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## Return of Organization Exempt From Income Tax

Department of the Treasury  
Internal Revenue Service

2008

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

Open to Public  
Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements

## A For the 2008 calendar year, or tax year beginning

07/01, 2008, and ending

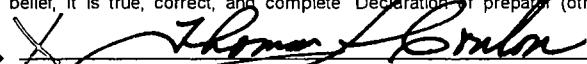
06/30, 2009

<b>B</b> <input type="checkbox"/> Check if applicable Address change  <input checked="" type="checkbox"/> Name change Initial return  <input type="checkbox"/> Termination Amended return  <input type="checkbox"/> Application pending	<b>C</b> Name of organization CASE ALUMNI ASSOCIATION, INC.  Doing Business As  Number and street (or P O box if mail is not delivered to street address) 10605 CHESTER AVENUE  City or town, state or country, and ZIP + 4 CLEVELAND, OH 44106	<b>D</b> Employer identification number 20-4435833	
		<b>E</b> Telephone number (216) 231-4567	
		<b>G</b> Gross receipts \$ 7,034,411.	
		<b>H(a)</b> Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		If "No," attach a list (see instructions)	
<b>H(c)</b> Group exemption number ►			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ► (Insert no) 4947(a)(1) or 527	J Website: ► <a href="http://WWW.CASEALUM.ORG">WWW.CASEALUM.ORG</a>		
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	L Year of formation 2005		
M State of legal domicile OH			

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities  TO BE AN ACTIVE ALUMNI/ALUMNAE FELLOWSHIP THAT SUPPORTS AND ADVANCES THE INTERESTS OF THE CASE SCHOOL OF ENGINEERING AND CASE WESTERN RESERVE UNIVERSITY'S APPLIED SCIENCES PROGRAMS	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	
		3 Number of voting members of the governing body (Part VI, line 1a)	48
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	48
	5 Total number of employees (Part V, line 2a)	5	17
	6 Total number of volunteers (estimate if necessary)	6	75
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE
	b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE
Revenue	8 Contribution and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year	Current Year
		.....	.....
		.....	6,628,501.
		.....	NONE
		.....	29,841.
		.....	NONE
		.....	376,069.
		.....	7,034,411.
		.....	NONE
		.....	6,171,870.
		.....	NONE
		.....	18,000.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses, Part IX, column (D), line 25 ► 170,895 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	Prior Year	Current Year
		.....	.....
		.....	714,655.
		.....	NONE
		.....	7,536,617.
		.....	NONE
		.....	-502,206.
		Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20.
7,616,428.	5,689,530.		
4,465,581.	3,845,666.		
3,150,847.	1,843,864.		

## Part II Signature Block

<b>Sign Here</b>  <b>PREPARED</b>  <b>Paid</b> <b>Preparer's</b> <b>Use Only</b>	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		
	Signature of officer  THOMAS J. CONLON	Date 5/12/2011	Check if self-employed <input type="checkbox"/>
	Preparer's identifying number (see instructions)		
	Firm's name (or yours if self-employed), address, and ZIP + 4 MALONEY + NOVOTNY LLC 1111 SUPERIOR AVENUE, SUITE 700 CLEVELAND, OH 44114	EIN ►	Phone no ► 216-363-0100

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

JSA  
8E1010 2 000

97452S A23R 05/04/2011 15:16:18 V08-8.3

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**Part III Statement of Program Service Accomplishments (see instructions)**

1 Briefly describe the organization's mission  
**SEE STATEMENT 1**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? .....  Yes  No  
 If "Yes" describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? .....  Yes  No  
 If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  
 Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code \_\_\_\_\_) (Expenses \$ 7,130,031, including grants of \$ 6,171,870) (Revenue \$ 376,069)

THE CASE ALUMNI ASSOCIATION IS ORGANIZED PRIMARILY TO  
 ENGAGE IN ACTIVITIES THAT PROVIDE SUPPORT AND SERVICE TO  
 THE CASE SCHOOL OF ENGINEERING, CASE WESTERN RESERVE  
 UNIVERSITY (APPLIED SCIENCE PROGRAMS), AND ALUMNI.

**4b** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe in Schedule O)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e Total program service expenses ► \$ 7,130,031 (Must equal Part IX, Line 25, column (B))**

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete *Schedule A* . . . . .

2 Is the organization required to complete *Schedule B, Schedule of Contributors*? . . . . .

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* . . . . .

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete *Schedule C, Part II* . . . . .

5 **Sections 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* . . . . .

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* . . . . .

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete *Schedule D, Part II* . . . . .

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete *Schedule D, Part III* . . . . .

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* . . . . .

10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete *Schedule D, Part V* . . . . .

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* . . . . .

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* . . . . .

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete *Schedule E* . . . . .

14a Did the organization maintain an office, employees, or agents outside of the U S ? . . . . .

  b 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* . . . . .

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* . . . . .

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* . . . . .

17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete *Schedule G, Part I* . . . . .

18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete *Schedule G, Part II* . . . . .

19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete *Schedule G, Part III* . . . . .

20 Did the organization operate one or more hospitals? If "Yes," complete *Schedule H* . . . . .

21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete *Schedule I, Parts I and II* . . . . .

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* . . . . .

23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete *Schedule J* . . . . .

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 . . . . .

  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .

  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? . . . . .

  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .

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* . . . . .

  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* . . . . .

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, Part II* . . . . .

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* . . . . .

	Yes	No
1	X	
2	X	
3	X	
4	X	
5		
6	X	
7	X	
8	X	
9	X	
10	X	
11	X	
12	X	
13	X	
14a	X	
14b	X	
15	X	
16	X	
17	X	
18	X	
19	X	
20	X	
21	X	
22	X	
23	X	
24a	X	
24b		
24c		
24d		
25a	X	
25b	X	
26	X	
27	X	

**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		
a	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 IV . . . . .	28a	X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV . . . . .	28b	X
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	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31	X
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	X
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? If "Yes," complete Schedule R, Part I . . . . .	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	34	X
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	X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37	X

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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** **NONE**

1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . . **1b** **NONE**

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . **2a** **17**

b If at least one is reported on line 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 (see instructions)*

3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .

b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .

b If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .

c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .

6a Did the organization solicit any contributions that were not tax deductible? . . . . .

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .

**7 Organizations that may receive deductible contributions under section 170(c).**

a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .

b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .

d If "Yes," indicate the number of Forms 8282 filed during the year . . . . . **7d**

e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .

g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .

h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .

**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 year? . . . . .

**9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**

a Did the organization make any taxable distributions under section 4966? . . . . .

b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .

**10 Section 501(c)(7) organizations.** Enter

a Initiation fees and capital contributions included on Part VIII, line 12 . . . . . **10a**

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . **10b**

**11 Section 501(c)(12) organizations.** Enter

a Gross income from members or shareholders . . . . . **11a**

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . . **11b**

**12a Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? . . . . .

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . **12b**

	Yes	No
1c		
2b	X	
3a		X
3b		
4a	X	
5a		X
5b	X	
5c		
6a	X	
6b		
7a	X	
7b		
7c	X	
7d		
7e	X	
7f	X	
7g		
7h		
8		
9a		
9b		
10a		
10b		
11a		
11b		
12a		
12b		

Form 990 (2008)

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

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions		
	Yes	No
1a Enter the number of voting members of the governing body . . . . .	1a 48	
b Enter the number of voting members that are independent . . . . .	1b 48	
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	X
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	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5	X
6 Does the organization have members or stockholders? . . . . .	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body? . . . . .	8a	X
b Each committee with authority to act on behalf of the governing body? . . . . .	8b	X
9a Does the organization have local chapters, branches, or affiliates? . . . . .	9a	X
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	X
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	X
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	X

**Section B. Policies**

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	X
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	X
13 Does the organization have a written whistleblower policy? . . . . .	13	X
14 Does the organization have a written document retention and destruction policy? . . . . .	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
a The organization's CEO, Executive Director, or top management official? . . . . .	15a	X
b Other officers or key employees of the organization? . . . . .	15b	X
Describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	X
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 ►	
18 Section 6104 requires an organization to make its Forms 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	
<input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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	
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► <u>THOMAS J. CONLON</u> <u>10605 CHESTER AVENUE</u> <u>#309</u> <u>CLEVELAND, OH 44106</u> <u>216-231-4567</u>	

## **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.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

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

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

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

## **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
SEE STATEMENT 2		
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► 1		

## Part VIII Statement of Revenue

20-4435833

Contributions, gifts, grants and other similar amounts	Program Service Revenue	Other Revenue	Business Code	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a Federated campaigns . . . . .	1a						
b Membership dues . . . . .	1b						
c Fundraising events . . . . .	1c						
d Related organizations . . . . .	1d	6,133,919.					
e Government grants (contributions) . . . . .	1e						
f All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	494,582.					
g Noncash contributions included in lines 1a-1f \$ . . . . .		9,790.					
h Total. Add lines 1a-1f . . . . .				6,628,501.			
2a							
b							
c							
d							
e							
f All other program service revenue . . . . .							
g Total. Add lines 2a-2f . . . . .					NONE		
3 Investment income (including dividends, interest, and other similar amounts) . . . . .					29,841.		29,841.
4 Income from investment of tax-exempt bond proceeds . . . . .						NONE	
5 Royalties . . . . .						NONE	
6a Gross Rents . . . . .	(i) Real	(ii) Personal					
b Less rental expenses . . . . .							
c Rental income or (loss) . . . . .							
d Net rental income or (loss) . . . . .						NONE	
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
b Less cost or other basis and sales expenses . . . . .							
c Gain or (loss) . . . . .							
d Net gain or (loss) . . . . .						NONE	
8a Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c) See Part IV, line 18 . . . . . a							
b Less direct expenses . . . . . b							
c Net income or (loss) from fundraising events . . . . .						NONE	
9a Gross income from gaming activities See Part IV, line 19 . . . . . a							
b Less direct expenses . . . . . b							
c Net income or (loss) from gaming activities . . . . .						NONE	
10a Gross sales of inventory, less returns and allowances . . . . . a							
b Less cost of goods sold . . . . . b							
c Net income or (loss) from sales of inventory. . . . .						NONE	
Miscellaneous Revenue		Business Code					
11a EVENT INCOME		900099		88,808.		88,808.	
b OTHER INCOME		900099		287,261.		287,261.	
c							
d All other revenue . . . . .							
e Total Add lines 11a-11d . . . . .				376,069.			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .				7,034,411.		376,069.	29,841.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 US See Part IV, line 21 . . . . .	5,017,285.	5,017,285.		
2 Grants and other assistance to individuals in the U.S See Part IV, line 22 . . . . .	1,154,585.	1,154,585.		
3 Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	118,904.	60,639.	21,593.	36,672.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
7 Other salaries and wages . . . . .	384,914.	254,566.	48,306.	82,042.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . . . . .	26,662.	12,066.	7,299.	7,297.
9 Other employee benefits . . . . .	41,838.	23,514.	18,324.	
10 Payroll taxes . . . . .	59,774.	28,285.	17,269.	14,220.
11 Fees for services (non-employees)				
a Management . . . . .	NONE			
b Legal . . . . .	6,832.		6,832.	
c Accounting . . . . .	24,000.		24,000.	
d Lobbying . . . . .	NONE			
e Professional fundraising services See Part IV, line 17	18,000.			18,000.
f Investment management fees . . . . .	NONE			
g Other . . . . .	170,986.	151,880.	19,106.	
12 Advertising and promotion . . . . .	NONE			
13 Office expenses . . . . .	NONE			
14 Information technology . . . . .	NONE			
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	39,940.	6,022.	32,574.	1,344.
17 Travel . . . . .	84,350.	80,987.	3,363.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . . . .	89,523.	83,404.	6,119.	
20 Interest . . . . .	NONE			
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	1,049.	647.	268.	134.
23 Insurance . . . . .	NONE			
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)				
a SUPPLIES-----	74,421.	48,040.	16,611.	9,770.
b PRINTING-----	124,682.	115,865.	8,817.	
c POSTAGE-SHIPPING-----	88,144.	85,025.	3,119.	
d TELEPHONE-----	10,728.	7,221.	2,091.	1,416.
e -----				
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	7,536,617.	7,130,031.	235,691.	170,895.
26 Joint Costs. Check here ► <input type="checkbox"/> 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 Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing . . . . .		1	
	2 Savings and temporary cash investments . . . . .	139,845	2	70,972
	3 Pledges and grants receivable, net . . . . .	72,522	3	30,060
	4 Accounts receivable, net . . . . .		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L . . . . .		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		6	
	7 Notes and loans receivable, net . . . . .		7	
	8 Inventories for sales or use . . . . .		8	
	9 Prepaid expenses and deferred charges . . . . .	34,052	9	111,929
	10a Land, buildings, and equipment cost basis . . .	10a 51,845		
	b Less accumulated depreciation Complete Part VI of Schedule D. . . . .	10b 51,274	1,620	10c 571
	11 Investments - publicly traded securities . . . . .	7,368,389	11	3,505,709
	12 Investments - other securities See Part IV, line 11 . . . . .		12	
	13 Investments - program-related See Part IV, line 11 . . . . .		13	
	14 Intangible assets . . . . .		14	
	15 Other assets See Part IV, line 11 . . . . .		NONB 15	1,970,289
	16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . .	7,616,428	16	5,689,530
Liabilities	17 Accounts payable and accrued expenses . . . . .	108,507	17	101,511
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .		19	
	20 Tax-exempt bond liabilities . . . . .		20	
	21 Escrow account liability Complete Part IV of Schedule D . . . . .		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		22	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24 Unsecured notes and loans payable . . . . .		24	
	25 Other liabilities Complete Part X of Schedule D . . . . .	4,357,074	25	3,744,155
	26 Total liabilities. Add lines 17 through 25 . . . . .	4,465,581	26	3,845,666
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets . . . . .	972,758	27	860,340
	28 Temporarily restricted net assets . . . . .	133,236	28	62,228
	29 Permanently restricted net assets . . . . .	2,044,853	29	921,296
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
	33 Total net assets or fund balances . . . . .	3,150,847	33	1,843,864
	34 Total liabilities and net assets/fund balances . . . . .	7,616,428	34	5,689,530

## Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	2a	X
b	Were the organization's financial statements audited by an independent accountant? . . . . .	2b	X
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	
3a	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	X
b	If "Yes," did the organization undergo the required audit or audits? . . . . .	3b	

Form 990 (2008)

Department of the Treasury  
Internal Revenue Service

**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.

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**Name of the organization**

**Employer identification number**

20-4435833

CASE ALUMNI ASSOCIATION, INC.

**Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)**

The organization is not a private foundation because it is (Please check only one organization )

1	<input type="checkbox"/> A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).	Yes	No
2	<input type="checkbox"/> A school described in section 170(b)(1)(A)(ii). (Attach Schedule E )	11g(i)	X
3	<input type="checkbox"/> A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H )	11g(ii)	X
4	<input type="checkbox"/> 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	11g(iii)	X
5	<input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )		
6	<input type="checkbox"/> A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).		
7	<input checked="" type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )		
8	<input type="checkbox"/> A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )		
9	<input type="checkbox"/> An organization that normally receives (1) more than 3 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 3 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )		
10	<input type="checkbox"/> An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions)		
11	<input type="checkbox"/> An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h		
e	<input type="checkbox"/> a <input type="checkbox"/> Type I      b <input type="checkbox"/> Type II      c <input type="checkbox"/> Type III - Functionally Integrated      d <input type="checkbox"/> Type III - Other		
e	<input type="checkbox"/> By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)		
f	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box . . . . . <input type="checkbox"/>		
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?		
g	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .	11g(i)	X
g	(ii) A family member of a person described in (i) above? . . . . .	11g(ii)	X
g	(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	11g(iii)	X
h	Provide the following information about the organizations the organization supports		

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

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

**Schedule A (Form 990 or 990-EZ) 2008**

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar 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") . . . . .					6,628,501.	6,628,501.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 Total. Add lines 1-3 . . . . .					6,628,501.	6,628,501.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						5,993,231.
6 Public support. Subtract line 5 from line 4						635,270.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4. . . . .					6,628,501.	6,628,501.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .					29,841.	29,841.
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .					376,067.	376,067.
11 Total support. Add lines 7 through 10 . . . . .						7,034,409.
12 Gross receipts from related activities, etc (See instructions) . . . . .					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ► <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)
**Section A. Public Support**

Calendar 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 Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						
c Add lines 7a and 7b. . . . .						
8 Public support (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6. . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
13 Total support. (Add lines 9, 10c, 11, and 12) . . . . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	18	%

19a 33 1/3% support 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 . . . . . ► <input type="checkbox"/>
b 33 1/3% support 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 . . . . . ► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ► <input type="checkbox"/>

**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
MISCELLANEOUS					376,067.	376,067.
TOTALS					376,067.	376,067.

## Supplemental Financial Statements

**2008**

**Open to Public  
Inspection**

Name of the organization

CASE ALUMNI ASSOCIATION, INC.

Employer identification number

20-4435833

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(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 (during year) . . . . .		
4 Aggregate value at end of year . . . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? . . . . .  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area

Protection of natural habitat  Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

a Total number of conservation easements . . . . .

b Total acreage restricted by conservation easements . . . . .

c Number of conservation easements on a certified historic structure included in (a) . . . . .

d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange programs  
 e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	4,207,665.				
b Contributions . . . . .	484,092.				
c Investment earnings or losses . . . . .	NONE				
d Grants or scholarships . . . . .	NONE				
e Other expenditures for facilities and programs . . . . .	1,370,195.				
f Administrative expenses . . . . .	NONE				
g End of year balance . . . . .	3,321,562.				

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► 2.7874 %

b Permanent endowment ► 97.2126 %

c Term endowment ► NONE %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Yes	No
3a(i)	X
3a(ii)	X
3b	X

(i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		51,845.	51,274	571.
d Equipment . . . . .				
e Other . . . . .				
<b>Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c) ) . . . . .</b>				<b>571.</b>

Schedule D (Form 990) 2008

**Part VII Investments - Other Securities. See Form 990, Part X, line 12.**

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products . . . . .		
Closely-held equity interests . . . . .		
Other _____		

**Total. (Column (b) should equal Form 990, Part X, col (B) line 12)**

**Part VIII Investments - Program Related. See Form 990, Part X, line 13.**

**Total. (Column (b) should equal Form 990, Part X, col (B) line 13)**

**Part IX Other Assets. See Form 990, Part X, line 15.**

Total. (Column (b) should equal Form 990, Part X, col (B) line 15)

**Part X Other Liabilities. See Form 990, Part X, line 25.**

(a) Description of liability	(b) Amount
Federal income taxes	
<u>SCHOLARSHIPS PAYABLE</u>	1,228,680.
<u>GIFT ANNUITIES</u>	2,515,475.

Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ► 3,744,155.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12) . . . . .	1
2	Total expenses (Form 990, Part IX, column (A), line 25) . . . . .	2
3	Excess or (deficit) for the year Subtract line 2 from line 1 . . . . .	3
4	Net unrealized gains (losses) on investments . . . . .	4
5	Donated services and use of facilities . . . . .	5
6	Investment expenses . . . . .	6
7	Prior period adjustments . . . . .	7
8	Other (Describe in Part XIV) . . . . .	8
9	Total adjustments (net) Add lines 4-8 . . . . .	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9 . . . . .	10

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements . . . . .	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12 . . . . .	
a	Net unrealized gains on investments . . . . .	2a
b	Donated services and use of facilities . . . . .	2b
c	Recoveries of prior year grants . . . . .	2c
d	Other (Describe in Part XIV) . . . . .	2d
e	Add lines 2a through 2d . . . . .	2e
3	Subtract line 2e from line 1 . . . . .	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 . . . . .	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a
b	Other (Describe in Part XIV) . . . . .	4b
c	Add lines 4a and 4b . . . . .	4c
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) . . . . .	5

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements . . . . .	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25 . . . . .	
a	Donated services and use of facilities . . . . .	2a
b	Prior year adjustments . . . . .	2b
c	Losses reported on Form 990, Part IX, line 25 . . . . .	2c
d	Other (Describe in Part XIV) . . . . .	2d
e	Add lines 2a through 2d . . . . .	2e
3	Subtract line 2e from line 1 . . . . .	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 . . . . .	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a
b	Other (Describe in Part XIV) . . . . .	4b
c	Add lines 4a and 4b . . . . .	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) . . . . .	5

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, 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

INTENDED USE OF ENDOWMENT FUNDS . . . . .

PART V, LINE 4: . . . . .

THE ASSOCIATION'S ENDOWMENT IS USED TO FURTHER THE EXEMPT PURPOSES OF . . . . .

SUPPORTING THE CASE SCHOOL OF ENGINEERING AND THE APPLIED SCIENCES . . . . .

PROGRAMS OF CASE WESTERN RESERVE UNIVERSITY . . . . .

**Part XIV** **Supplemental Information (continued)**

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**Schedule D (Form 990) 2008**

JSA

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## **Supplemental Information Regarding Fundraising or Gaming Activities**

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Department of the Treasury  
Internal Revenue Service

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Employer identification number**

CASE ALUMNI ASSOCIATION, INC.

20-4435833

20-4435833

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

<b>a</b>	<input checked="" type="checkbox"/>	Mail solicitations	<b>e</b>	<input type="checkbox"/>	Solicitation of non-government grants
<b>b</b>	<input checked="" type="checkbox"/>	Email solicitations	<b>f</b>	<input type="checkbox"/>	Solicitation of government grants
<b>c</b>	<input checked="" type="checkbox"/>	Phone solicitations	<b>g</b>	<input checked="" type="checkbox"/>	Special fundraising events
<b>d</b>	<input checked="" type="checkbox"/>	In-person solicitations			

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

**Total . . . . .** ► **494,582.** **18,000.** **476,582**

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

OH,

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts . . . . .			
	2 Less Charitable contributions . . . . .			
	3 Gross revenue (line 1 minus line 2) . . . . .			
Direct Expenses	4 Cash prizes . . . . .			
	5 Non-cash prizes . . . . .			
	6 Rent/facility costs . . . . .			
	7 Other direct expenses . . . . .			
	8 Direct expense summary Add lines 4 through 7 in column (d) . . . . .			► ( )
	9 Net income summary Combine lines 3 and 8 in column (d) . . . . .			► ( )

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue . . . . .			
	2 Cash prizes . . . . .			
	3 Non-cash prizes . . . . .			
Direct Expenses	4 Rent/facility costs . . . . .			
	5 Other direct expenses . . . . .			
	6 Volunteer labor . . . . .	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .			► ( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . .			► ( )

9 Enter the state(s) in which the organization operates gaming activities	Yes	No
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b If "No," Explain		
-----		
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain		
-----		
11 Does the organization operate gaming activities with nonmembers? . . . . .	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	

	Yes	No
13 Indicate the percentage of gaming activity operated in:	13a	%
a The organization's facility . . . . .	13b	%
14 Provide the name and address of the person who prepares the organization's gaming/special event books and records		
Name ►		
Address ►		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	15a	
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c If "Yes," enter name and address		
Name ►		
Address ►		
16 Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

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

Department of the Treasury  
Internal Revenue Service

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

Employee identification number  
Inspection  
Open to public

Name of the organization \_\_\_\_\_

## **3.11 General Information on Grants and Assistance**

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

104 *Annotations to Government*

**Part II Grants and Other Assistance to Governments and Organizations in the United States, Puerto Rico and the U.S. Virgin Islands**  **Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.**

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Description of non-cash assistance	(g) Description of non-cash assistance	DEPARTMENTAL SUPPORT
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE, CLEVELAND, OH 44106	34-1018992	501(C)(3)		5,017,285.			

**2** Enter total number of section 501(c)(3) and government organizations

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(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS TO STUDENTS OF CASE WESTERN RESERVE	100	1,154,585.			

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

MONITORING USE OF GRANT FUNDS,  
PART I, LINE 2;  
THE ASSOCIATION ENSURES THAT ITS GRANTS ARE USED FOR EDUCATIONAL PURPOSES  
BY PROVIDING THE FUNDS DIRECTLY TO CASE WESTERN RESERVE UNIVERSITY AND  
NOT THE STUDENTS.

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

20-4435833

CASE ALUMNI ASSOCIATION, INC.

## Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
KEVIN N. BRACY 1993									
TRUSTEE	1.	X					NONE	NONE	NONE
RICHARD G. BROTHERS 1964									
TRUSTEE	1.	X					NONE	NONE	NONE
WILLIAM A. BUERKEL 1952									
TRUSTEE	1.	X					NONE	NONE	NONE
PHILIP V. DESANTIS 1964									
TRUSTEE	1.	X					NONE	NONE	NONE
MICHAEL H. DIAMANT 1968									
TRUSTEE	1.	X					NONE	NONE	NONE
JASON M. DOLAN 2002									
TRUSTEE	1.	X					NONE	NONE	NONE
BRIAN D. DYKAS 2003									
TRUSTEE	1.	X					NONE	NONE	NONE
JENNIFER N. FAKULT 1996									
TRUSTEE	1.	X					NONE	NONE	NONE
HARRY L. FARMER, JR 1955									
TRUSTEE	5.	X					NONE	NONE	NONE
WILLIAM R. FETH 1968									
TRUSTEE	1.	X					NONE	NONE	NONE
ALBERT GORDON 1942									
TRUSTEE	1.	X					NONE	NONE	NONE
EDWARD J. GORENC 1978									
TRUSTEE	1.	X					NONE	NONE	NONE
PHILLIP W. GUTMANN 1954									
TRUSTEE	1.	X					NONE	NONE	NONE
GEORGE N. HAVENS 1949									
TRUSTEE	1.	X					NONE	NONE	NONE
JOHN E. HORNER 1952									
TRUSTEE	1.	X					NONE	NONE	NONE
ROBERT J. IRWIN 1932									
TRUSTEE	1.	X					NONE	NONE	NONE
THOMAS P. KICHER 1959									
TRUSTEE	1.	X					NONE	NONE	NONE
JAMES D. KILMER 2000									
TRUSTEE	1.	X					NONE	NONE	NONE
WILLIAM J. KROENKE 1956									
TRUSTEE	1.	X					NONE	NONE	NONE
F. THOMAS KROTINE 1963									
TRUSTEE	1.	X					NONE	NONE	NONE
HERMAN W. LEGGON 1953									
TRUSTEE	1.	X					NONE	NONE	NONE

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

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## Continuation Sheet for Form 990

2008

Open to Public  
Inspection

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

CASE ALUMNI ASSOCIATION, INC.

20-4435833

## Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional trustee	Officer	Key employee			
THOMAS C. LITZLER 1953 TRUSTEE	10.	X					NONE	NONE	NONE
KENNETH A. LOPARO G 1977 TRUSTEE	3.	X					NONE	NONE	NONE
DAVID C. MARSH 1949 TRUSTEE	1.	X					NONE	NONE	NONE
HEIDI B. MARTIN 1993 TRUSTEE	1.	X					NONE	NONE	NONE
JOHN A. MASSIE 1966 TRUSTEE	1.	X					NONE	NONE	NONE
ERIC J. MATYAC 1994 TRUSTEE	2.	X					NONE	NONE	NONE
EDWARD P. MCHENRY 1967 TRUSTEE	3.	X					NONE	NONE	NONE
HARRY W. MERGLER 1948 TRUSTEE	1.	X					NONE	NONE	NONE
JAY F. MOLDOVANYI 1971 TRUSTEE	1.	X					NONE	NONE	NONE
JOHN J. MURPHY 1955 TRUSTEE	1.	X					NONE	NONE	NONE
SUSIE J. NAGORNEY 1976 TRUSTEE	1.	X					NONE	NONE	NONE
ROBERT C. OLMSTEAD 1970 TRUSTEE	1.	X					NONE	NONE	NONE
CARL F. PANEK 1968 TRUSTEE	1.	X					NONE	NONE	NONE
DAVID L. PARHAM 1967 TRUSTEE	1.	X					NONE	NONE	NONE
PETER J. PETTO, JR. 1951 TRUSTEE	1.	X					NONE	NONE	NONE
WILLIAM E. PRITTS II 1961 TRUSTEE	1.	X					NONE	NONE	NONE
LINDA C. RAE G 1990 TRUSTEE	1.	X					NONE	NONE	NONE
DAVID B. REAR 2002 TRUSTEE	1.	X					NONE	NONE	NONE
BENJAMIN ROSOLOWSKI 1983 TRUSTEE	1.	X					NONE	NONE	NONE
DAVID H. RUSH 1951 TRUSTEE	1.	X					NONE	NONE	NONE
ROBERT L. SCHROEDER 1950 TRUSTEE	1.	X					NONE	NONE	NONE

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Schedule J-2 (Form 990) 2008

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Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Employer Identification number

20-4435833

**Name of the Organization**

CASE ALUMNI ASSOCIATION, INC.

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

**Schedule J-2 (Form 990) 2008**

JSA

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Name of the organization

CASE ALUMNI ASSOCIATION, INC.

Employer identification number

20-4435833

MEMBERS OF THE ORGANIZATIONFORM 990, PART VI, LINE 6:MEMBERSHIP INCLUDES ALL DONORS TO THE CASE ALUMNI ASSOCIATION. GOVERNANCEMEMBERS INCLUDE OFFICERS (PRESIDENT, 1ST, 2ND, AND 3RD VICE PRESIDENTS,TREASURER, SECRETARY, AND ASSISTANT TREASURER), 1-YEAR, 2-YEAR AND 3-YEARDIRECTORS AND ALL PAST PRESIDENTS.

Name of the organization

CASE ALUMNI ASSOCIATION, INC.

Employer identification number

20-4435833

FORM 990 REVIEW,FORM 990, PART VI, LINE 10:THE AUDIT COMMITTEE HAS BEEN DELEGATED THE AUTHORITY TO REVIEW THE FORM990 PRIOR TO FILING BY THE COUNCIL OF THE CASE ALUMNI ASSOCIATION. ATTHE NEXT MEETING OF THE COUNCIL AFTER THE AUDIT COMMITTEE'S REVIEW, ACOPY OF THE FORM 990 IS MADE AVAILABLE TO ALL COUNCIL MEMBERS.

Name of the organization

CASE ALUMNI ASSOCIATION, INC.

Employer identification number

20-4435833

MONITORING AND ENFORCEMENT OF CONFLICT POLICY

FORM 990, PART VI, LINE 12C:

AT THE START OF EACH FISCAL YEAR, A CONFLICT OF INTEREST (COI) STATEMENT

IS MAILED TO ALL EXISTING AND CURRENT MEMBERS OF THE COUNCIL. AT EACH

COUNCIL AND EXECUTIVE MEETING, A COMPLETED AND SIGNED COPY OF THE COI

MUST BE RECEIVED BEFORE THE MEMBER IS ALLOWED TO PARTICIPATE.

Name of the organization

CASE ALUMNI ASSOCIATION, INC.

Employer identification number

20-4435833

COMPENSATION REVIEW AND APPROVAL,FORM 990, PART VI, LINE 15:THE FINANCE COMMITTEE OF THE BOARD DETERMINES THE COMPENSATION OF THEEXECUTIVE DIRECTOR. THE COMMITTEE IS INDEPENDENT OF THE EXECUTIVEDIRECTOR AND SUFFICIENT COMPARABILITY DATA IS USED IN THE DETERMINATION.THE COMPENSATION OF ALL EMPLOYEES OF THE ASSOCIATION ARE REVIEWED BY THEEXECUTIVE DIRECTOR AND HIS RECOMMENDATIONS ARE FORWARDED TO THE FINANCECOMMITTEE FOR APPROVAL. UPON APPROVAL, THOSE CHANGES ARE INCORPORATED INTHE BUDGET FOR THE NEXT FISCAL YEAR.

Name of the organization

CASE ALUMNI ASSOCIATION, INC.

Employer identification number

20-4435833

AVAILABILITY OF DOCUMENTS.FORM 990, PART VI, LINE 19:ABBREVIATED FINANCIAL STATEMENTS ARE INCLUDED IN THE ALUMNUS MAGAZINETHAT IS MAILED TO APPROXIMATELY 24,000 GRADUATES OF THE CASE SCHOOL OFENGINEERING, CASE INSTITUTE OF TECHNOLOGY, AND THE CASE SCHOOL OF APPLIEDSCIENCE. MATHEMATICS AND SCIENCE ALUMNI OF CASE WESTERN RESERVEUNIVERSITY ARE INCLUDED. COPIES OF THE THIS MAGAZINE ARE AVAILABLE AT THEASSOCIATION'S OFFICES. THE ASSOCIATION'S CONFLICT OF INTEREST POLICY ANDGOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

Name of the organization

CASE ALUMNI ASSOCIATION, INC.

Employer identification number

20-4435833

AUDITED FINANCIAL STATEMENTSFORM 990, PART IV, LINE 12 AND PART XI, LINE 2B:THE ASSOCIATION'S BOOKS AND RECORDS WERE AUDITED BY AN INDEPENDENT PUBLICACCOUNTING FIRM. HOWEVER, THE FINANCIAL STATEMENTS WERE ISSUED AS ACOMBINED REPORT WITH CASE ALUMNI FOUNDATION. AS SUCH, WE ARE REQUIRED TOANSWER "NO" TO THE QUESTIONS IN PART IV, LINE 12 AND PART XI, LINE 12BEVEN THOUGH AN AUDIT WAS PERFORMED.

## Related Organizations and Unrelated Partnerships

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

## Part I Identification of Disregarded Entities

## Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
CASE_ALUMNI_FOUNDATION	20-0401095	FOUNDATION	OH	501(C)(3)	11A
10605 CHESTER AVENUE	CLEVELAND, OH 44106				N/A

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Schedule R (Form 990) 2008

## Part III Identification of Related Organizations Taxable as a Partnership

#### **Project IV** Identification of Related Organizations Taxable as a Corporation or Trust

## Part V Transactions With Related Organizations

		Yes	No
<b>Note.</b> Complete line 1 if any entity is listed in Parts II, III, or IV			
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (I) interest (II) annuities (III) royalties (IV) rent from a controlled entity	1a	X	
b Gift, grant, or capital contribution to other organization(s)	1b	X	
c Gift, grant, or capital contribution from other organization(s)	1c	X	
d Loans or loan guarantees to or for other organization(s)	1d	X	
e Loans or loan guarantees by other organization(s)	1e	X	
f Sale of assets to other organization(s)	1f	X	
g Purchase of assets from other organization(s)	1g	X	
h Exchange of assets	1h	X	
i Lease of facilities, equipment, or other assets to other organization(s)	1i	X	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	X	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	X	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	X	
n Sharing of paid employees	1n	X	
o Reimbursement paid to other organization for expenses	1o	X	
p Reimbursement paid by other organization for expenses	1p	X	
q Other transfer of cash or property to other organization(s)	1q	X	
r Other transfer of cash or property from other organization(s)	1r	X	
2 If 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) CASE ALUMNI FOUNDATION	C		6,133,919.
(2)			
(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 of the related organization). See instructions regarding exclusion for certain investment partnerships.

**Schedule R (Form 990) 2008**

## FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

THE MISSION OF THE CASE ALUMNI ASSOCIATION IS TO BE AN ACTIVE ALUMNI/ALUMNAE FELLOWSHIP THAT:

- SERVES AND ADVANCES THE INTERESTS OF THE CASE SCHOOL OF ENGINEERING (CSE), THE MATH AND SCIENCES OF CASE WESTERN RESERVE UNIVERSITY (CWRU), ITS ALUMNI, AND ITS STUDENTS THROUGH A STRATEGIC FOCUS ON FUND RAISING, INSTITUTIONAL LEADERSHIP, RESPONSIVE SERVICES, PUBLIC RELATIONS, AND STUDENT PROGRAMS
- CELEBRATES THE TRADITIONS OF THE CASE SCHOOL OF APPLIED SCIENCE, CASE INSTITUTE OF TECHNOLOGY, AND THE CASE SCHOOL OF ENGINEERING
- ENHANCES THE VALUE OF A CSE/CWRU EDUCATION

## 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES COMPENSATION
MCKINNEY ADVERTISING 1300 E 9TH ST #1520 CLEVELAND, OH 44114	MAGAZINE DESIGN 144,169.
	TOTAL COMPENSATION 144,169.