, to disqualified persons (as defined under	1			•	
	section 4958(f)(1)) and persons described in		}		1	
	section 4958(c)(3)(B)	25c			İ	
	Salaries and wages of employees not					
	included on lines 25a, b, and c	26				ļ
	Pension plan contributions not included on				 	
	lines 25a, b, and c	27				
	Employee benefits not included on lines	П				
	25a · 27	28				
	Payroll taxes	29				
	Professional fundraising fees	30				
	Accounting fees	31	2,000.	2,000.	,	
	Legal fees	32				
	Supplies	33				
	Telephone	34				
	Postage and shipping	35				
	Occupancy	36				
	Equipment rental and maintenance	37				
	Printing and publications	38				
	Travel	39				
40	Conferences, conventions, and meetings	40				
	Interest	41				,
	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses not covered above (itemize).					
a	· · · · · · · · · · · · · · · · · · ·	43a		<u>. </u>		
b		43b				
£		43c				
đ		430				
e		43e				
f		431				
g	SEE STATEMENT 6	43g	76,693.	76,693.		
44	Total functional expenses. Add lines 22a through	T				
	43g. (Organizations completing columns (8)-(D),		ļ		l	
	carry these totals to lines 13-15)	44	78,693.	78,693.	0.	0
Joir	at Costs. Check ▶ ☐ If you are following	SOP				
	nny joint costs from a combined educational campai			ported in (8) Program serv	vices?	Yes X No
	s," enter (I) the aggregate amount of these joint cos		/ -	(II) the amount allocated to		N/A ;
If "Ye	is, enter (i) the appropata autocut of thase lowered:	ng w	,	ini tuo binivum anvoatea n	7 F 10010111 30141009 4	**/ ** .

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Form 990 (2007)	RENSSELAER ALUMNI ASSOCIATION	13-6162588 Page
Part III Statement of	Program Service Accomplishments (See the instructions.)	

Forth 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) 4947(a)	red for 501(c)(3) (4) orgs , and (a)(1) trusts; but onal for others)
RENSSELAER POLYTECHNIC INSTITUTE. (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	78,693.
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	78,693.
	78,693.
	78,093.
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here	
Other program services (attach schedule)	
(Grants and allocations \$) if this amount includes foreign grants, check here	
f Total of Program Service Expenses (should equal line 44, column (8), Program services)	78,693. Form 990 (2007)

orm	99.0 (2007) RENSSELAER AL	UMNI ASSOCIATION		<u>13-61</u>	52 <u>58</u> 8	Page 4
*****		Balance Sheets (See the instructions.)					
	Whe	re required, attached schedules and amounts wild be for end-of-year amounts only.	nthin the description column	(A) Beginning of year		(B) End of ye	ar
	45	Cash - non-interest-bearing		10.064	45		- 0 - 0 -
	46	Savings and temporary cash investments		10,264.	46	21	,058.
İ			11				
	47 a	Accounts receivable	478		1 W 4		
١.	b	Less: allowance for doubtful accounts	47b		47c		
		DI					
1		Pledges receivable	48a 48b		48c		
			400		49		
	49 50 a	Grants receivable	directors tructors and		 "" 		
	ou a		onectors, trustees, and		50a		
	h	key employees Receivables from other disqualified persons (a	es defined under section		1 555		
₂₄	U	4958(f)(1)) and persons described in section 4			50b		
Assets	51 s	Other notes and loans receivable	51a		5.5		
As		Less: allowance for doubtful accounts			510		
	52	Inventories for sale or use	· 		52		
	53	Prepaid expenses and deferred charges	· · ·		53		
		Investments - publicly-traded securities STN	IT 8 ► Cost X FMV	1,113,313		924	,238.
	b	•			54b		<u> </u>
	_	Investments - land, buildings, and			8 -		
		equipment: basis	55a				
			-				
	Ь	Less: accumulated depreciation	55b		55c		
	56	Investments - other			56	· · · · · · · · · · · · · · · · · · ·	
	57 a		57a		(46)		
	b		57b		57c		
	58	Other assets, including program-related investment					
		(describe ▶)		58		
	59	Total assets (must equal line 74). Add lines 4	5 through 58	1,123,577	- 59	951	,296.
	60	Accounts payable and accrued expenses			60		
	61	Grants payable			61		
"	62	Deferred revenue			65		
Liabilities	63	Loans from officers, directors, trustees, and i			63		
<u> </u>	64	a Tax-exempt bond liabilities			64a		
Ë	i	h Mortgages and other notes payable		. .	64b		
	65	Other liabilities (describe)		65		
	l			^			^
	66	Total liabilities. Add lines 60 through 65	L [V]	0		•	0.
	Qrg	anizations that follow SFAS 117, check here	► A and complete lines				
X3		67 through 69 and lines 73 and 74.		1 122 577		051	206
Š	67	Unrestricted		1,123,577	7	951	,296.
E E	68	Temporarily restricted			68		
<u> </u>	69				69		
Ē	Qrg.	anizations that do not follow SFAS 117, chec	k nere		0.00		
ō	70	complete lines 70 through 74.			32.2		
ets	70	Capital stock, trust principal, or current funds			70		
£SS.	71	Paid-in or capital surplus, or land, building, an Retained earnings, endowment, accumulated			71 72		
Net Assets or Fund Balances	72 73	_			12		
Z	'3	Total net assets or fund balances. Add lines 67 this (Column (A) must equal line 19 and column (B) must	I	1,123,577		951	,296.
	74	Total liabilities and net assets/fund balance		1,123,577	- 74		,296.
				+ , + , - , 1 , 1	-		., ~ ~ ~ •

Fort	n 990 (2007) RENSSELAER ALUMNI ASSO					616258	
Pa	rt IV-A Reconciliation of Revenue per Audited Finan	cial Statements V	Nith	Revenue pe	r Re	turn (See	th o
<u> </u>	instructions.)						
a	Total revenue, gains, and other support per audited financial statement	ts				3	N/A
b	Amounts included on line a but not on Part I, line 12:	ı					
1	Net unrealized gains on investments		<u>b1</u>				
2	Donated services and use of facilities		D2			jj	
3	Recoveries of pnor year grants		b 3			Se	
4	Other (specify):		b4				
	Add lines b1 through b4		•-		· }	b	
C	Subtract line b from line a					C	
a	Amounts included on Part I, line 12, but not on line a:		11			, in \$	
1	Investment expenses not included on Part I, line 6b		d1 d2		-	455 **	
2	Other (specify):		02			l 1	
_						4	
D	Total revenue (Part I, line 12). Add lines c and d	ncial Statements	Wit	h Evnenses	ner l	Return	
a	Total expenses and losses per audited financial statements				poi i	1	N/A
b	Amounts included on line a but not on Part I, line 17:			•	••	<u> </u>	11/13
1	Donated services and use of facilities		61				
2	Prior year adjustments reported on Part I, line 20		b2			8 99	
3	Losses reported on Part I, line 20		b3				
4			b4				
7	Other (specify): Add lines b1 through b4		-			ь	
c	Subtract line b from line a			•			
d	Amounts included on Part I, line 17, but not on line a:			• • •	•	<u>c</u>	······································
1	Investment expenses not included on Part I, line 6b		di			W	
2				 			
~	Add lines d1 and d2					اهٔ	
	Total expenses (Part I, line 17). Add lines c and d						
P	art V-A Current Officers, Directors, Trustees, and Ke	v Employees (List e	each	nerson who was			tor trustee
ستسا	or key employee at any time during the year even if they we	re not compensated.) (S	See ti	he instructions.)			,,
	(A) Name and address	(B) Title and average hour per week devoted to position	irs (C) Compensation if not paid, enter -0)	(D)Co	ntributions to oyee benefit & deferred neation plans	(E) Expense account and other allowances
SI	E STATEMENT 9			0.		0.	0.
					•		
_		- · · · · · · · · · · · · · · · · · · ·					
 .							
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			T				
			}				
			L				
			T				

Form 9	990 (2007) RENSSELAER ALUMNI ASSO			<u>13-616258</u>	
	V-A Current Officers, Directors, Trustees, and Ke				Yes No
	Enter the total number of officers, directors, and trustees permitted to meetings		iness at board	30	
ا	Are any officers, directors, trustees, or key employees listed in Form ! listed in Schedule A, Part I, or highest compensated professional and Part II-A or II-B, related to each other through family or business relationship(s)	l other independent contri	actors listed in Sch	nedule A, dentifies 75	
	Do any officers, directors, trustees, or key employees listed in Form 9 listed in Schedule A, Part I, or highest compensated professional and Part II-A or II-B, receive compensation from any other organizations, to organization? See the instructions for the definition of "related organization?"	tother independent contri whether tax exempt or tax ization.*	actors listed in Sch	nedule A, ed to the 7	Sc X
	If "Yes," attach a statement that includes the information described i	n the instructions.		**.;	
	Does the organization have a written conflict of interest policy? LV-B Former Officers, Directors, Trustees, and Key Benefits (If any former officer, director, trustee, or key en the year, list that person below and enter the amount of cor	ployee received compens	ation or other ben	efits (described b	Other elow) during
	(A) Name and address NONE	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	emptoyee benefit	(E) Expense account and other allowance
 -					
<u>-</u>					
Par	t VI Other Information (See the Instructions)				Yes N
76	Did the organization make a change in its activities or methods of costatement of each change	nducting activities? If 'Ye	s,* attach a detaile	I _	rg X
	Were any changes made in the organizing or governing documents to if "Yes," attach a conformed copy of the changes.	·			1 1 1 1 1 1 1 1 1
	Did the organization have unrelated business gross income of \$1,00 if "Yes," has it filed a tax return on Form 990-T for this year? West have a liquidating afficially time termination are substantial content.			N/A 7	8a X 8b X
80 a	Was there a liquidation, dissolution, termination, or substantial contribution that the organization related (other than by association with a statewid membership, governing bodies, trustees, officers, etc., to any other officers, etc., etc	e or nationwide organizati exempt or nonexempt org POLYTECHNIC I	on) through comm anization? NSTITUTE	on Z	os X
	Enter direct and indirect political expenditures. (See line 81 instruction Did the organization file Form 1120-PQL for this year?	and check whether it is and check whether it is and check whether it is and check whether it is and check whether it is and check whether it is and check whether it is a check	X exempt or 81a	nonexempt 0.	1b X
				F	orm 990 (200

Form	990 (2007) RENSSELAER ALUMNI ASSOCIATION 1:	3-61625			age 7
Par	t VI Other Information (continued)			Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantial control of the	stantially			İ
	less than fair rental value?]	82a	********	X
b	If "Yes," you may indicate the value of these items here. Do not include this	Į.	$\langle \cdot \rangle$		
	amount as revenue in Part I or as an expense in Part II.	}	4300	<i>g</i>	1999 C
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/A			XXX
	Did the organization comply with the public inspection requirements for returns and exemption applications?	[83a	X	
	The state of the s		83b	X	17-
	Did the organization solicit any contributions or gifts that were not tax deductible?	· •	84a	82	X
b	100 000001010101	/A	84b	<i>3</i> ° 3	
85 a	and the state of t	/A	85a		ļ
þ		/A	85b	1	<u> </u>
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization receives	eda 💮	^{ુર્} છે. જે _?	X 74	200
	waiver for proxy tax owed for the prior year.	4	, (* ¥, °	\$5 a.	F
C		/A	Ži si	SŲ.	13,25
đ	Cooker, 102(4), 102(4), 102(4), 102(4), 102(4), 102(4), 102(4), 102(4), 102(4), 102(4), 102(4), 102(4), 102(4)	/A		13.	100
8	riggiografia in the second of	/A	43		14.3
f	The state of the s	/A	1.7%	V6 V	[, ^ \
9		/A	85g	-	ļ
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f				
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	/-		}	}
		/A	85h	1	
85	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on	/ B	8 X	800	18,000
		/A /A	J. 46	1	
		/A /A	بالمؤوار	13.3	1 2 2 3
87		/ A	100		1000
D		/A			
			₽ %		****
90 8	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partners	•	200		15.4
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3 if "Yes," complete Part IX	r	88a	1 43	↑x
h	It "Yes," complete Part IX	.f	- 000	 	+
J	section 512(b)(13)? If "Yes," complete Part XI	″ •	88b	i	x
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:		***	ڄزدم	
-	saction 4911 ► 0 - , section 4912 ► 0 - , section 4955 ►	0.	2	∄ ડેંગ	18.4
b				12	
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?] - 2	
	If "Yes," attach a statement explaining each transaction		89b		X
C			13. .		120
	sections 4912, 4955, and 4958	0.	1.5%		15.2
đ		0.	36.0	K	12.04
8	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction	n?	89a		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		168		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting org	janization,	980		1,000.9
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g	<u> </u>	X
90 a	List the states with which a copy of this return is filled ▶ NY	,			
þ		1	~=-		0
9 1 a				6-62	
		ZIP+4 ► 1	<u>218</u>		
b			r .	Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		916	4.	X
	If "Yes," enter the name of the foreign country ▶ N/A			190	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		:	135	10. 3
	and Financial Accounts.		<u> </u>	4	15,45

Part VI3 Other Information (confi	LAER ALUMNI·A nued)	SSOCIATION		13-1	6162588 Page 8
At any time during the calendar year, c		ain an office outside of	the Unit	led States?	91¢ X
If "Yes," enter the name of the foreign		/A			L <u>u</u> 1
Section 4947(a)(1) nonexempt charitab		·	neck her	······································	
and enter the amount of tax-exempt in	_			1 1	N/A
Part VII Analysis of Income-Pro				· · · · · · · · · · · · · · · · · · ·	
lote: Enter gross amounts unless otherwise		d business income		d by section 512, 513, or 514	(E)
ndicated	(A) Business	(B)	(C) Exclu-	(D)	Related or exempt
3 Program service revenue:	code	Amount	sion	Amount	function income
a					
b					
c					
d					
6					
f Medicare/Medicald payments					
g Fees and contracts from government a	gencies .	······	ļ		<u> </u>
4 Membership dues and assessments	· ·		\vdash		· · · · · · · · · · · · · · · · · · ·
5 Interest on savings and temporary cash inve	stments .		 	06.615	· · · · · · · · · · · · · · · · · · ·
16 Dividends and interest from securities			14	96,615.	(
77 Net rental income or (loss) from real est	tate:		-	#y	
a debt-financed property	.		\vdash		
b not debt-financed property			1		
Net rental income or (loss) from person	al property		┼┼		
9 Other investment income			 		
O Gain or (loss) from sales of assets			10	15 402	
			18	15,402. 8,481.	
Net income or (loss) from special event			101	0,401.	
Observation (loss) from sales of inve	ntory		1		
03 Other revenue: a ROYALTY INCOME			15	66,294.	
b MISCELLANEOUS	- -		1.5	00,234.	10,067
e		***	+ +		10,00
1			+		
8			 		
34 Subtotal (add columns (B), (D), and (E)	7.85.23.29	0.	25/4	186,792.	10,067
75 Total (add line 104, columns (B), (D), aid	· · · · · · · · · · · · · · · · · · ·			100/132.	196,859
ote: Line 105 plus line 1e, Part I, should ed					
Part VIII Relationship of Activit			t Pur	OOSOS (See the instructi	ons.)
ine No. Explain how each activity for which					
exempt purposes (other than by pro	viding funds for such purpos	es)			or the organization of
01 INCOME FROM EVENT	S HELD TO PRO	MOTE ALUMNI	INI	TEREST	
03 REVENUES HELP SUP					TY OF ALUMN
Part IX Information Regarding			ed En		
Name, address, and EIN of corporation,	(B) Percentage of	(C) Nature of activities		(D) Total income	(E)
	nership interest	Matura or activities		TOTAL INCOME	End-of-year assets
	%				
N/A	%				
	- %				
	%				
Part X: Information Regarding					
(a) Did the organization, during the year, recen				nal benefit contract?	
(b) Did the organization, during the year, pay p			ontract?		. Yes 💢 N
Note: If "Yes" to (b), file Form 8870 and Fo	orm 4720 (see instructions	s)			
					Form 990 (20

723163 12-27-07

	990 (2007) RENSSELAER ALUMNI ASSOC		13-616		age 9
Pa	Information Regarding Transfers To and From C		Complete only if the organize	ation is a	
<u> </u>	controlling organization as defined in section 512(b)(13).	N/A		120	1
				Yes	No
06	Did the reporting organization make any transfers to a controlled entity a	s defined in section 5	12(b)(13) of the Code? If "Yes,"	'	
	complete the schedule below for each controlled entity				<u> </u>
	(A)	(B) Emptoyer	(C)	(D)	
	Name, address, of each	Identification	Description of	Amount	
\perp	controlled entity	Number	transfer	transfe	er
ł					
a					
\perp					
- 1					
b		1			
c					
	Totals			1	1
				Ye	s No
07	Did the reporting organization receive any transfers from a controlled er	itity as defined in sect	tion 512(b)(13) of the Code? If '	'Yes,'	1
	complete the schedule below for each controlled entity.				Д
	(A)	(B) Employer	(C)	(D)	
	Name, address, of each controlled entity	Identification	Description of transfer	Amount	
_	Controlled ontity	Number	(lansie)	transf	
a					
Ь		ļ			
			. ,		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
C		1			
		<u> </u>		ļ	
				ľ	
-	Totals	13 7 72 8 11 33	33 113 12 14 18 18 18	<u> </u>	-T
				Ye	s No
108	Did the organization have a binding written contract in effect on August	17, 2006, covering the	e interest, rents, royalties, and		
	annuities described in question 107 above?	ring schedules and statemen	te and to the heat of my knowledge and	boiled it in term of	
	Under penalties of perjury, I declars that I have examined this return, including accompany and complete. Declaration of preparer (other than officer) is based on all information of when the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period	ch preparer has any knowled	ge	ooner, it is use, c	-VIIOCL,
Plea	ose \		13/28/12-		
Sigr	Stonetitre of officer		Date	· <del> · ·</del>	
ier	Seafran Schanz Exect	ive Directo	<u> </u>		
	Type or print name and title	TO COLOR			
		Date/	Check if Preparer's SSI	N or PTIN (See G	en Inst
Paid	Preparer's Signature Kanada Walls	12-// //2 1	self-		
rep	arer's Firm's name (or BST ADVITSORS LLC	1010	employed >		
ise	Only yours if Self-employed. 26 COMPUTER DRIVE WEST		EIN P		
	address, and ZIP+4 ALBANY, NY 12205		Dhone 1 /510	1150-6	700
	im unduti in 15202		Phone no ► (518		
				Form <b>99</b> (	J (200)

CIS IMAGE- DO NOT CORRESPOND FOR SIGNATURE

#### CISYFR5ZYC

# SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(a), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2007

Department of the Treasury Internal Revenue Service Name of the organization

RENSSELAER ALUMNI ASSOCIATION

Employer identification number

Part i	Compensation of the Five Highest Paid   (See page 1 of the instructions List each one If there are no	Employees Other Tha	n Officers, Direc		
(	a) Name and address of each employee paid more than \$50,000	(b) Title and average hou per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deterred compensation	(e) Expense account and other allowances
NONE					
Total number o	f other employees paid				
over \$50,000		<b>D</b> 0			
Part II-A	Compensation of the Five Highest Paid (See page 2 of the instructions List each one (whether indi-				:es 
	(a) Name and address of each independent contractor paid m	nore than \$50,000	(b) Type of	servic <del>e</del>	(c) Compensation
NONE					
	of others receiving over of others receiving over	. • 0			
Part II-B	Compensation of the Five Highest Paid (List each contractor who performed services other than pr firms If there are none, enter "None" See page 2 of the inst	ofessional services, whether ind		ervices	
	(a) Name and address of each independent contractor paid n		(b) Type of	Service	(c) Compensation
NONE					
			I		

Sch	134 NBQuile A (Form 990 or 990-EZ) 2007 RENSSELAER ALUMNI ASSOCIATION 13	-616258	8 P	age 2
P	art III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During, the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   \$	i-A, or		x
	line i of Part VI-B.)	la la	23.34	23
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations		3.30	
_	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			Reic
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
	3 Sale, exchange, or leasing of property?	<u>2a</u>	-	X
	Lending of money or other extension of credit?	<u>2b</u>	<del>  </del>	X
1	Furnishing of goods, services, or facilities?	<u>2c</u>		X
-	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	<u> </u>	X
- 1	B Transfer of any part of its income or assets?	2e		X
3 :	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how	}	1	l
	the organization determines that recipients qualify to receive payments.)	3 <u>a</u>		X
- (	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement			х
	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?			X
	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f		<del>                                     </del>	1
-	and 4g	4a	1	X
	b Did the organization make any taxable distributions under section 4966?	· · · ·	<del> </del>	<del>                                     </del>
	c Did the organization make a distribution to a donor, donor advisor, or related person?		<del> </del>	
	# Pakashka Askal ayanka askalan and Sanda askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan askalan aska	**	N/	Δ_
	·	<u> </u>	N/	
	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	–	247	<u>~</u>
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	. ▶		0.
	g. Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	<b>-</b>		0.

Schedule A (Form 990 or 990-EZ) 2007

Schedule A	(Form 990 or 990-EZ) 2007 RENSSELAER AL	UMNI ASSOC	IATION	1;	3-6162588	Page 3
Part IV	Reason for Non-Private Foundation S	Status (See pages 4	through 8 of the instruction	ns.)		
	the organization is not a private foundation because it is. (  A church, convention of churches, or association of ch  A school. Section 170(b)(1)(A)(ii). (Also complete Parl  A hospital or a cooperative hospital service organization  A federal, state, or local government or governmental if  A medical research organization operated in conjunction  and state  An organization operated for the benefit of a college or  (Also complete the Support Schedule in Part IV-A)  An organization that normally receives a substantial process of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support	Please check only ONE nurches. Section 170(b) (1V.) In. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(1)(A) Init. Section 170(b)(A) Init. Section 170(b	applicable box ) (1)(A)(i). (ii). A)(v). on 170(b)(1)(A)(ii). Enter the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the	he hospital's name ant. Section 170(b) the general public ership fees, and gro more than 33 1/3%	)(1)(A)(IV). pss 6 of	
13 <u>X</u>	by the organization after June 30, 1975 See section 5	509(a)(2) (Also comple ed persons (other than to pporting <u>orga</u> nization.	te the Support Schedule ii	n Part IV-A.) otherwise meets th		ction
	Provide the following information a	bout the supported arg	anizations. (See page 8 of	the instructions.)		
	(a) Name(s) of supported organization(s)	(b) Employer Identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) is the support organization list the supportin organization governing docum	ted in suppr ng 's	nt of
RENSS	ELAER POLYTECHNIC	ļ		Yes N	No	
INSTI	TUTE		6		x	
Total .						
14	An organization organized and operated to test for pul	olic safety Section 509/	a)(4). (See page 8 of the in	structions )		

	ule A (Form 990 or 990-EZ) 2007 R <b>IV-A</b> Support Schedule (Co					6162588 Page 4 B N/A
	Note: You may use the	worksheet in the instr	uctions for converting	from the accruel to the	e cash method of acco	unting.
begini	dar year (or fiscal year ning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Grits, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	ļ				
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.			·		
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	0.	0.	0.	0.	0.
24	Line 23 minus line 17					
25	Enter 1% of line 23	<u></u>	1	<u></u>	<u> </u>	9 5 7 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1
26	Organizations described on lines 1				► 26a	N/A
b	Prepare a list for your records to shunit or publicly supported organizat		• •	•	N/ §	1
	Do not file this list with your return	•	~	acen file suinduit zuomi ii	n line 26a.   § ~   26b	N/A
E.	Total support for section 509(a)(1)					N/A
đ	Add: Amounts from column (e) for	· ·			1. ob 6	
_	(0,100			)	≥ 250	N/A
8	Public support (line 26c minus line				260	N/A
1	Public support percentage (line 28	<u>e (numerator) divided b</u>	y line 28c (denominator)	)	▶ 261	N/A %
27	Organizations described on line 13	2: a For amounts include	d in lines 15, 16, and 17 t	that were received from a	"disqualified person," pre	pare a list for your
	records to show the name of, and to such amounts for each year.		•		•	ern. Enter the sum of
	(2006)			2004)	. (2003)	
b	• • • • • • • • • • • • • • • • • • • •				•	
	and amount received for each year, described in lines 5 through 11b, as			•	· ·	-
	the larger amount described in (1)	•	-	• •		B AINDUN INCOIVED AND
	(2006)	(0000)		2004)		
C	Add Amounts from column (e) for					
	17	20 _		21	▶ 27€	N/A
đ	Add Line 27a total .				<b>▶</b> 27d	
8	Public support (line 27c total minus	; line 27d total)			, ▶ 278	N/A
f	Total support for section 509(a)(2)					역하다 가야 가는 사람들은 사이 나
9	Public support percentage (line 27					N/A %
	Investment income percentage (li					N/A %
28	Unusual Grants: For an organization of the communication of the communic	JESCHDED IN line 10, 11, o contributor, the date and :	r 12 that received any un amount of the grant, and	usual grants during 2003 a brief description of the r	through 2005, prepare a	list for your records to It file this list with your
1	return. Do not include these grants in	ine 15.	Grandana			iute A (Folia 60 200-12207
					OC 1404	The same and a same and a same and a same a

Employment of faculty or administrative staff? .....

34 a Does the organization receive any financial ald or assistance from a governmental agency?

If you answered "Yes" to either 34a or b, please explain using an attached statement.

1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

Does the organization certify that it has compiled with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50.

d Scholarships or other financial assistance?

e Educational policies? .....

Use of facilities?

Other extracurricular activities?

g Athletic programs? . . .

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following. a Records indicating the racial composition of the student body, faculty, and administrative staff? 32a c. Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: 33: b Admissions policies? ... .....

Schedule A (Form 990 or 990-EZ) 2007

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33f

34a

34b

thedule A (Form 990 or 990-EZ) 2007 R	ENSSELAER ALUMN	II ASSOCIATIO	ONNC	13-6162588	Page 7
Part VIII Information Regard	ding Transfers To and ons (See page 14 of the instruc	Transactions and	Relationships With No	oncharitable	
1 Did the reporting organization directi			organization described in section		
501(c) of the Code (other than section					
a Transfers from the reporting organiz	ration to a nonchantable exempt o	roanization of	•	Yes	No
(I) Cash				51a(l)	X
(II) Other assets				a(ii)	Х
b Other transactions.					
(i) Sales or exchanges of assets wi	ith a noncharitable exempt organi	zation		b(i)	X
(ii) Purchases of assets from a non				b(ii)	X
(III) Rental of facilities, equipment, of				b(III)	X
(iv) Reimbursement arrangements				b(lv)	X
(v) Loans or loan guarantees			,	b(v)	X
(vi) Performance of services or mer		ons		D(vi)	X
s Sharing of facilities, equipment, mal				<u> </u>	X
d If the answer to any of the above is			lways show the fair market value	of the	
goods, other assets, or services give	en by the reporting organization. I	If the organization received	less than fair market value in any	1	
transaction or sharing arrangement				N/	A
(a) (b)	(c)			(d)	
ine no Amount involved	Name of noncharitable exe	mpt organization	Description of transfers, transa	ctions, and sharing arrang	ements
		<u>.                                    </u>			
	<del></del>	<del></del>			
				<del></del>	
					<del></del>
	<del></del>				
	<del></del>				
				<del></del>	
		······································			
2 a is the organization directly or indire Code (other than section 501(c)(3) b if "Yes," complete the following sch	)) or in section 527?	· · · · · · · · · · · · · · · · · · ·	janizations described in section 5	▶ ☐ Yes	X No
(a) Name of organ	nization	(b) Type of organization	Description	(c) i of relationship	
723152 2-27-07		L	Seh	edula A (Form 990 ar 990	-E 24 241

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V.	lo t	гπ	ו שכ	r C

RENSSELAER ALUMNI ASSOCIATION

13-6162588

FORM 990 GAIN (LOSS)	FROM PUBL	ICLY T	RADED SI	ECURIT	IES	STATEM	ENT 2
DESCRIPTION	GRO SALES		COST OTHER I		EXPENSE OF SALE		GAIN (LOSS)
SALE OF PUBLICLY TRADED SECURITIES	277	,640.	262	,238.	0.		15,402.
				~~~	^		15 402
TO FORM 990, PART I, LINE	8 277	,640.	262	,238.	0.		15,402.
	PECIAL EVEN				0.	STATEM	
	PECIAL EVEN		ACTIVI		DIREC	STATEM:	ENT 3
FORM 990 S.	PECIAL EVEN	ITS AND	ACTIVI	TIES	DIREC EXPENS	STATEM:	ENT :

KENSSELAEK ALUMNI ASSOCIAT		13-61625	
FORM 990	PAYMENTS TO AFFILIATES	STATEMENT	4
AFFILIATE'S NAME	AFFILIATE'S ADDRESS		
RENSSELAER POLYTECHNIC INST	ITUTE		
PURPOSE OF PAYMENT		AMOUNT	
RPI BOARD SUPPORT		20,0	00
AFFILIATE'S NAME	AFFILIATE'S ADDRESS		
RENSSELAER POLYTECHNIC INST	ITUTE		
PURPOSE OF PAYMENT		AMOUNT	
HOMECOMING		5,0	00
AFFILIATE'S NAME	AFFILIATE'S ADDRESS		
RENSSELAER POLYTECHNIC INST	ITUTE		
PURPOSE OF PAYMENT		AMOUNT	
RAA AFFINITY GROUP		10,0	00
AFFILIATE'S NAME	AFFILIATE'S ADDRESS		
RENSSELAER POLYTECHNIC INST	ITUTE		
		AMOUNT	

CAPITAL CAMPAIGN

TOTAL TO FORM 990, PART I, LINE 16

65,000.

100,000.

CISYFR5ZYC . .

RENSSELAER	T.HMNT.T	ASSOCIATION
KENDODLIKEK	MICHIEL	MODOCIMIION

13-6162588

•							
ESCRIPTION				AMOUNT			
UNREALIZED GAIN/LOSS TOTAL TO FORM 990, PART I, LINE 20					-190,447. -190,447.		
ESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISI	NG		
TUDENT CHAPTER							
SUPPORT	1,500.	1,500.					
WARDS	28,000.	28,000.					
HAPTER SUPPORT	5,000.	5,000.					
AMPUS SUPPORT	5,000.	5,000.					
RADUATION GIFT	9,799.	9,799.					
DIRECTORS AND							
FFICER'S LIABILITY							
•	2,281.	2,281.					
IISCELLANEOUS	127.	127.					
ARKETING	3,500.	3,500.					
SPEAKERS AND	11 505	11 -0-					
PRESENTATIONS	11,537.	11,537.					
HAPTER LIABILITY	7 202	7 202					
NSURANCE NVESTMENT & BANK	7,203.	7,203.					
EES	2,746.	2,746.					
OTAL TO FM 990, LN 43	76,693.	76,693.					

EXPLANATION

THE ASSOCIATION SERVES AND REPRESENTS THE ALUMNI OF RENSSELAER POLYTECHNIC INSTITUTE.

PART III

FORM 990 NON-	-GOVERNMENT SI	ECURITIES		STATE	EMENT	
SECURITY DESCRIPTION COST/FM	CORPORATE J STOCKS	CORPORA BONDS		ED NO	TOTAL ON-GOV'T CURITIES	
SECURITIES AND OTHER FMV INVESTMENTS			924	,238.	924,238	
TO FORM 990, LINE 54A, COL B			924	,238.	924,238.	
FORM 990 PART V-A - LIST TRUS	OF CURRENT O TEES AND KEY			STAT	EMENT	
NAME AND ADDRESS		E AND HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB		
CATHERINE ECKART 1301 PEOPLES AVENUE TROY, NY 12180	PRESID	ENT 00	0.	0.	O	
ROBERT FORMAN JR 1301 PEOPLES AVENUE TROY, NY 12180		RESIDENT	0.	0.	C	
STUART BENTON 1301 PEOPLES AVENUE TROY, NY 12180		RESIDENT	0.	0.	C	
LEW FRENCH 1301 PEOPLES AVENUE TROY, NY 12180		RESIDENT	0.	0.	C	
PHILIP LURIE 1301 PEOPLES AVENUE TROY, NY 12180		RESIDENT	0.	0.	C	
COSMO MARFIONE 1301 PEOPLES AVENUE TROY, NY 12180		RESIDENT	0.	0.	C	
BRIAN MCMANUS 1301 PEOPLES AVENUE TROY, NY 12180		RESIDENT	0.	0.	O	

CISYFR5ZYC			13-61	62588
ENRIQUE SALES 1301 PEOPLES AVENUE TROY, NY 12180	VICE PRESIDENT 1.00	0.	0.	0.
MICHAEL WELLNER 1301 PEOPLES AVENUE TROY, NY 12180	VICE PRESIDENT 1.00	0.	0.	0.
PAUL COSGRAVE 1301 PEOPLES AVENUE TROY, NY 12180	VICE PRESIDENT/TREASU	JRER 0.	0.	0.
GLENN BROWN 1301 PEOPLES AVENUE TROY, NY 12180	VICE PRESIDENT	0.	0.	0.
DAVID DILTZ 1301 PEOPLES AVENUE TROY, NY 12180	VICE PRESIDENT	0.	0.	0.
JEFFREY SCHANZ 1301 PEOPLES AVENUE TROY, NY 12180	EXECUTIVE DIRECTOR 1.00	0.	0.	0.
CORNELIUS BARTON 1301 PEOPLES AVENUE TROY, NY 12180	INSTITUTE TRUSTEE DES	SIGNATE 0.	0.	0.
ANTHONY DEMARCO 1301 PEOPLES AVENUE TROY, NY 12180	TRUSTEE 1.00	0.	0.	0.
PETER MIRANDA 1301 PEOPLES AVENUE TROY, NY 12180	TRUSTEE 1.00	0.	0.	0.
SANDEEP NANDY 1301 PEOPLES AVENUE TROY, NY 12180	TRUSTEE 1.00	0.	0.	0.
BETH FABIAN NESTERIAK 1301 PEOPLES AVENUE TROY, NY 12180	TRUSTEE 1.00	0.	0.	0.
KEVIN SOLLI 1301 PEOPLES AVENUE TROY, NY 12180	TRUSTEE 1.00	0.	0.	0.
RAJ BAWA 1301 PEOPLES AVENUE TROY, NY 12180	TRUSTEE 1.00	0.	0.	0.

CISYFR5ZYC RENSSELAER ALUMNI ASSOCIATION			13-61	.62588
PAMELA DAUM 1301 PEOPLES AVENUE TROY, NY 12180	TRUSTEE 1.00	0.	0.	0.
DAVID GERTLER 1301 PEOPLES AVENUE TROY, NY 12180	TRUSTEE 1.00	0.	0.	0.
JOSEPH SZIABOWSKI 1301 PEOPLES AVENUE TROY, NY 12180	TRUSTEE 1.00	0.	0.	0.
ELIZABETH TSE 1301 PEOPLES AVENUE TROY, NY 12180	TRUSTEE 1.00	0.	0.	0.
ANN DODSON 1301 PEOPLES AVENUE TROY, NY 12180	TRUSTEE 1.00	0.	0.	0.
RYAN JONES 1301 PEOPLES AVENUE TROY, NY 12180	TRUSTEE 1.00	0.	0.	0.
MARTIN KOSTO 1301 PEOPLES AVENUE TROY, NY 12180	TRUSTEE 1.00	0.	0.	0.
RAYMOND LUTSKY 1301 PEOPLES AVENUE TROY, NY 12180	TRUSTEE 1.00	0.	0.	0.
KAREN LYNCH 1301 PEOPLES AVENUE TROY, NY 12180	TRUSTEE 1.00	0.	0.	0.
MEGHAN HARTMAN 1301 PEOPLES AVENUE TROY, NY 12180	TRUSTEE 1.00	0.	0.	0.
WALLACE MORRIS 1301 PEOPLES AVENUE TROY, NY 12180	TRUSTEE 1.00	0.	0.	0.
JULIA LEUSNER 1301 PEOPLES AVENUE TROY, NY 12180	TRUSTEE 1.00	0.	0.	0.
ROBERT FORNASIERO 1301 PEOPLES AVENUE TROY, NY 12180	TRUSTEE 1.00	0.	0.	0.

CISYFR5ZYC RENSSELAER ALUMNI ASSOCIATION		•	13-6162588	
CASSANDRA BATES 1301 PEOPLES AVENUE TROY, NY 12180	TRUSTEE 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PAR	— Т V-А	0.	0.	0.