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Form 990

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2008

OMB No 1545-0047

Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009 D Employer identification number B Check if applicable Please ALFRED UNIVERSITY use IRS Address change 16-0743900 label or Doing Business As E Telephone number Name change print or type. See (607) 871-2966 Initial return Specific Number and street (or P O box if mail is not delivered to street address) Room/suite **G Gross receipts** \$ 173,973,393 Instruc-One Saxon Drive Termination tions. Amended return City or town, state or country, and ZIP + 4 Alfred, NY 148021205 Application pending Name and address of Principal Officer **H(a)** Is this a group return for Charles M Edmondson affiliates? One Saxon Drive Alfred, NY 14802 H(b) Are all affiliates included? ☐ 4947(a)(1) or ☐ 527 Tax-exempt status 501(c) (3) **4** (insert no) (If "No," attach a list See instructions) Group Exemption Number 🕨 Web site: ► www alfred edu L Year of Formation 1857 M State of legal domicile NY Summary Briefly describe the organization's mission or most significant activities Activities & Governance See Additional Data Table Check this box ┌ if the organization discontinued its operations or disposed of more than 25% of its assets 35 Number of voting members of the governing body (Part VI, line 1a) . . 35 Number of independent voting members of the governing body (Part VI, line 1b) $\,$. 2,316 Total number of employees (Part V, line 2a) . Total number of volunteers (estimate if necessary) . 0 Total gross unrelated business revenue from Part VIII, line 12, column (C) . 7a 148,828 Net unrelated business taxable income from Form 990-T, line 34 . 7b -23,552 b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 28,458,803 26,458,772 8 9 Program service revenue (Part VIII, line 2g) . . 58,626,611 60,148,316 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 14,136,946 -9,446,518 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,549,594 1,582,578 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 102,771,954 78,743,148 23,905,718 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 22,920,348 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 39,690,183 Expenses 41,798,988 10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b (Total fundraising expenses, Part IX, column (D), line 25 $\frac{2,300,688}{}$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 29,296,780 27,155,209 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 92,859,915 18 91,907,311 Revenue less expenses Subtract line 18 from line 12 19 10,864,643 -14,116,767 8 % **End of Year** Beginning of Year Assets of Balance 20 Total assets (Part X, line 16) 240,160,435 213,328,873 21 Total liabilities (Part X, line 26) 50,753,776 57,913,370 22 Net assets or fund balances Subtract line 21 from line 20 189,406,659 155,415,503 Part II Signature Block 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 **Please** 2009-10-30 Sign Signature of officer Here Giovina Lloyd VP for Business & Finance Type or print name and title Date Check if Preparer's PTIN (See Gen Inst) Preparer's signature Paid empolyed 🕨 🦵 Preparer's Fırm's name (or yours EIN F if self-employed). **Use Only** address, and ZIP + 4 Phone no

May the IRS discuss this return with the preparer shown above? (See instructions) .

┌Yes ┌No

Cat No 11282Y

Part III Statement of Program Service Accomplishments (See the instructions.)

1 See Δ	Briefly describe the organizated additional Data Table	tion's mission				
JCC / 1	aditional bata rable					
2	Did the organization unde the prior Form 990 or 990		program serv	ıces durıng the year w	hich were not listed on	┌ Yes ┌ No
	If "Yes," describe these n	iew services on Sche	dule O			
3	Did the organization ceas services?	e conducting or mak	e sıgnıfıcant o	hanges in how it cond	ucts any program • • • • • •	┌ Yes ┌ No
	If "Yes," describe these c	hanges on Schedule	0			
4) organizations and 4	947(a)(1) tru	sts are required to rep	rgest program services boort the amount of grants	
4a	(Code) (Expenses \$	80,958,006 ı	ncluding grants of \$	23,905,715) (Revenue \$	60,148,316)
	Higher Education Alfred Univoleting of Business and offers both ui	ersity contains the Colleg ndergraduate and gradua	e of Liberal Arts a te degrees Unde	ind Science, School of Art a rgraduate as well as gradu	ind Design, School of Engineerin ate research opportunities are a	g, School Psychology and College Iso available (2,188 Students)
4b	(Code) (Expenses \$	ır	ncluding grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	ır	icluding grants of \$) (Revenue \$)
4d	Other program services	(Describe in Schedi	ule O)			
	(Expenses \$		ing grants of s	\$	O) (Revenue \$	0)
4e	Total program service e	xpenses \$	80,958,006	Must equal Part IX, L	ıne 25, column (B).	

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		No
_	complete Schedule D, Part III	8		N o
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the US?	14a		N o
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		N o
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I	21		N o
	and II	21		l
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L,	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal								
	of U.S. Information Returns. Enter -0- if not applicable								
	1a 390								
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0								
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable								
_	gaming (gambling) winnings to prize winners?	1c	Yes						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return								
ь	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3a	Yes						
h	return?	3b	Yes						
4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	טכ	162						
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes						
b	If "Yes," enter the name of the foreign country CJ , EI , NL								
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο					
_	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited</i>	<u> </u>							
_	Tax Shelter Transaction?	5c							
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νο					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	a Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο					
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes						
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as								
	required?	7h	Yes						
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8							
9	year?								
	Did the organization make any taxable distributions under section 4966?	9a							
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter								
	Initiation fees and capital contributions included on Part VIII, line 12 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations Enter								
	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section	<u>A.</u>	Governing	Body	and	Management	

			Yes	No			
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.						
1a	Enter the number of voting members of the governing body 1a 35						
b	Enter the number of voting members that are independent 1b 35						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo			
6	Does the organization have members or stockholders?	6		No			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?						
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b		Νo			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	the governing body?	8a	Yes				
ь	each committee with authority to act on behalf of the governing body?	8b	Yes				
9a	Does the organization have local chapters, branches, or affiliates?	9a		No			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b					
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes				
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No			

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

own website another's website upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Tammara L Raub One Saxon Drive Alfred, NY 148021205 (607) 871-2128

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i	(B) Average hours per week	Posit	(C) chec	:k al			(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			Estimated amount of other compensation from the organization and related organizations
							-			

Software ID: Software Version:

EIN: 16-0743900

Name: ALFRED UNIVERSITY

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		Posit t	(C lon (d hat a	chec		l			(5)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Frederick A George , Trustee	0	X						0	0	0	
James M Jordan , Trustee	0	Х						0	0	0	
Terry S Galanıs , Trustee	0	Х						0	0	0	
Robert K Meltzer , Trustee	0	Х						0	0	0	
Dr Gene M Bernstein , Trustee	0	Х						0	0	0	
Elizabeth A Judson , Trustee	0	Х						0	0	0	
Robert R McComsey , Trustee	0	Х						0	0	0	
David J Miller , Trustee	0	Х						0	0	0	
Dr Albert E Paladıno , Trustee	0	Х						0	0	0	
Lance T Shaner , Trustee	0	Х						0	0	0	
Robert K Welter Jr , Trustee	0	Х						0	0	0	
Gregory R Connors , Trustee	0	Х						0	0	0	
William Pullman , Trustee	0	Х						0	0	0	
Charles P Joyce , Trustee	0	Х						0	0	0	
Stephen K Heine , Trustee	0	Х						0	0	0	
Mıchele R Cohen , Trustee	0	Х						0	0	0	
Robert B Daggett , Trustee	0	Х						0	0	0	
Frederick W Gibbs , Trustee	0	Х						0	0	0	
Christine P Kulp , Trustee	0	Х						0	0	0	
Jeffery S Maurer , Trustee	0	Х						0	0	0	
Dr Marlın Mıller Jr , Trustee	0	Х						0	0	0	
Kathleen R Richardson , Trustee	0	Х						0	0	0	
Robert L Stephens Jr , Trustee	0	Х						0	0	0	
Roger D Worboys , Trustee	0	Х						0	0	0	
John S Gilbertson , Trustee	0	Х						0	0	0	
Terry A Michalske , Trustee	0	Х						0	0	0	
Richard W Mott , Trustee	0	Х						0	0	0	
Warren L Smith , Trustee	0	Х						0	0	0	
Jay L Haberland , Trustee	0	Х						0	0	0	
F Peter Cuneo , Chairman	0	Х						0	0	0	

Form 990, Part VII - Section Aaa

FORM 990, Part VII - Section Ada												
		Posii t	(C tion (hat a	chec		I				(F)		
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations		
Thomas R Hınman , Trustee	0	Х						0	0	0		
Dr Joel P Moskowitz , Trustee	0	Х						0	0	0		
Robert H Perlman , Trustee	0	X						0	0	0		
Leslie J Gelber , Vice Chairman	0	Х						0	0	0		
Victoria A Meyer , Trustee	0	X						0	0	0		
John A Edmond , Trustee	0	Х						0	0	0		
Valerie E Koch , Trustee	0	X						0	0	0		
Laura J Crain , Corporate Secretary	40			Х				72,151	0	40,896		
Suzanne C Buckley , Provost & VP for A cademic Aff	40			х				184,358	0	46,553		
Giovina M Lloyd , VP Bus & Finance	40			Х				127,004	0	35,931		
Charles M Edmondson , President	40			Х				344,575	0	86,168		
Wendy C Beckmeyer , VP of Enrollment	40				Χ			155,876	0	31,652		
Stan Colla , VP University Relations	40					Х		201,153	0	39,933		
Dr William C LaCourse , Statutory Unit Head	40					x		156,537	0	30,308		
Joseph S Lewis III , Dean Art & Design	40					Х		167,849	0	50,941		
Dr Scott Misture , Inamori Professor	40					Х		172,037	0	41,891		
Alastaır Cormack , Dean College of Engineering	40					х		158,570	0	35,676		
William M Hall , Former Provost	40						Χ	156,935	0	48,906		
Irene M Moszer , Former VP Business and Finance	40						х	282,261	0	13,873		

Part VII Continued

			(tion that a			all		(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustan or Prector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			Estimated amount of other compensation from the organization and related organizations
		ļ								
			+				1			
	+						1			
				ļ			-			
	+		+				+			
			1				t			
				<u> </u>			1			
	+		+	-			1			
	+		1				1			
1b Total							►	2,179,306	5	502,728

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►26

			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee				
	on line 1a? If "Yes," complete Schedule J for such individual	3	Yes		
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such				
	ındıvıdual	4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
AVI Foodsystems Inc 2590 Elm Road NE Warren, OH 44483	Residential Dining Services	2,771,560
Kallmann McKinnell & Wood Architects Inc 939 Boylston St Boston, MA 02115	Architectural	532,617
LeChase Construction Services LLC 300 Trolley Blvd Rochester, NY 14606	General Contractor	9,762,339
Postler & Jaeckle Corp 615 South Avenue Rochester, NY 146201385	General Contractor	527,186
Whitney East Inc 1504 Scottsville Road Rochester, NY 14623	General Contractor	3,543,820
2 Total number of independent contractors (including those in 1) who from the organization	. ,	14

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a	0		Revenue		312, 313, 01 314
nts nts	ь	Membership dues	0				
E ∄		1b					
Contributions, gifts, grants and other similar amounts	С	Fundraising events 1c					
gii	d	Related organizations1d					
ns, Mimi	e	Government grants (contributions) 1e	21,501,555				
utio er :	f	All other contributions, gifts, grants, and similar amounts not included above	4,957,217				
● ●		1f					
E E	g	Noncash contributions included in lines 1a-1f \$0					
ပဏ	h	Total (Add lines 1a-1f)		26,458,772			
			Business Code				
anı	2a	Tuition and fees	611,310	45,311,563	45,311,563	0	o
эле	ь	Auxiliary service to students	611,710	14,288,534	14,143,694	144,840	0
¥ <u>H</u> →	с	Educational activities	611,310	548,219	548,219	0	0
rwc	d						
<u> </u>	e						
Program Service Revenue	f	All other program service revenue		0	0	0	0
⊁ંા		Total Add lines 2= 24					
	g	Total. Add lines 2a-2f ► \$ 60,148,316	· · · · ·				
	3	Investment income (including divid	dends, interest				
		other similar amounts)		1,430,082	0	0	1,430,082
	4	Income from investment of tax-exempt be	ond proceeds	11,566	0	0	11,566
	5	Royalties		0	0	0	0
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	ь	Less rental expenses					
	с	Rental income 0 or (loss)	0				
	d	Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount 84,342,079 from sales of	0				
		assets other					
	ь	than inventory Less cost or 95,230,245	0				
		other basis and sales expenses					
	c	Gain or (loss) -10,888,166	0				
	d	Net gain or (loss)	. ▶	-10,888,166	0	3,988	-10,892,154
	8a	Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a	0				
ier	Ь	Less direct expensesb					
₹	С	Net income or (loss) from fundrais	ng events				
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000					
	b c	Less direct expensesb Net income or (loss) from gaming a	activities •-				
	10a	Gross sales of inventory, less returns and allowances .					
	b c	Less cost of goods sold b Net income or (loss) from sales of	inventory				
		Miscellaneous Revenue	Business Code				
	11a	Research Indirect Cost Recovery	561,000	530,865	0	0	530,865
	ь	Athletics and Equestrian	711,210	201,706	201,706	0	0
	c	Student loan interest and fees	611,310	126,212	126,212	0	0
		All other revenue		723,795	723,795	0	0
	d e	Total. Add lines 11a-11d					
			\$ 1,582,578	70.745	64.055.155	446	0.010.711
	12	Total Revenue. Add lines 1h, 2g, 3 8c, 9c, 10c, and 11e		78,743,148	61,055,189	148,828	
							Form 990 (2008)

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalised by the section 501(c)(4) orgalised by the section 501(c)(4) organized by the section 501(c)(6)().
Do	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	23,905,718	23,905,718		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	1,111,055	0	1,111,055	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	27,515,838	23,229,279	0	1,126,969
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,097,631	1,702,122	312,931	82,578
9	Other employee benefits	9,063,767	7,354,789	1,352,160	356,818
10	Payroll taxes	2,010,697	1,631,579	299,962	79,156
11	Fees for services (non-employees)				<u> </u>
а	Management	0	0	0	0
ь	Legal	164,315	1,758	162,557	0
c	Accounting	144,127	4,800	139,327	0
d	Lobbying	241,042	0	241,042	0
e	Professional fundraising See Part IV, line 17	0		,	0
f	Investment management fees	415,999	0	415,999	0
g	Other	4,558,577	4,370,257	156,399	31,921
12	Advertising and promotion	227,315	122,191	104,241	883
13	Office expenses	3,801,832	3,189,961	372,031	239,840
14	Information technology	938,630	103,908	807,853	26,869
15	Royalties	0	0	0	0
16	Occupancy	3,959,573	3,616,278	265,291	78,004
17	Travel	2,445,559	1,990,049	259,160	196,350
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0	0	0	0
19	Conferences, conventions and meetings	0	0	0	0
20	Interest	1,109,136	1,054,352	43,693	11,091
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	5,431,834	5,230,313	154,807	46,714
23	Insurance	0	0	0	0
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Dues and memberships	164,861	101,926	61,872	1,063
b	Repairs and maintenance	705,773	684,150	20,575	1,048
С	Small equipment	707,433	595,978	106,897	4,558
d	Indirect cost charge	526,104	526,104	0	0
e	A wards and honorariums	215,644	196,889	13,947	4,808
f	All other expenses	1,397,455	1,345,605	39,832	12,018
25	Total functional expenses. Add lines 1 through 24f	92,859,915	80,958,006	9,601,221	2,300,688
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				·

Part X B	lance	Sheet
----------	-------	-------

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			9,049,961	1	5,132,174
	2	Savings and temporary cash investments			0	2	0
	3	Pledges and grants receivable, net		14,520,060	3	10,627,503	
	4	Accounts receivable, net			307,637	4	127,421
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L			0	5	0
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of		0	6	0	
	7	Notes and loans receivable, net			11,915,161	7	13,931,564
	8	Inventories for sale or use			186,048	8	180,958
22	9	Prepaid expenses and deferred charges			1,118,814	9	1,240,191
ssets	10a						
AS		Land, buildings, and equipment cost basis	10a	194,225,104			
	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b	93,412,157	87,198,812	10c	100,812,947
	11	Investments—publicly traded securities			115,863,942	11	81,276,115
	12	Investments—other securities See Part IV, line 11 <i>Complete B Schedule D</i>	Part VII	of	0	12	
	13	Investments—program-related See Part IV, line 11 $\it Complete$ of $\it Schedule D$.	TI.	0	13		
	14	Intangible assets		0	14	0	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	0	15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)			240,160,435	16	213,328,873
	17	Accounts payable and accrued expenses .	6,077,303	17	6,795,331		
	18	Grants payable		0	18	0	
	19	Deferred revenue		2,053,379	19	1,662,728	
	20	Tax-exempt bond liabilities			15,245,000	20	14,220,000
<u> </u>	21	Escrow account liability Complete Part IV of Schedule D		•	0	21	0
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ï		persons Complete Part II of Schedule L		-	0	22	0
	23	Secured mortgages and notes payable to unrelated third partie	s.		2,275,731	23	7,010,720
	24	Unsecured notes and loans payable		3,041,506	24	3,122,749	
	25	Other liabilities Complete Part X of Schedule D	22,060,857	25	25,101,842		
	26	Total liabilities. Add lines 17 through 25			50,753,776	26	57,913,370
φ		Organizations that follow SFAS 117, check here ► ✓ and com through 29, and lines 33 and 34.	plet e li	nes 27			
ğ	27	Unrestricted net assets			107,515,650	27	81,181,354
Balance	28	Temporarily restricted net assets			28,770,438		20,258,084
=	29	Permanently restricted net assets		53,120,571	29	53,976,065	
Fund		Organizations that do not follow SFAS 117, check here ► a lines 30 through 34.	plete			<u> </u>	
S O.	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31			
As	32	Retained earnings, endowment, accumulated income, or other f		32			
Net	33	Total net assets or fund balances		189,406,659	33	155,415,503	
Z	34	Total liabilities and net assets/fund balances		240,160,435	34	213,328,873	
Pa	rt XI	Financial Statements and Reporting					

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No	
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo	
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes		
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes		
h	If "Yes" did the organization undergo the required audit or audits?	3h	Yes		

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

	e of the	e organizat i	on					Em	ployer ide	nt if icat io	n number
ALI KL	D ONIVE	-K3111						16	-074390)	
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo				
The	organiz	ation is not	a private found	ation because it is (Please	check onl	ly one org	anızatıon))		•	
1	Γ	A church, o	onvention of ch	nurches, or association of ch	urches de	escribed in	Section 1	170(b)(1)	(A)(i).		
2	굣	A school de	escribed in Sec t	tion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)					
3	Γ	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)									
4	Γ	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	Γ	-	•	for the benefit of a college or	universit	y owned o	r operated	l by a gov	ernmental	unıt desc	rıbed ın
		Section 17)(b)(1)(A)(iv).	(Complete Part II)							
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt descr	ribed in Se	ction 170	(b)(1)(A)	(v).		
7	Γ	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental ı	ınıt or fror	n the gene	ral public
		described i	n Section 170(l	o)(1)(A)(vi) (Complete Par	tII)						
8		A commun	ty trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)				
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% 0	of its supp	ort from c	ontribution	ns, membe	rship fees	, and gross
		receipts fro	m activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	'3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	income (l	ess section	on 511 ta:	k) from bu	sinesses
	_	acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)		
10				and operated exclusively to							
11	Г			and operated exclusively fo							
						n 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check omplete lines 11e through 11h					
			ype I b				nally Integ	-	'' d	Гтуре	III - Other
e	Γ	By checkin	g this box, I ce	rtify that the organization is					one or moi	e disquali	fied persons
				agers and other than one or	more publ	licly supp	orted orga	nızatıons	described	ın sectior	1509(a)(1) or
		section 50		d	the IDC		- T T	T 11 .			
f		check this		d a written determination fro	om the IRS	tnat it is	a Type I,	Type II o	r i ype iii	supportir	ng organization,
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	<u> </u>		,
		following pe									
			·-	r indirectly controls, either a		_	th persons	describe	d ın (ıı)		Yes No
			· -	ng body of the the supported	_	tion?				11g	
			•	erson described in (i) above		_				11g(
				ty of a person described in (11g(iii)
h		Provide the	following infori	mation about the organizatio	ns the org	ganızatıon	supports				
	(:) N =		(::) FIN	(iii) Tuna of augumention	/:\ T		() D.d.		()	- +	(A
		me of orted	(ii) EIN	(iii) Type of organization (described on lines 1-9	I	s the ation in		ou notify inization		s the ation in	(vii) A mount of support?
		ızatıon		above or IRC section		listed in	_	i) of your		rganized	
				(See Instructions))		verning	supp	oort?	ın the	US?	
document?									-		
					Yes	No	Yes	No	Yes	No	
							-				
						-	-				
					1				I	I	1

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	•				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(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 line 1-3							
5	The portion of total contribution by each							
	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column (f)							
6	Public Support subtract line 5 from line							
Ü	4							
To	otal Support		•	•				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources Net income from unrelated business							
9	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)					<u> </u>	ı	
12	Gross receipts from related activities, etc	(See instructio	ns)			12		
13	First Five Years. If the Form 990 is for the	=	irst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)	(3)	_
	organization, check this box and stop here							► □
	omputation of Public Support Perc	entage						
	Public Support Percentage for 2008 (line 6		ded by line 11 c	olumn (fl)		14		
	Public Support Percentage for 2007 Sched		•					
					2 4 /20/	15		
16a	33 1/3% Test - 2008. If the organization di and stop here. The organization qualifies as		,		3 1/3% or more,	спеск	this box	▶ □
ь	33 1/3% Test - 2007. If the organization di				15 is 33 1/3% d	or more	. check th	·
_	box and stop here. The organization qualifi						,	▶ □
17a	10% Facts and Circumstances Test - 2008.				.3, 16a, or 16b	and lin	e 14 ıs 10	•
	more, and if the organization meets the "fa							
	organization meets the "facts and circums							▶ ┌
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "facthe organization meets the "facts and circu		·					_
18	Private Foundation. If the organization did		=	•			-	F-1
	instructions	chock the b		,,,,,,,,,	z. b, check this		500	▶ □

Pa	Support Schedule for O (Complete only if you ched				(2)		
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
_	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	A mounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
_	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
٥	line 6)						
To	tal Support						
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6	(4) 2001	(2) 2005	(4) 2000	(4) 2007	(5) 2000	(1) 10141
	Gross income from interest, dividends,						
10a	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)				<u> </u>		
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	itax year as a 5	01(c)(3) organi	·
	check this box and stop here						►
	moutation of Dublic Cuspert Page	ontago					
	mputation of Public Support Perc		dad bu lina 12 a	alumn (f))		T T	
15	Public Support Percentage for 2008 (line		•	orumni (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV - ,	A, line 27g			16	
Co	mputation of Investment Income						
17	Investment Income Percentage for 2008 (lıne 10c column	(f) divided by lii	ne 13 column (f))	17	
18	Investment Income Percentage from 2007	7 Schedule Δ Pa	rt IV-A line 27	h		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

►□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

Schedule C (Form 990 or 990-EZ) 2008

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C

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

- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	le organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 (I zations complete Part III	Proxy Tax)		
N a	ame of the organization FRED UNIVERSITY	1		Employer iden	tification number
				16-0743900	
Par		by all organizations exempted the instructions for Schedule		n 501(c) and section	527
1		ganızatıon's dırect and ındırect polı		ivities in Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Pai	rt I-B To be completed be for Schedule C for d	oy all organizations exemptetails.)	t under section	n 501(c)(3). (See the	instructions
1	Enter the amount of any excise	e tax incurred by the organization u	nder section 4955	i	\$
2	Enter the amount of any excise	e tax incurred by organization mana	agers under section	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form	4720 for this year	.7	☐ Yes ☐ No
4a	Was a correction made?				┌ Yes
ь	If "Yes," describe in Part IV				
Par		y all organizations exempts for Schedule C for details.)	t under section	n 501(c), except sect	ion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	section 527 exemp	ot function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contrib	outed to other orga	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add lin	es 1 and 2 and ent	er here and on Form	\$
4	Did the filing organization file I	Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount p political contributions received	nd Employer Identification Number paid and indicate if the amount was d and promptly and directly delivere action committee (PAC) If addition	paid from the filing ed to a separate po	j organization's own interna olitical organization, such a	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
				1	

Cat No 50084S

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768	
	Check If the filing organization	belongs to an affili	ated group					
<u>B</u>	Check If the filing organization Limits on Lo (The term "expenditure	bbying Expend	litures—		olly	(a) Filing Organization's Totals	(b) Affiliated Group Totals	
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)				
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)				
c	Total lobbying expenditures (add lin	otal lobbying expenditures (add lines 1a and 1b)						
d	Other exempt purpose expenditures							
e	Total exempt purpose expenditures	(add lines 1c and 1	d)					
f	Lobbying nontaxable amount Entercolumns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000		taxable amount					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	the excess over \$1	.,500,000				
	Over \$17,000,000	\$1,000,000						
	Grassroots nontaxable amount (ente	er 25% of line 1f)						
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a					
i	Subtract line 1f from line 1c Enter -	0- ıflıne fıs more t	han line c					
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h o	r line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No	
	(Some organizations tha columns below.		on 501(h) el	ection do not	have to cor		he five	
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period			
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total	
_2a	Lobbying non-taxable amount							
	Lobbying ceiling amount (150% of line 2a, column(e))							
	: Total lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2008

Part II-B	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form
	5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a)		(b)	
		Yes	No	A mount	
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
ь	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νο		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No		
i	Other activities If "Yes," describe in Part IV	Yes		241,042	
j	Total lines 1c through			241,042	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes" enter the amount of any tax incurred under section 4912				
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912		ļ		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
\	\bullet To be completed by all experientions example under section $FO1(a)(A)$ so		= 0.4.7.	\	

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B
To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

	Dues, assessments and similar amounts from members	1 3	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
b	Carryover from last year	2b \$	
c	Total	2c \$	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 \$	

Part IV Supplemental Information

5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

 Identifier
 Return Reference
 Explanation

 SchC_P2B_S00_L01
 Schedule C, Part II-B, Line 1
 Alfred University contracts a lobbying firm to lobby Congress on behalf of our research programs in School Psychology, Education, Sociology, Environmental Science and Engineering Alfred University also contracts a lobbying firm to lobby the New York State legislature, executive and various NYS agencies to facilitate the goals of Alfred University These goals include economic development, funding for Alfred University and general legislative issues that effect higher education

5 \$

Part IV Supplemental II	Part IV Supplemental Information						
Ident if ier	Return Reference	Explanation					

Schedule C (Form 990 or 990EZ) 2008

For Paperwork Reduction Act Notice, see the Intructions for Form 990

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization ALFRED UNIVERSITY 16-0743900

Par	organizations Maintaining Donor A organization answered "Yes" to Form 9		unds or Accounts. Complete if the
	organization answered Tes to Form 5	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (durıng year)		
4	Aggregate value at end of year		
	Did the organization inform all donors and donor addrinds are the organization's property, subject to the		or advised Yes No
	Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be impermissible private benefit?		
Par	t III Conservation Easements. Complete	e if the organization answered "Yes" t	o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrea Protection of natural habitat Preservation of open space	tion or pleasure) Γ Preservation of an	historically importantly land area rtified historic structure
	Complete lines 2a-2d if the organization held a qua on the last day of the tax year	alified conservation contribution in the form	of a conservation easement
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemer	nts	2b
c	Number of conservation easements on a certified	historic structure included in (a)	2c
d	Number of conservation easements included in (c)) acquired after 8/17/06	2d
	Number of conservation easements modified, transitive taxable year \blacktriangleright	ferred, released, extinguished, or terminate	d by the organization during
4	Number of states where property subject to conserv	vation easement is located ►	
	Does the organization have a written policy regarding enforcement of the conservation easements it holds		ations, and Yes No
6	Staff or volunteer hours devoted to monitoring, insp	pecting and enforcing easements during the	year ►
7	A mount of expenses incurred in monitoring, inspect	ting, and enforcing easements during the ye	ear ► \$
8	Does each conservation easement reported on line $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	2(d) above satisfy the requirements of sec	tion Yes No
	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	f the footnote to the organization's financial ements	statements that describes
	Organizations Maintaining Collecti Complete if the organization answered	l "Yes" to Form 990, Part IV, line 8.	
	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f	ld for public exhibition, education or researd	ch in furtherance of public service,
_	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item	r public exhibition, education, or research ii	•
	(i) Revenues included in Form 990, Part VIII, line	1	► \$
	(ii) Assets included in Form 990, Part X		▶- \$
2	If the organization received or held works of art, his following amounts required to be reported under SFA	·	'
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ -\$

Cat No 52283D

Par	444 Organizations Maintaining Co	ollections of Art,	Hist	tori	<u>cal Treasu</u>	res, or Oth	<u>er Similar Ass</u>	sets (co	<u> ntınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e foll	owing that are	a sıgnıfıcant	use of its collecti	on	
а	Public exhibition		d	Γ	Loan or exch	ange program	ıs		
b	Scholarly research		e	Γ	Other				
c	Preservation for future generations								
4	Provide a description of the organization's c Part XIV	ollections and explair	n how	they	further the o	rganızatıon's (exempt purpose ir	1	
5	During the year, did the organization solicit assets to be sold to raise funds rather than							_ Yes	┌ No
Par	t IV Trust, Escrow and Custodial					nızatıon ans	wered "Yes" to	Form 9	90,
	Part IV, line 9, or reported an ar								
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?			for c	ontributions o	r other assets		Yes	Г No
b	If "Yes," explain why in Part XIV and comple	ete the following table	:				T		
								ount	
с	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F		21?				Г	Yes	No
	If "Yes," explain the arrangement in Part XI				1 113 2 11 1 1				
Рa	rt V Endowment Funds. Complete	(a)Current Year		were Prior				(e)Four V	ears Back
1a	Beginning of year balance	109,089,629	(5)	<i>y</i> 1 1101	rear (c)	o rears back (ayrinee rears back	(C) our r	Edia Back
ь	Contributions	1,162,928							
с	Investment earnings or losses	-29,523,953							
d	Grants or scholarships	2,262,598							
e	Other expenditures for facilities	3,694,812							
	and programs								
f	Administrative expenses	0							
g	End of year balance	74,771,194							
2	Provide the estimated percentage of the year		5						
а	Board designated or quasi-endowment 🕨	16 %							
Ь	Permanent endowment 🕨 84 %								
c	Term endowment ► 0 %								
3a	Are there endowment funds not in the posse organization by	ssion of the organizat	tion t	hat a	re held and a	dministered fo	or the	Yes	No
	(i) unrelated organizations						3a(i	_	No
	(ii) related organizations						3a(i	_	Νο
Ь	If "Yes" to 3a(II), are the related organization						3b		
4	Describe in Part XIV the intended uses of th								
Par	t VI Investments—Land, Building	s, and Equipmen	t. Se	ee F	orm 990, Pa				
	Description of investment				Cost or other s (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Boo	ok value
1a	and				1,122,832	0			1,122,832
b I	Buildings				129,812,899	0	55,796,970	7	4,015,929
c I	easehold improvements				0	0	0		(
d I	Equipment		•		42,983,507	0	37,615,187		5,368,320
e	Other				20,305,866	0	0	2	0,305,866

100,812,947

Part VIII Investments—Other Securities. See	e Form 990, Part X, line 1.		
(a) Description of security or cateory (including name of security)	(b)Book value		l of valuation year market value
inancial derivatives and other financial products			,
losely-held equity interests			
ther			
otal. (Column (b) should equal Form 990, Part X, col (B) line 12)			
art VIII Investments—Program Related. Se	ee Form 990, Part X, line		
(a) Description of investment type	(b) Book value		l of valuation year market value
		Cost or end-of-	year market value
A Colore (b) should a real Form (000 Book V and (D) broad (2)			
otal. (Column (b) should equal Form 990, Part X, col (B) line 13) Fort IX Other Assets. See Form 990, Part X, I			
(a) Description			(b) Book value
. ,	•		• • • • • • • • • • • • • • • • • • • •
otal. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part		·	
(a) Description of Liability	(b) A mount		
ederal Income Taxes	0		
sset retirement obligation	1,525,440		
ostretirement benefit obligation	19,153,586		
nnuities payable	1,382,755		
S government grant refundable	3,040,061		
otal. (Column (b) should equal Form 990, Part X, col (B) line 25)	25,101,842		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	าts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	78,743,148
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	92,859,915
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-14,116,767
4	Net unrealized gains (losses) on investments	4	-19,874,389
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	-19,874,389
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-33,991,156
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	34,963,044
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines 2a through 2d	2e	-19,874,389
3	Subtract line 2e from line 1	3	54,837,433
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	23,905,715
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	78,743,148
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	68,954,200
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	-	
Ь	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25	-	
d	Other (Describe in Part XIV) 2d 0	_	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	68,954,200
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0	-	
b	Other (Describe in Part XIV)	_	22.005.715
c -	Add lines 4a and 4b	4c	23,905,715
5 Dar	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	92,859,915
reil	Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Distributions from the University's endowment fund are used for scholarships for students, faculty salaries, benefits and professional development expenses, and other direct program support as required by donor imposed restrictions
SchD_P10_S00_L00	Schedule D, Part X	The University had no liability for uncertain tax positions under FIN 48 and as a result was not required to include a footnote disclosure in its financial statements
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Grants and scholarships are reported as a reduction of revenue in the financial statements
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Grants and scholarships are reported as a reduction in revenue in the financial statements

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Schools

Name of the organization ALFRED UNIVERSITY

Employer identification number

16-0743900

			YES	NO
1	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?	1	Yes	
2	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?	2	Yes	
3	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,"		103	
	please explain Alfred University draws a substantial percentage of its students nationwide, as well as from a large geographic section of the United State and follows a non-discriminatory policy as to students. Alfred University's promotional activities and recruitment efforts in each area are designed to inform students of all racial segments, in the general communities within the area, of the availability of the school	3	Yes	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	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 Students' rights or privileges?	5a		Νo
u	Students Tights of privileges.			110
b	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c		Νο
	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	5h		No
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
	Has the organization's right to such aid ever been revoked or suspended?	6b		Νο
	If you answered "Yes" to either 6a or b, please explain using an attached statement 🍠			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," attach an explanation	7	Yes	

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DLN: 93493041011540

OMB No 1545-0047

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

SCHEDULE F

(Form 990)

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Name of the organization ALFRED UNIVERSITY

Employer identification number

16-0743900

Part I	General Information on Activities Outside the United States.	Complete if the organization answered
	"Yes" to Form 990, Part IV, line 14b.	

For grantmakers. Does the organization maintain records to substantiate the amount of the grants or 1 assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award

No

For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

J Activites per Region (o:	se Schedule 1-1	(I OIIII 990) II aut	illional space is needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Sub-Saharan Africa	0	0	Program Services	Conference presentation	1,503
Central America and the Caribbean	0	0	Fundraising	Meetings with donors	2,092
East Asia and the Pacific	0	0	Fundraising	Meetings with donors	7,843
East Asia and the Pacific	0	0	Program Services	program development, conference presentations, art exhibition, recruiting	50,889
Europe (including Iceland and Greenland	0	0	Fundraising	Meetings with donors	5,491
Europe (including Iceland and Greenland	0		Program Services	Program development, conference presentations and attendance, study abroad programming and development	38,461
North America (including Canada and Mexico, but not the United States)	0	0	Program Services	conference presentations and attendance	42,900
Russia and the newly independent States	0	0	Program Services	Conference attendance	2,702
South America	0	0	Program Services	Conference attendance	1,516
South Asia	0	0	Program Services	Conference presentations and attendance	8,533
Totals ▶	0	0			161,930
For Paperwork Reduction Act Notice, see the instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2008					

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							-
	_							_
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

Software ID: 08000095

Software Version: v1.00

EIN: 16-0743900

Name: ALFRED UNIVERSITY

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraisal, other)
-----------------------------	---	------------	-------------------------	------------------------------	------------------------------------	---	--	--

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	1	1				l	

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

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DLN: 93493041011540 OMB No 1545-0047

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

2008

Department of the Treasury Internal Revenue Service Name of the organization

ALFRED UNIVERSITY

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

Open to Public Inspect ion

Employer identification number

ALIKED ONIVERSITI						16-0743900	
Part I General Infor	mation on Gra	nts and Assistance	е				
Does the organization m the selection criteria useDescribe in Part IV the organization	ed to award the gra	ints or assistance?					▼ Yes □
Form 990, Part Part IV and Sch	IV, line 21 for a nedule I-1 if add	ny recipient that rec itional space is	eived more than \$5,0	000. Check this box	tes. Complete if the confirmation one recipient rec	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
2 Enter total number of seconganizations3 Enter total number of oth					• • • • • • • • • •		
For Paperwork Reduction Act No			<u> </u>	Cat No 50055			hedule I (Form 990) 2008

art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, F	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Scholarships	1885	23,905,718	0	cash	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. See Additional Data Table

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02		Students receiving scholarships and fellowships are judged worthy by the institution's assessment on the basis of academic achievement, financial need and other similar standards

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As Filed Data -

DLN: 93493041011540

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047 2008

> Open to Public Inspection

Name	of	t he	orga	nizat	ion
ALERED.	UI (NIVER	SITY		

Employer identification number

16-0743900

Pa	rt I Questions Regarding Compensation	n	•			
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	굣	Housing allowance or residence for personal use			1
	Travel for companions	\vdash	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	<u>~</u>	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wi provision of all the expenses described above? If "N	•		1b	Yes	
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the	nat appl	у			
	Compensation committee	<u> </u>				
	Independent compensation consultant	□	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control p	ayment	t?	4a	Yes	
b	Participate in, or receive payment from, a supplement	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o			7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III					No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	,	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Charles M Edmondson	(1) (11)	290,029	0	54,546 0 0	35,443 0	50,725	430,743	
Suzanne C Buckley	(1) (11)		0	0	24,608 0	21,945	230,911	0
Stan Colla	(ı) (ıı)		0	15,385	10,533	29,400	241,086	0
Dr Scott Misture	(ı) (ıı)		0 0	48,721	12,913 0	28,978	8 213,928 0 0	0
Joseph S Lewis III	(1) (11)		0	6,120	25,426 0	25,515	5 218,790 0 0	0
Dr William C LaCourse	(1) (11)		440	0	0	30,308	8 186,845 0 0	0
Wendy C Beckmeyer	(1) (11)		0	0	8,085 0	23,567	7 187,528 0 0	0
William M Hall	(1) (11)	.	0	0	25,386 0	23,520	205,841	0
Irene M Moszer	(ı) (ıı)		0	196,564	5,486 0	8,386	5 296,134 0 0	296,134
Giovina M Lloyd	(ı) (ıı)		0	0	21,801	. 14,130	162,935	,o
A lastair Cormack	(ı) (ıı)		0	0	3,590 0	32,086	5 194,246 0 0	, c
	(ii) (i)							-
	(ii)				<u> </u>			1
	(i) (ii)		 '			 	<u> </u>	4

Software ID: 08000095

Software Version: v1.00

EIN: 16-0743900

Name: ALFRED UNIVERSITY

Form 990 Schedule 1 Part II - Officers Directors Trustees Key Employees and Highest Compensated Employees

Form 990, Schedule J, Pa	<u>rt</u> .	<u> 11 - Officers, Direc</u>	<u>.tors, Trustees, K</u> e	<u>zy Employees, and</u>	<u>. Highest Compen</u>	<u>sated Employees</u>	<u>*</u>	
(A) Name		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Charles M Edmondson	(ı) (ıı)	·	0	54,546 0	35,443 0	50,725 0	430,743	0
Suzanne C Buckley	(ı) (ıı)	184,358 0	0	0	24,608 0	21,945	230,911	0
Stan Colla	(ı) (ıı)	185,768 0	0	15,385	10,533	29,400	241,086	0
Dr Scott Misture	(ı) (ıı)	123,316 0	0	48,721	12,913 0	28,978 0	213,928	0
Joseph S Lewis III	(ı) (ıı)	· ·	0	6,120	25,426 0	25,515 0	218,790	0
Dr William C LaCourse	(ı) (ıı)	156,097 0	440	0	0	30,308 0	186,845	0
Wendy C Beckmeyer	(ı) (ıı)		0	0	8,085 0	23,567	187,528	0
William M Hall	(ı) (ıı)	_	0	0	25,386 0	23,520	205,841	0
Irene M Moszer	(ı) (ıı)	•	0	196,564	5,486 0	8,386 0	296,134	296,134 0
Giovina M Lloyd	(ı) (ıı)	•	0	0	21,801 0	14,130 0	162,935	0
A lastair Cormack	(ı) (ıı)		0	0	3,590	32,086	194,246	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
SchJ_P01_S00_L01a		The University requires the President to live in on-campus housing and provides a custodian to clean the facility. As part of the President's compensation package a personal allowance and gross up were approved by the board. The University maintains a country club membership in the President's name for entertainment of donors.
SchJ_P01_S00_L03	Schedule J, Part I, Line 3	
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	The former VP Business and Finance was given severance pay of \$175,049
-	+	
-	+	
-		

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DLN: 93493041011540

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Internal Revenue Service Name of the organization ALFRED UNIVERSITY

Employer identification number

					16-0743900			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of de reven	etermı	ning	
1	Art-Works of art							
	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	2	747,250	Market Value			
	Securities—Closely held stock .			,				
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (describe)							
26	Other (describe)							
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		ar for contributions for	29			9
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must		Yes	No
	hold for at least three years from the date o	of the initial	contribution and which is	not required to be used for	yamnt nurnasas	1	1	
	for the entire holding period? .				· · · · ·	30a		No
b	If "Yes", describe the arrangeme	ent in Part I	II					
31	Does the organization have a gif	•		·		31	Yes	
32a	Does the organization hire or use contributions?	e third parti	•	to solicit, process, or sell i	non-cash	32a		Νο
b	If "Yes", describe in Part II							
33	If the organization did not report	revenuesı	n Column (c) for a type of p	roperty for which Column (a	ı) ıs			

Part II Supplemental Infor 32b, and 33. Also com	32b, and 33. Also complete this part for any additional information.					
Identifier	ReturnReference	Explanation				
240111111	Notal III Colored	Explanation				
	1	1				

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DLN: 93493041011540

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

2008

OMB No 1545-0047

for

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Name of the organization ALFRED UNIVERSITY	Employer identification number
	16-0743900

ldentifier	Return Reference	Explanation
F990_P06_S0A_L10	Form 990, Part	Form 990 is prepared by the Controller and submitted for review to the University auditors, President, Vice President for Business and Finance and the Vice Chairman of the Audit Committee of the Board of Trustees, who has been delegated this responsibility by the Board of Trustees. The University also makes the draft form available to all board members for their review and comment

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The Human Resource Committee of the Board of Trustees sets the salary for the President They utilize many sources of comparative data including the use of consultants, surveys, and form 990 filings from comparative universities to determine the appropriate compensation

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Conflict of interest forms are distributed annually by the President's Office to all members of the Board of Trustees. The completed forms are returned to the Corporate Secretary who is present at all board meetings and ensures that any members who have a stated conflict of interest abstain from any voting associated with that conflict. Key employees are required to submit conflict of interest questionnaires annually to their supervisors who ensure that any perceived conflicts are mitigated.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The University complies with all law's and regulations and provides photocopies of required documents upon request

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

DLN: 93493041011540

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2008

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

ALFRED UNIVERSITY

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

Related Organizations and Unrelated Partnerships

Department of the Treasury ► See separate instructions. Internal Revenue Service

				16-0743900	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
	(B) Primary activity (B) Legal domicile (state or foreign country) Total income Total income Total income Total income				
Part II Identification of Related Tax-Exempt Organiza	tions				
(A) Name, address, and EIN of related organization	(B) Primary activity	Legal domicile (state	(D) Exempt Code sect	(F) Public charity sta (if section 501(c)	(F) atus Direct controlling ((3)) entity
Alfred University Housing Corporation One Saxon Drive Alfred, NY14802 16-6052251		NY	501(c)(2)		N/A
Saxon Inn Inc One Saxon Drive Alfred, NY14802 16-0960711	Auxiliary of reporting organization	NY	501(c)(7)		N/A
Alfred University Research Fdn Inc One Saxon Drive Alfred, NY14802 16-1063285		NY	501(c)(3)	2	N/A

Cat No 50135Y

Part III Identification of F		,		45	p		1		1			1		
(A) Name, address, and EIN of related organization	(B) Primary ac	tivity	(C) Legal domicile (state o foreign country)	r	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H Disproj alloca	i) prtionate tions?	(I) Code V—UBI a on Box 20 of I		Gener mana partn	alo ging ner?
									Yes	No			Yes	No
										<u> </u>				
Part IV Identification of P	Related Org	anizations	Taxa	ble as	a Corporation	or Trust		_						
(A) Name, address, and EIN of related o	rganization	(B) Primary activ	/ity		(C) gal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total inco	me	Sh end-	(G) are of of-year ssets	of Percent year owner		
Foster Lake Inc One Saxon Drive Alfred, NY14802 16-1000109		Lake access to students, staff community			NY	N/A	С		100		100	1 00 9	%	

Part V Transactions	with Related	Organizations
---------------------	--------------	---------------

Part '	Transactions with Related Organizations			
No	ote. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 Durir	ng the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Re	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b G	ıft, grant, or capıtal contribution to other organization(s)	1b		No
c Gı	ift, grant, or capital contribution from other organization(s)	1c		No
d Lo	oans or loan guarantees to or for other organization(s)	1d		No
e Lo	oans or loan guarantees by other organization(s)	1e		No
f Sa	ale of assets to other organization(s)	1f		No
g Pu	urchase of assets from other organization(s)	1g		No
h Ex	xchange of assets	1h		No
i Le	ase of facilities, equipment, or other assets to other organization(s)	1i		No
j Le	ease of facilities, equipment, or other assets from other organization(s)	1j		No
k P6	erformance of services or membership or fundraising solicitations for other organization(s)	1k		No
I Pe	erformance of services or membership or fundraising solicitations by other organization(s)	11		No
m Sh	haring of facilities, equipment, mailing lists, or other assets	1m	1	No
n Si	haring of paid employees	1n		No
o Re	eımbursement paid to other organization for expenses	10	Yes	
p Re	eimbursement paid by other organization for expenses	1р		No
q 0	ther transfer of cash or property to other organization(s)	1q	Yes	
r Ot	ther transfer of cash or property from other organization(s)	1r		No
	the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(A) Name of other organization(s) (B) Transaction type(a-r) (C) Amount Involved			
(1)	Saxon Inn Inc o		9,73	32
(2)	Foster Lake Inc		20.00	00

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) Saxon Inn Inc	o	9,732
(2) Foster Lake Inc	q	20,000
(3)		
(4)		
(5)		
(6)		
	·	

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_			
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No		
			•	•		•		Sabadula	D / Form			

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

Alfred University's mission is to provide academically challenging programs in a caring environment. Its aim is to prepare well-educated, independent thinkers, ready for lives of continuous intellectual and personal growth. Alfred is a student-centered, comprehensive university offering a wide range of learning opportunities. It is at once small and complex, private and public, undergraduate and graduate, rural and globally connected. Alfred is committed to both teaching and research. It is devoted to the pursuit of technical expertise, artistic creativity, and humanistic learning. Alfred University is proud of its history of promoting equality and respecting diversity. Its intimate atmosphere fosters a strong sense of community among students, faculty, staff, and alumni.

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

Alfred University's mission is to provide academically challenging programs in a caring environment. Its aim is to prepare well-educated, independent thinkers, ready for lives of continuous intellectual and personal growth. Alfred is a student-centered, comprehensive university offering a wide range of learning opportunities. It is at once small and complex, private and public, undergraduate and graduate, rural and globally connected. Alfred is committed to both teaching and research. It is devoted to the pursuit of technical expertise, artistic creativity, and humanistic learning. Alfred University is proud of its history of promoting equality and respecting diversity. Its intimate atmosphere fosters a strong sense of community among students, faculty, staff, and alumni.