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Form **990**

Department of the Treasury Internal Revenue Service

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)

OMB No 1545-0047

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

Open to Public Inspection

Α	For the	= 2008 calendar year, or tax year beginning $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	ending J	<u>UN 30, 2009</u>	
В	Check if applicab	Please use IRS		D Employer identifi	cation number
	Addre				
	Name chang	e type Doing Business As		22-2	322725
	Initial return	Specific	Room/suite	E Telephone numbe	
Ļ	Terma	Instruc- PO BOX 11320		(732	<u>)932-7474</u>
	Amen	0.00 0.0000, 0.0000, 0.0000, 0.0000		G Gross receipts \$	<u>1,158,004.</u>
	Application pendi	NEW BRUNSWICK, NO 08908		H(a) Is this a group re	
		F Name and address of principal officer HEATHER TAYLOR		for affiliates?	Yes X No
_		SAME AS C ABOVE		H(b) Are all affiliates inc	
$\overline{}$		empt status. X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		1	list. (see instructions)
		te: ► WWW . RUTGERSALUMNI . ORG organization: Corporation Trust X Association Other ►	I Voor	H(c) Group exemption	n number ► 1 State of legal domicile: NJ
	art I	Summary	L Year	oriorniadoù. 1960 N	1 State of legal domicile: NU
_	1	Briefly describe the organization's mission or most significant activities FORM	A LTF	ELONG BOND	AMONG
& Governance	'	RUTGERS UNIVERSITY AND ITS ALUMNI AROUND			
rna	2	Check this box if the organization discontinued its operations or dispose			s
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	61
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	61
es		Total number of employees (Part V, line 2a)		5	3
Activities	6	Total number of volunteers (estimate if necessary)		6	0
Act	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)		<u>7a</u>	0.
	b	Net unrelated business taxable income from Form 990-T, ine 34		7b	0.
	l _		<u> </u>	Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)	<u> </u>	46,812.	19,336.
Revenue	9	Program service revenue (Part VIII, line 2g)		498,937.	15,600.
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		18,078.	81,087.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		362,359.	1,041,981.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		926,186.	1,158,004.
	13 14	Grants and similar amounts paid (Part IX, column (A), lines 1·3)	-	14,840.	16,796.
"		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	17,893.	6,000.	
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)	•		0,000.
pe	b	Total fundraising expenses (Part IX, column (D), line 25)			
Щ	17	Other expenses (Part IX, column (1), Tiles 1 a / (d. 1) f-24f)		541,616.	180,859.
		Total expenses. Add lines 13 17 (must equal Part IX, collumn (A), line 25)		574,349.	203,655.
		Revenue less expenses Souract line, 18 from line, 12	<u> </u>	351,837.	954,349.
58	3	<u> </u>		Beginning of Year	End of Year
Sets	20	Total assets (Part X, line 6)		2,013,443.	2,703,315.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26) OGDEN 117		416,091.	392,214.
		Net assets or fund balances Subtract line 21 from line 20		1,597,352.	2,311,101.
P	art II	Signature Block			
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any	statements, a y knowledge	nd to the best of my knowledg	je and belief, it is true, correct,
		1.11 H 0 - 1 - 1		1/1/20	/
Sig		Signature of officer		<u> </u>	10
Her	e			Date	
		HEATHER TAYLOR, TREASURER Type or print name and title /			
		Preparer's Date	Che	ck if Prepare	s's identifying number
Paid		signature 06/25	/10 self		structions)
	parer's	Firm's name (or .TZMES M. WOOD CDA	<u>, </u>	EIN ►	
Use	Only	self-employed), 603B OMNT DRIVE			
_		address, and HILLSBOROUGH, NJ 08844		Phone no. ► (908)431-1700
Ma	the If	S discuss this return with the preparer shown above? (see instructions)			Yes No
	01 12-1		arate inst	ructions.	Form 990 (2008)

	990 (2008) RUTGERS ALUMNI ASSOCIATION 22-2 t IV Checklist of Required Schedules	322725	Р	age 3
	•		Yes	No
1	ts the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u>X</u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	or		
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part	// <u>4</u>		X
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
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		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
• •	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	x	
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	х	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, busines			
_	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or			
	located outside the United States? If "Yes," complete Schedule F, Part II	15	ĺ	x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individual			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
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		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
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	21		X
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	х	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedu	1 1		-
	If "No", go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
-	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		-
С	any tax-exempt bonds?	24c		1
	The state of the s	24d	 	_
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	440	 	\vdash
ZJā	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
_	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a		<u> </u>	1
D	prior year? If "Yes," complete Schedule L, Part I	25b		X
ae.	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqual		 	
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
	pordon outstanding as or the one or the organization start journ in the complete conteduc L, I art ii			

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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

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 IV	28a		X
ь	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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

RUTGERS ALUMNI ASSOCIATION 22-2322725 Page 5 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 0 **b** Enter the number of Forms W-2G included in line 1a Enter -0 f not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 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 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 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? За X b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? <u>4a</u> 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. X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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? 5c 6a Did the organization solicit any contributions that were not tax deductible? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any guid pro quo contribution of more than \$75? 7a X 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 X to file Form 8282? 7c 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 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 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? 8 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter. N/A 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 Section 501(c)(12) organizations. Enter: N/A 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

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12a

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

Form 990 (2008) RUTGERS ALUMNI ASSOCIATION 22-2322725 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b 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 6.			
b	Enter the number of voting members that are independent 6.			
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	<u> </u>	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		<u>X</u>
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			
а	The governing body?	8a	X	<u> </u>
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		
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		<u> </u>
Sec	tion B. Policies			
			Yes	No
	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		
Ç	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	ļ		
	in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		<u>X</u>
14	Does the organization have a written document retention and destruction policy?	14		<u> </u>
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:	1		
	The organization's CEO, Executive Director, or top management official?	<u>15a</u>	<u> </u>	<u>X</u>
þ	Other officers or key employees of the organization?	15b		_X_
40	Describe the process in Schedule O. (see instructions)			
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			7.
	taxable entity during the year?	<u>16a</u>		X
D	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			
202	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17 10	List the states with which a copy of this Form 990 is required to be filed NU Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (501(c)/3)s only) available.	<u> </u>		
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	tor		
	public inspection. Indicate how you make these available. Check all that apply			
40	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
20	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 organiza	iion: 🕨	_	
	HEATHER TAYLOR - (732)932-6821			
32006	200 CENTENNIEL AVE, SUITE 200, PISCATAWAY, NJ 08854			

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 c	ompensate an	y of	ficer	, dır	ecto	or, tr	uste	e, or key employee		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average				Position			Reportable	Reportable	Estimated
	hours	(C	(check all that apply)				oly)	compensation	compensation	amount of
	per week	į						from the	from related	other
	Week	at dire				<u>5</u>		organization	organizations (W-2/1099-MISC)	compensation from the
		stee 0	ruste			ES ES		(W-2/1099-MISC)	(** 27 1000 141100)	organization
		altru	onalt		oloye	8 g		,		and related
		Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ie i			organizations
		Ē	Ë	5	2	宝 5	ತ			
CARA BUFANIO	4 00			l						
PRESIDENT-ELECT	1.00	ļ	<u> </u>	X	_	ļ	_	0.	0.	6,000.
RALPH ZEMEL								_	_	_
VICE PRESIDENT	1.00	<u> </u>	_	X		ļ		0.	0.	0.
MEL SILVERSTEIN				l		1			_	
VICE PRESIDENT	1.00		<u> </u>	X				0.	0.	0.
MELISSA DANIEL									_	_
VICE PRESIDENT	1.00	<u> </u>		X	_	<u> </u>		0.	0.	0.
KEN JOHNSON									_	_
VICE PRESIDENT/SECRETARY	2.00			X		_		0.	0.	0.
FRANK HUNDLEY	5 00			;						
PRESIDENT	5.00			X	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
HEATHER TAYLOR	0 00									
TREASURER	2.00		-	X	_	-		0.	0.	0.
							<u> </u>			··
										_
						<u> </u>				
						ļ				
									_	
		\perp								

Pai	rt VII Section A. Officers, Directors, Tru		mpk	oyee			High	est						
	' (A)	(B)				C)			(D)	(E)			(F) 、	
	Name and title	Average hours	(c		Posi		app	ly)	Reportable compensation	Reportable compensation	on	an	stimate nount o	
		, per week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	ormer	from the organization (W-2/1099-MISC)	from relate organization (W-2/1099-MI	าร	com fr org and	other pensariom the anization of relate anization of the	e Ion - ed
			=	=	-	<u>×</u>	Ξ.	-						
					_	_	_							
					_									
	Total								0.		0.		6,0	
2	Total number of individuals (including those compensation from the organization	e in 1a) who re	ceıv	ed n	nore	tha	n \$1	00,0					Yes	No.
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			, ke	y em	plog	yee,	or t	nighest compensated er	nployee on		3	165	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	um of reportab	le co							the organization		4		х
5	Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched tion B. Independent Contractors	•			from	any	unr	elat	ed organization for serv	ices rendered to	1	5		х
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	racto	ors t	hat received more than	\$100,000 of cor	npens	ation f	rom	
	(A) Name and business	address							(B) Description of s	ervices	С	(C Compe	;) nsatior	<u>1</u>
			_					-						
								+						
2	Total number of independent contractors (if from the organization ▶	ncluding those	n ·	1) wl	no re	eceiv	ved	mor	e than \$100,000 in com	pensation				
												Form !	990 /c	วกกลง

1158004.

832009 02-02-09

Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

1057581

0.

81,087.

Part IX Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	6,200.	6,200.		
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22	10,596.	10,596.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			Ì	
	trustees, and key employees	6,000.	6,000.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				·
11	Fees for services (non-employees).				
а	Management				
þ	Legal		-		-
C	Accounting .				
d	Lobbying .				
е	Professional fundraising services. See Part IV, line 17		-		
f	Investment management fees	-	_		
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	40 404			• •
16	Occupancy	10,494.	-	10,494.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	45 455	45.000		
19	Conferences, conventions, and meetings	15,477.	15,286.	191.	_
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7 045			
23	Insurance	1,215.	<u> </u>	1,215.	
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	PROFESSIONAL FEES	31,094.		31,094.	
b	DINNERS & LUNCHEONS	25,983.	25,983.		
С	PRINTING	25,017.	25,017.		
d	SALARIES & PAYROLL TAX	19,447.	9,723.	9,724.	
е	POSTAGE	12,689.	10,518.	2,171.	
f	All other expenses	39,443.	29,257.	10,186.	
25	Total functional expenses. Add lines 1 through 24f	203,655.	138,580.	65,075.	0
26	Joint Costs. Check here ▶ ☐ If following	İ	T		
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Pa	<u>rt X</u>	Balance Sheet					
		,	(A) Beginning of year		(E End o	l) f year	
	1	Cash · non-interest-bearing		1		<u> </u>	
	2	Savings and temporary cash investments	631,298.	2	42	20 6	35.
	3	Pledges and grants receivable, net	031/2301	3		10/2	
	4	Accounts receivable, net	20,906.	4		6 5	34.
	5	Receivables from current and former officers, directors, trustees, key	20,5001	-		1015	<u> </u>
	3	employees, or other related parties Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section		-	_		
	١	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete					
		Part II of Schedule L		6			
m	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
Asi	9	Prepaid expenses and deferred charges	11,162.	9		1 6	71.
	10a		11,102.	3		4 ,0	<u>/ 1 • </u>
		Less: accumulated depreciation. Complete	1				
	٦	Part VI of Schedule D		10c			
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 11	1,350,077.	12	2,25	1 5	75
	13	Investments - program-related. See Part IV, line 11	1,330,077.	13		<u>, , , , , , , , , , , , , , , , , , , </u>	,,,,,
	14	Intangible assets		14		-	
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,013,443.	16	2,70	13 3	15
	17	Accounts payable and accrued expenses	17,431.	17	<u> </u>	<u>, , , ,</u>	110.
	18	Grants payable	17,251.	18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20		_	
	21	Escrow account liability. Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,		41			
ΙĘ	22	highest compensated employees, and disqualified persons Complete Part II					
Lia	İ	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	398,660.	25	30	2 2	14.
	26	Total liabilities. Add lines 17 through 25	416,091.	26			14.
	20	Organizations that follow SFAS 117, check here X and complete	410,031.	20		4,2	14.
m		lines 27 through 29, and lines 33 and 34.					
ĕ	27	Unrestricted net assets	1,520,494.	27	2,22	ο 7	an
lan	27	Temporarily restricted net assets	76,858.	28			11.
B	28	Permanently restricted net assets	70,030.			4,3	<u> </u>
Net Assets or Fund Balances	29	Organizations that do not follow SFAS 117, check here		29			
Ē		complete lines 30 through 34.					
ST.	30	Capital stock or trust principal, or current funds		30			
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
Ę	32	Retained earnings, endowment, accumulated income, or other funds		32			
Š	33	Total net assets or fund balances	1,597,352.	33	2,31	1 1	01
	34	Total liabilities and net assets/fund balances	2,013,443.	34	$\frac{2,31}{2,70}$		
Pai		Financial Statements and Reporting	2,013,443.	<u> </u>	4,10	<u>,,,</u>	<u> 17.</u>
						Yes	No
1	Δααα	ounting method used to prepare the Form 990 🔲 Cash 🛛 X Accrual	Other			 	
2a		the organization's financial statements compiled or reviewed by an independent			2a		x
b		the organization's financial statements audited by an independent accountant?			2b	x	
		audit	20		 -		
٠		es" to lines 2a or 2b, does the organization have a committee that assumes respoi w, or compilation of its financial statements and selection of an independent acco	-	. addit,	2c	x	
32		result of a federal award, was the organization required to undergo an audit or audit	· ·	le Audi		<u> </u>	t
Ja		and OMB Circular A-133?	and ad doctorul in the only	io Audi	3a		x
h		es," did the organization undergo the required audit or audits?			3b	<u> </u>	
	1 12-18		· · · · · · · · · · · · · · · · · · ·			990	(2008)
	10					;	,

SCHEDULE A

(Form 990 or 990-EZ)

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.

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

D			ALUMNI ASSC							4-4344145
Part I	Heason	tor Public Chai	rity Status (All organia	zations mu	st comple	te this par	t.) (see ins	tructions)	·	
The orga			because it is (Please ch	-	_					
1 □	A church, co	nvention of churche	es, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i).		
2 🔲	A school des	cribed in section 1	70(b)(1)(A)(ii). (Attach Sc	chedule E)						
з 🔲	A hospital or	a cooperative hosp	ital service organization	described	in section	170(b)(1)	(A) (iii). (At	tach Sche	edule H)	
4 🔲	A medical res	search organization	operated in conjunction	with a hos	pital desc	nbed in se	ection 170	(b)(1)(A)(i	ii). Enter t	he hospital's name,
	city, and stat	e							•	•
5 🔲	An organizati	on operated for the	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental un	ıt describe	ed in
		(b)(1)(A)(iv). (Compl					J - 1			
6 🗆			nent or governmental uni	t describe	d in sectio	n 170/h)/	1)(Δ)(γ)			
7 🗂		-	ceives a substantial part					or from the	a gonoral r	nublic described in
,	=	=	•	or its supp	ort morn a	governme	orna arm c)	general p	Dublic described in
• 🗀		(b)(1)(A)(vi). (Comple		(Camalata	Does II V					
8 🖳	_		section 170(b)(1)(A)(vi).	-	-	·				
9 X			ceives: (1) more than 33							
			nctions - subject to certa							
			axable income (less sec	tion 511 ta	ix) from bu	isinesses a	acquired b	y the orga	anization a	after June 30, 1975.
		509(a)(2). (Complete	· · · · · · · · · · · · · · · · · · ·			_				
10 ⊣			perated exclusively to te					-		
11 📖			perated exclusively for the						-	
	-		ations described in secti				2) See seo	ction 509	(a)(3) . Che	eck the box that
			organization and compl		_					1
	a		_ ,, .			tionally in	-		لـــا ه	Type III - Other
e 📖			at the organization is not							
	foundation m	nanagers and other t	than one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 50	9(a)(1) or s	section 509(a)(2).
f	If the organiz	ation received a wri	tten determination from	the IRS tha	atrtis a Ty	pe I, Type	II, or Type	e III		
	supporting of	rganization, check t	his box							
g	Since August	t 17, 2006, has the	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing per	sons?	
	(i) A perso	n who directly or inc	directly controls, either al	one or tog	ether with	persons o	described i	ın (ii) and	(iii) below,	Yes No
	the gove	erning body of the s	upported organization?							11g(i)
	(ii) A famıly	member of a perso	n described in (i) above?	ı						11g(ii)
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	e ?					11g(iii)
h	Provide the fo	ollowing information	about the organizations	the organ	ization suj	oports.				<u> </u>
		J	J	J	•	•				
(i) Name	of cupported	/::\ CINI	(iii) Type of	(iv) Is the o	roanization	(v) Did you	ı notıfy the	(vi) !:	sthe	full Amount of
	e of supported janization	(ii) EIN	organization	in col. (i) lis				organizati	on in col.	(vii) Amount of support
Ul 9	James and The State of the Stat		(described on lines 1-9 above or IRC section	governing	document?	1 -		(i) organiz U.S	.?	Support
			(see instructions))	Yes	No	Yes	No	Yes	No	
			· · · · · · · · · · · · · · · · · · ·		_			 -	 - 	
_									 	
		<u></u>		<u> </u>					-	
									 	
		·							 	
otal				L					<u>L</u>	
HA For I	Privacy Act an	d Panerwork Redu	etion Act Notice see th	a Inetruc	tions for F	orm 900		Sahadul	a A /Earm	000 or 000 E7\ 2000

Contion A Dublic Su		-					
Section A. Public Su				T	1	1	
Calendar year (or fiscal yea 1 Gifts, grants, contributed membership fees receinclude any "unusual	itions, and eived (Do not	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
2 Tax revenues levied for ization's benefit and e or expended on its be	either paid to		_				
3 The value of services furnished by a govern the organization withou	mental unit to						
4 Total. Add lines 1 - 3		_					
5 The portion of total co by each person (other governmental unit or supported organization on line 1 that exceeds amount shown on line column (f)	r than a publicly on) included s 2% of the						
6 Public Support. Subtra	act line 5 from line 4						
Section B. Total Sup							
Calendar year (or fiscal year	ır beginning in) >	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4							
8 Gross income from in	terest,						
dividends, payments	received on				1		
securities loans, rents	s, royalties						
and income from simi	lar sources						
9 Net income from unre	elated business						
activities, whether or	not the						
business is regularly of	carried on					ļ	
10 Other income. Do not	: ınclude gaın						
or loss from the sale of	of capital						
assets (Explain in Par	tⅣ)		_				
11 Total support. Add lin	ies 7 through 10 📙		_			ļ ,	
12 Gross receipts from re						12	
13 First five years. If the	Form 990 is for t	the organization's	s first, second, thii	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
organization, check the	his box and stop	here					>
Section C. Computa	·-					T T	
14 Public support percer				column (f))		14	9
15 Public support percer	-					15	<u> </u>
16a 33 1/3% support tes					14 is 33 1/3% or i	more, check this bo	x and
stop here. The organ	•		•				▶ L
b 33 1/3% support tes					line 15 is 33 1/39	6 or more, check th	ns box
and stop here. The o	-	•					-
17a 10% -facts-and-circ							
and if the organization						art IV how the organ	nization
meets the "facts-and-		_				:	▶∟
b 10% -facts-and-circ							
more, and if the organ							·
organization meets th			=				ͺ
18 Private foundation.	tne organization	ala not check a	box on line 13, 16	a, 160, 1/a, or 17		and see instruction edule A (Form 990	

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.") 346,900. 442,185. 515,662. 19,336. 1,681,911. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 45,617 48,022 52,966. 30,087. 15,600. 192,292. 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 403,445. 394,922. 495,151. 545.749. 34.936. 6 Total, Add lines 1 - 5 1.874.203. 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) 1,874,203, Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006(d) 2007 (e) 2008 (f) Total 394,922. 495,151 545,749 403,445. 34,936 9 Amounts from line 6 1,874,203, 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 33,922. 43,184 51,959. 45,253 81,087. 255,405. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 33,922 43,184 51,959 255,405. 45,253 81,087. 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) 129 608 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 Section C. Computation of Public Support Percentage 88.01 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 91.23 % Section D. Computation of Investment Income Percentage 11.99 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f) 17 % 8. 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 $\triangleright [X]$ 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 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name	e of the organization	Employer identification number				
Par	RUTGERS ALUMNI ASSOCIATION rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	22-2322725				
Par		Accounts. Complete if the				
	organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts				
		(b) i di de di la cilio decedita				
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
	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 f					
	are the organization's property, subject to the organization's exclusive legal control?	L_ Yes				
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be use	<i>'</i> — —				
	for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private					
Par	<u> </u>	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 historic	cally important land area				
	Protection of natural habitat Preservation of certified h	istoric structure				
	Preservation of open space					
2	Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conserva-	ation easement on the last day				
	of the tax year	F***				
		Held at the End of the Year				
а	Total number of conservation easements	2a				
b	Total acreage restricted by conservation easements	2b				
С	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				
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the org	ganization during the taxable				
	year▶	·				
4	Number of states where property subject to conservation easement is located >					
	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					
	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year >\$					
	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4	LIV(B)(f)				
•	and section 170(h)(4)(B)(ii)?	Yes No				
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense sta	. — … — …				
J	include, if applicable, the text of the footnote to the organization's financial statements that describes the					
	conservation easements	organization o accounting for				
Par	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er 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	ice sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public states.					
	the footnote to its financial statements that describes these items	service, provide, in real XIV, the text of				
	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance s	boot works of ort, bistorical traceures				
	- · · · · · · · · · · · · · · · · · · ·					
	or other similar assets held for public exhibition, education, or research in furtherance of public service, pro these items	Since the following amounts relating to				
		▶ ¢				
	(i) Revenues included in Form 990, Part VIII, line 1	\$				
	(ii) Assets included in Form 990, Part X	> \$				
	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	n, provide				
	the following amounts required to be reported under SFAS 116 relating to these items:					
	Revenues included in Form 990, Part VIII, line 1	\$				
b	Assets included in Form 990, Part X	▶ \$				

832051 12-23-08

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

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. Se	e Form 990, Part X,	line 12			
(a) Description of security or category (including name of security)	(b) Book value		Cos	(c) Method of valuest or end-of-year ma	
Financial derivatives and other financial products					
Closely-held equity interests					
Other	0 054 5				
OPERATING_	2,251,5	75.	END-OF-Y	EAR MARKET	' VALUE
				· · · · · · · · · · · · · · · · · · ·	
		1			
					<u></u>
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)					
Part VIII Investments - Program Related. S				(a) Mathad of value	
(a) Description of investment type	(b) Book value	•		(c) Method of valu at or end-of-year ma	
-					
Table (Cal (b) should sound Form 000, Part V, cal (P) line 12 \					
Total (Col (b) should equal Form 990, Part X, col (B) line 13.) ► Part IX Other Assets. See Form 990, Part X, line	15				_
	Description				(b) Book value
				-	
	••		· · · · · ·	· · · · · · · · · · · · · · · · · · ·	· - · - · · · · · · · · · · · · · · · · ·
	•				
			-		
Total. (Column (b) should equal Form 990, Part X, col (B) lii	ne 15)			•	
Part X Other Liabilities. See Form 990, Part X,	line 25.				
(a) Description of liability			(b) Amount		
Federal income taxes					
CLASS & OTHER FUNDS			392,214.		
					
		ļ			
· · · · · · · · · · · · · · · · · · ·					
	·				
Total. (Column (b) should equal Form 990, Part X, col (B) III	ne 25)		392,214.	<u> </u>	

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.

832053 12-23-08

SCHEDULE I			ı		1			OMB No 1545-0047	247
(Form 990)			Grants and Governm	rants and Other Assistance to Organizations, Governments, and Individuals in the U.S.	e to Organizations luals in the U.S.	<i>•</i> 5		5008	
Department of the Treasury Internal Revenue Service		► Comp	► Complete if the organization	n answered "Yes," on F ▶ Attach to Form 990.	," on Form 990, Pa m 990.	ganization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.		Open to Public Inspectión	lic
Name of the organization	on RUTGERS ALUMNI		ASSOCIATION				ш	Employer identification number 2322725	umber 725
Part I General Inf	General Information on Grants and Assistance	1 Assistance							
1 Does the organiza	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	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection		
	criteria used to award the grants or assistance?	ance?					•	X Yes	%
꺘	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	edures for monit	oring the use of grant	funds in the United	d States				
Part II Grants and	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	overnments and	1 Organizations in the	United States. C	omplete if the orga	Inization answered "Y	es" on Form 990, Part I	V, line 21, for any	[
recipient th	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed	,000 Check this	box if no one recipien	it received more th.	an \$5,000. Use Pa	irt IV and Schedule I-1	(Form 990) if additional	space is needed	
1 (a) Name and add	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
PHICERS INIVERSITY ORGANIZATIONS	SNOTHE STREET			, c	c				
									-
	Enter total number of section 501(c)(3) and government organizations	1 government or	ganizations					A .	
۳,	Enter total number of other organizations								
LHA For Privacy Act	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ion Act Notice,	see the Instructions t	for Form 990.				Schedule I (Form 990) 2008) 2008

Page 2 Schedule I (Form 990) 2008 (f) Description of non-cash assistance 22-2322725 (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Schedule I-1 (Form 990) if additional space is needed PART I, LINE 2: EDUCATIONAL SCHOLARSHIPS GIVEN UNDER THE VINCE Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance 10,596, (c) Amount of cash grant 22 RUTGERS ALUMNI ASSOCIATION (b) Number of recipients KRAMER SCHOLARSHIP PROGRAM. (a) Type of grant or assistance VINCE KRAMER SCHOLARSHIP Schedule I (Form 990) 2008 SCHEDULE I, 832102 12-18-08 Part III

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

2008
Open to Public Inspection

Employer identification number Name of the organization RUTGERS ALUMNI ASSOCIATION 22-2322725 LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PART III, DEVELOPMENT, -ADVANCE THE REPUTATION, EDUCATIONAL GOALS, PROGRAMS AND INFLUENCE OF RUTGERS UNIVERSITY. FORM 990, PART VI, SECTION A, LINE 8B: NO COMMITTEE MAY ACT ON BEHALF OF THE BOARD. FORM 990, PART VI, SECTION A, LINE 10: WILL PROVIDE A COPY TO EXECUTIVE COMMITTEE AND FINANCE COMMITTEE FOR REVIEW. FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST. SAME AS LAST YEAR

Form	8868 (Rev. 4-2009)			Page 2					
• If y	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	×		► X					
Note	. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed	Form	8868						
 If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1) Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). 									
print		22-2322725							
File by	the Number street and room or suite no. If a D.O. box, see instructions		RS use only						
due da	te for PO BOX 11320		, ,						
filing the return instruc	See City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
Chec	k type of return to be filed (File a separate application for each return)								
X Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870 Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069									
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.									
HEATHER TAYLOR									
 The books are in the care of ► 200 CENTENNIEL AVE, SUITE 200 - PISCATAWAY, NJ 08854 									
Telephone No. ▶ <u>(732)932-6821</u> FAX No. ▶									
If the organization does not have an office or place of business in the United States, check this box									
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this									
box lf it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.									
4									
5	For calendar year, or other tax year beginning <u>JUL 1, 2008</u> , and ending <u>JUN 30, 2009</u>								
6	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in acc	counting period					
7	State in detail why you need the extension								
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any								
	nonrefundable credits. See instructions	8a	\$						
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated								
	tax payments made Include any prior year overpayment allowed as a credit and any amount paid								
	previously with Form 8868.	8b	\$						
С	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	_		/ -					
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. Signature and Verification	8c	\$	N/A					
Under	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the	hest o	f mv knowledae	and helief					
it is tr	ue, correct, and complete, and that I am authorized to prepare this form.	2031 0	i iiiy kiiomougo	una bonor,					
Sinna	ture Title TREASURER	Date	_						

Form 8868 (Rev. 4-2009)