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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)

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

•	A F	or the	2008 calendar year, or tax year beginning JUL 1, 2008	and end	ing JU	N 30, 20	09	
	B c	heck if	C Name of organization			Employer ide		ion number
	a	phicable	use IRS RENSSELAER ALUMNI ASSOCIATION		į -			
		Addres change	s label or CDOLD DEBLIDA					
		Name change	type	-		22	-297	79501
		Initial return	See Number and street (or P 0 box if mail is not delivered to street ad	dress) Roo	m/suite E	Telephone nu	mber	
		Termin- ation	Instruc-			51	<u>.8-27</u>	6-6208
		Amend return	City or town, state or country, and ZIP + 4		G	Gross receipts \$		19,280.
	Ĺ	Applica	IRO1, N1 12100		Н	(a) Is this a gro	up retur	rn
		pendin	F Name and address of principal officer JEFF SCHANZ			for affiliates		X Yes No
			SAME AS C ABOVE		Н	(b) Are all affiliat	es include	ed? X Yes No
			mpt status: X 501(c) (3) ◀ (Insert no.) ☐ 4947(a)(1) or ☐	527				. (see instructions)
			e: ► N/A					umber ▶ 1847
1			organization Corporation Trust X Association Other		L Year of 1	<u>ormation</u>	<u> M St</u>	tate of legal domicile NY
	Fe		Summary	TO CED	(7E' 7\N)	D DEDDEC	יביאות	mur
	Activities & Governance		Briefly describe the organization's mission or most significant activities: SALUMNI OF RENSSELAER POLYTECHNIC INST			D REPRES	ENT	THE
	ž	2 (Check this box If the organization discontinued its operations of	or disposed	of more th	an 25% of its a	ssets	
	Š	3 1	Number of voting members of the governing body (Part VI, line 1a)			\wedge	3	35
	8	4 I	Number of independent voting members of the governing body (Part VI, li	ne 1b)		لكون	4	35
	ies		Total number of employees (Part V, line 2a)		ru	vQ 21.11	5	0
	ĬŸ		Total number of volunteers (estimate if necessary)			といり	6	0
	Act		Total gross unrelated business revenue from Part VIII, line 12, column (C)			•	7a	0.
		<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34	1			7b	0.
))		Prior Year 8,87	12	Current Year 6,388.
2011,	Revenue		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)			0,01	2.	0,300.
7)ve	10	nvestment income (Part VIII, column (A), lines 3, 4, and UN 2 4 2011			Δ	2.	477.
	Ä		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			2,84		-11,209.
			Total revenue · add lines 8 through 11 (must equal PartVII) Calling A Cal	12)		11,759.		-4,344.
\equiv			Grants and similar amounts paid (Part IX, column (A), lines 437 DEN			· · ·		
_			Benefits paid to or for members (Part IX, column (A), line 4)					
\Box	Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), line	s 5-10)				
SCANNED	Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)					
Z	хbе		Total fundraising expenses (Part IX, column (D), line 25)					
\ddot{c}	ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			6,30		5,631.
S		i .	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			6,30		5,631.
	_ S	19	Revenue less expenses. Subtract line 18 from line 12			5,45		-9 , 975 .
	Net Assets or Fund Balances		T . 1 . (D .) (1 . 40)		Be	ginning of Yea		End of Year
	Asse Bala	20	Total assets (Part X, line 16)		-	102,27	<u>• • </u>	92,301.
	Net/ und	21 22	Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20			102,27	6	92,301.
	Pa	rt II	Signature Block	<u>-</u>		102/2/	<u> </u>	52,301.
	<u> </u>		Under penalties of penury, I declare that I have examined this return, including accompanying sci	hedules and sta	tements, and	to the best of my kn	owledge a	nd belief, it is true, correct,
			and complete Declaration of preparer (other than officer) is based on all information of which pre	parer has any kr	owledge	. 1	1.1	
	Sigr	n	Jeffy- Schan			6/1	6/20	2//
	Her	е	Signature of Officer			Date		
			JEFF SCHANZ, EXECUTIVE DIRECTOR					
			Type or print name and title	D-4-	l Object	· z 1.		
	Paid		r lepalet 5	Date	Check self-		reparer's i see instruc	identifying number ctions)
	Prep	arer's	Signature Firm's name (or RCT ADVISORS T.T.C		emplo			
	Use	Only	Firm's name (or yours if self-employed), 26 COMPUTER DRIVE WEST			EIN P		
			address, and ZIP+4 ALBANY, NEW YORK 12205			Dhono no	(51	8)459-6700
	May	the IF	IS discuss this return with the preparer shown above? (see instructions)	•	-	i riiolle iio	-721	X Yes No
	<u>x</u>	<u> 11</u>	the letter with the property enemi above less mendellons					140

Form	990 (2008) GRO	OUP RETURN		22-2	979501 Page 2
Pai	t III Statement of Progr	am Service Accomplish	ments (see instructions)		
1	Briefly describe the organization TO SERVE AND REI		NI OF RENSSELA	ER POLYTECHNIC	INSTITUTE.
2	Did the organization undertake the prior Form 990 or 990-EZ? If "Yes", describe these new se		es during the year which were	not listed on	Yes X No
3	Did the organization cease con If "Yes", describe these change		anges in how it conducts, any	program services?	Yes X No
4	Describe the exempt purpose a Section 501(c)(3) and 501(c)(4) allocations to others, the total of	organizations and section 494 expenses, and revenue, if any, f	'(a)(1) trusts are required to re or each program service repo	eport the amount of grants ar	nd
4a	THE LOCAL CHAPTI	penses 5,631. ERS OF THE RENSS ENSSELAER POLYTE	including grants of \$ ELAER ALUMNI AS CHNIC INSTITUTS		
4b	(Code:) (Ex	penses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Ex	penses \$	including grants of \$) (Revenue \$)
				<u> </u>	
4d	Other program services (Desc	•			-
	(Expenses \$ Total program service expenses	including grants of \$ ses ▶\$ 5.6) (Revenue 31 • (Must equal Part IX, I		
			imost oquai i ait iX, I	Eo, colorini (D/./	- 000

Form 990 (2008) GROUP RETURN Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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, VII, VIII, IX, or X as applicable	11		Х
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		X
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		X
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	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 entity	1		
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		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		X
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		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
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		X
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K			
	If "No", go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ł		
	any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	_25a		X
þ	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			\ <u>.</u> _
	prior year? If "Yes," complete Schedule L, Part I	25b		X
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	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial		!	,.
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	لــــا	X
		Form	990 (20081

Form 990 (2008) GROUP RETURN 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		<u>X</u>
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
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		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			
	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		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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	
	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

Form **990** (2008)

Form 990 (2008) GROUP RETURN

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable	:		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		X
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			
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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a_		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			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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?	6a_		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а		7a_		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
	If "Yes," Indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		v
	benefit contract?	7e		X
f		7f		X
9		7g		X
	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			
		8		
9	excess business holdings at any time during the year? 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		9b		
10	Section 501(c)(7) organizations. Enter. N/A	55		
a	1.3.4.6.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			
b				
11	Section 501(c)(12) organizations. Enter: N/A			
·· a	Gross income from members or shareholders			
b				
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
		Form	990	(2008)

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

<u>Sec</u>	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	35			
b	Enter the number of voting members that are independent	35			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	L	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?	L	4_		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	L	5		X
6	Does the organization have members or stockholders?	L	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the				
	governing body?		7a		<u>X</u>
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Ļ	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
	by the following:		- 1		
а	The governing body?	-	8a	_X	
ь	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	
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			v	
40	and branches to ensure their operations are consistent with those of the organization?	-	9b	Х	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	ļ		х	
44	describe in Schedule O the process, if any, the organization uses to review the Form 990	-	10		
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				Х
Sec	tion B. Policies		11		
	TOTAL DE L'ORIGINO		1	Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Γ	12a	163	X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	F			
	to conflicts?		12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	r			
	in Schedule O how this is done		12c		
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:		1		
а	The organization's CEO, Executive Director, or top management official?	L	15a		X
þ	Other officers or key employees of the organization?	L	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		- 1		
	taxable entity during the year?	_	16a		X
þ	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		1		
	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires on presentation to make the Form 1003 (and 0004 females by 000 and 000 F (604(a)(0)) and 000 F (604(a)(0)(0)) and 000 F (604(a)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)	1.1. <i>e</i>		-	
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 inspection. Indicate how you make these available. Check all that apply	iole f	or		
	Own website X 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		d &		
13	statements available to the public	, and	una:	iciai	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ	170+1	on. 🕨		
	THE ORGANIZATION - 518-276-6208	nzail	UII. -		
	1301 PEOPLES AVE, TROY, NY 12180				

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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.

(A) Name and Title	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours	(cl	Position (check all that apply)				ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual frustee or director	institutional trustae		Key employee	pates		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JACKIE MASLOFF										_
CHAPTER OFFICER	1.00		_	-	ļ	 		0.	0.	0.
ASHLEY BRANDIN	1 00							_		
CHAPTER OFFICER	1.00					┢		0.	0.	0.
ROGER ORLOFF	1 00							_	0	•
CHAPTER OFFICER BILL BENTLEY	1.00				_	├		0.	0.	0.
CHAPTER OFFICER	1.00							0.	0.	0
KRISTY KOLB	1.00	_	-			<u> </u>		U •	0.	0.
CHAPTER OFFICER	1.00			1				0.	0.	0.
NAGESH RAO	1.00			 				0.	0.	U •
CHAPTER OFFICER	1.00							0.	0.	0.
TOM RIPERE	1000		 	<u> </u>		\vdash				
CHAPTER OFFICER	1.00						i	0.	0.	0.
CHUCK PATEROS										
CHAPTER OFFICER	1.00							0.	0.	0.
RAY WEISNER				T						
CHAPTER OFFICER	1.00							0.	0.	0.
CHEYNE SUKER										
CHAPTER OFFICER	1.00							0.	0.	0.
BETTY LURIE										
CHAPTER OFFICER	1.00							0.	0.	0.
SANDEEP NANDY										
CHAPTER OFFICER	1.00	L.	ļ	<u> </u>				0.	0.	0.
JACK SWEENEY									_	_
CHAPTER OFFICER	1.00	_		_				0.	0.	0.
RAY LUTSKY	1 00							•		•
CHAPTER OFFICER	1.00				ļ		<u> </u>	0.	0.	0.
RUSSELL HISER CHAPTER OFFICER	1 00							0.	_	^
KATHLEEN CODERRE	1.00			 	-	┼		0.	0.	0.
CHAPTER OFFICER	1.00							0.	0.	0
MARK SKARULIS	1.00	 		<u> </u>		┼┈	 	0.	U .	0.
CHAPTER OFFICER	1.00		l	ĺ	1		1	0.	0.	0.

GROUP RETURN

Part VII Section A. Officers, Directors, Tru	stees, Key Er	nple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)			
(A)	(B)	(C)						(D)	(E)		(F)	
Name and title	Average	Position						Reportable	Reportable		Estimate	ed
	hours	(c	heck	all	that	app	oly)	compensation	compensation		amount	-
	per week	į			ĺ			from the	from related organizations		other	
	Week	a dig				pag		organization	(W-2/1099-MISC)		ompensa from th	
		151 152 153	taste		, R	bens		(W-2/1099-MISC)	, , , , , , , , , , , , , , , , , , ,	- 1	organizat	
		tral tr	tona		S S	at com				- 1	and relat	
		Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated emolowee	Former			١ ،	organizat	ons
IVONNE DROZ		 -								+		
CHAPTER OFFICER	1.00							0.	0			0.
BEATA LAMPARSKI												
CHAPTER OFFICER	1.00			<u></u>	<u> </u>			0.	0			0.
DARREN STILES												
CHAPTER OFFICER	1.00		<u> </u>		<u> </u>	<u> </u>		0.	0			0.
DAVE TURNER							1			-		
CHAPTER OFFICER	1.00		ļ		<u> </u>	<u> </u>		0.	0	•		<u>0.</u>
LON BLUMENTHAL	1 00					}			_			_
CHAPTER OFFICER	1.00			<u> </u>			<u> </u>	0.	0	<u>+</u>		0.
TONY TUMMARELLO	1 00								•			_
CHAPTER OFFICER	1.00	-			<u> </u>	₩	<u> </u>	0.	0	•		0.
SERGEY KOMARAV CHAPTER OFFICER	1.00							0.	^			^
LISA MCHUGH	1.00			<u> </u>	 	┢	-	0.	0	- -		<u> </u>
CHAPTER OFFICER	1.00							0.	О			Λ
MICHELLE DENNY	1.00		 			\vdash	-	0.		+		0.
CHAPTER OFFICER	1.00							0.	0	.		0.
MELISSA TATA	1.00				<u> </u>	1	-			+		
CHAPTER OFFICER	1.00					-		0.	0			0.
1b Total	L.,		٠			`▶	1	0.	0			0.
2 Total number of individuals (including those	ın 1a) who re	celv	ed n	nore	tha	n \$1	00.	000 in reportable				
compensation from the organization	, 							·)	•		0
											Yes	No
3 Did the organization list any former officer,	director or tru	stee	, ke	y en	nplo	yee,	or I	highest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J for s	uch individual										3	X
4 For any individual listed on line 1a, is the su	•		•					•	the organization			
and related organizations greater than \$150										4	\$	X
5 Did any person listed on line 1a receive or a	•			rom	any	/ uni	relat	ted organization for serv	ices rendered to			
the organization? If "Yes," complete Sched	ule J for such	pers	on					· · · · · · · · · · · · · · · · · · ·			5	<u> </u>
Section B. Independent Contractors 1 Complete this table for your five highest co									* 400.000.6			
1 Complete this table for your five highest co the organization. NONE	mpensateu m	uepi	enae	ant c	Ont	racio	ors	mat received more than	\$100,000 or compe	nsatio	on from	
(A)								(B)			(C)	
Name and business	address							Description of s	ervices	Com	pensatio	<u>n</u>
	·											
2 Total number of independent contractors (i	noludina than		1)		000			ro than \$100,000 to				
2 Total number of independent contractors (infrom the organization	nciuaing those	ווו ב	ı) W	iio fi	ecel	ved	HOI	re man proujoud in com	pensation			
SEE SCHEDULE J-2 FOR	PART V	ΙI	, ;	SE	CT	IOI	N .	A CONTINUATI	ON	Fo	rm 990 (2008)

RENSSELAER ALUMNI ASSOCIATION GROUP RETURN 22-2979501 Form 990 (2008) Page 9 Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Unrelated Total revenue Related or excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a 5,233. Membership dues **1**b 1c Fundraising events 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,155. similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ 6,388 h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 477. 477. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See 12,415. Part IV, line 18 23,624. **b** Less: direct expenses -11,209.-11,209c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities \blacktriangleright 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a

0.

-4,344.

,209.

d All other revenuee Total. Add lines 11a-11d

832009 02-02-09 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

Part IX Statement of Functional Expenses

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

	All other organizations must compl				<u> </u>
	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				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
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,				
	trustees, and key employees				
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				
b	Legal				
¢	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	•••			
9	Other				
12	Advertising and promotion	0 204	0.004		····
13	Office expenses	2,324.	2,324.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	907.	007		
19	Conferences, conventions, and meetings	907.	907.		·
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		· · · · · · · · · · · · · · · · · · ·		
23	Insurance				······································
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) AWARDS	2,375.	2,375.	3	
a	BANK FEES	25.	2,373.		
0	· · · · · · · · · · · · · · · · · · ·	25.	23.		
c d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	5,631.	5,631.	0.	0.
26	Joint Costs Check here I if following	2,301.	2,001.		
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined		:		
	educational campaign and fundraising solicitation				

orm 990	(2008)	_	GROUP	RE

Par	t X	Balance Sheet							
					(A) Beginning of year		Enc	(B) of year	
	1	Cash · non-interest-bearing			102,276.	1		92,3	01.
	2	Savings and temporary cash investments				2	-		
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net				4			
	5	Receivables from current and former officers, di	rectors	s trustees kev					
	J	employees, or other related parties. Complete P				5			
	6	Receivables from other disqualified persons (as						•	
	·	4958(f)(1)) and persons described in section 495							
		Part II of Schedule L	20(2)(3	(b) Complete		6	}		
w	7	Notes and loans receivable, net	-	7					
Assets	8	Inventories for sale or use				8			
As	9	Prepaid expenses and deferred charges				9			
			10a	I		9		·····	
	10a	, , , , , , , , , , , , , , , , , , , ,	IVa						
	D	Less: accumulated depreciation. Complete	406			40-	}		
	44	Part VI of Schedule D	10b			10c			
	11	investments - publicly traded securities				11			
	12	Investments - other securities. See Part IV, line				12			
	13	Investments - program-related. See Part IV, line	11			13			
	14	Intangible assets				14	ļ		
	15	Other assets. See Part IV, line 11	()	0.4)	102,276.	15	-	02 3	0 1
	16	Total assets. Add lines 1 through 15 (must equ	ial line	34)	102,270.	16		92,3	<u>U1.</u>
	17	Accounts payable and accrued expenses				17			
	18	Grants payable				18			
	19	Deferred revenue			19				
	20	Tax-exempt bond liabilities	_		20				
ies	21	Escrow account liability. Complete Part IV of Sc				21			
Liabilities	22	Payables to current and former officers, directo							
<u>.</u>		highest compensated employees, and disqualif							
_		of Schedule L				22			
	23	Secured mortgages and notes payable to unrel	ated th	ird parties		23			
	24	Unsecured notes and loans payable				24			
	25	Other liabilities. Complete Part X of Schedule D				25			
	26	Total liabilities. Add lines 17 through 25		37	0.	26			0.
		Organizations that follow SFAS 117, check h	ere 🕨	X and complete					
SeS	_	lines 27 through 29, and lines 33 and 34.			100 076		1	00.5	
auc	27	Unrestricted net assets			102,276.	27		92,3	<u>.01</u>
Ba	28	Temporarily restricted net assets				28	ļ		
P	29	Permanently restricted net assets		, —		29			
Net Assets or Fund Balance	<u> </u>	Organizations that do not follow SFAS 117, or	heck h	nere 🕨 📖 and					
S	}	complete lines 30 through 34.							
set	30	Capital stock or trust principal, or current funds				30			
As	31	Paid-in or capital surplus, or land, building, or e				31			
ě	32	Retained earnings, endowment, accumulated in	ncome,	, or other funds	100 076	32		000	
_	33	Total net assets or fund balances			102,276.	33		$\frac{92,3}{3}$	
Fig.	34	Total liabilities and net assets/fund balances			102,276.	34	L	92,3	01.
Pa	rt XI	Financial Statements and Reporting	3		· · · · · · · · · · · · · · · · · · ·			Vec	TNI
_					٦		r	Yes	No
1		ounting method used to prepare the Form 990:			_l Other			1	
2a		e the organization's financial statements compiled			accountant?		2		X
b		e the organization's financial statements audited				2	<u>b </u>	X	
С		es" to lines 2a or 2b, does the organization have		· · ·	audit				
_		ew, or compilation of its financial statements and		•			2	<u>c </u>	┼
3a		result of a federal award, was the organization re	equired	to undergo an audit or au	dits as set forth in the Sing	le Aud			.,
_		and OMB Circular A-133?					3		X
<u>b</u>	if "Y	es," did the organization undergo the required au	idit or a	audits?			3	b	

SCHEDULE A (Form 990 or 990-EZ)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RENSSELAER ALUMNI ASSOCIATION GROUP RETURN

Employer identification number 22-2979501

Schedule A (Form 990 or 990-EZ) 2008

Part I	Reason	for Public Chari	ity Status (All organia	zations mu	st complet	te this par	t.) (see ins	tructions)				
The organ	ization is not a	a private foundation l	because it is: (Please ch	neck only o	one organiz	zation.)			• •			
1 🗀	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach So	hedule E.))			•				
3			tal service organization	•		170(b)(1)	(A) (iii). (At	tach Sche	edule H.)			
4 🗔			operated in conjunction							e hospital's i	name.	
	city, and stat							1-71-71-71			,	
5	•		benefit of a college or u	niversity o	wned or or	perated by	a govern	mental un	ıt describe	d in		
		(b)(1)(A)(iv). (Comple		, -		,	- 5			-		
6			ent or governmental uni	it describe	d in sectio	n 170(h)(1	11(Δ16/1					
7 🗔			eives a substantial part					or from the	a goneral o	ublia dagarib	od in	
,				or its supp	Jort nom a	governine	ontai onit C) 11OI11 tile	general p	uone deseno	eu III	
8	section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
•												
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.											
		509(a)(2). (Complete		11011 5 1 1 12	2X) 11OIII DU	311162262	acquired b	y the orga	anization at	iter June 30,	1975.	
10			perated exclusively to te	ot for out	lia aafatu. G	en nastia	- E00/a\/	4) /222 124				
11 X									•			
11 42			perated exclusively for the ations described in section							•		
							2). See se e	ction 509	(a)(3). Oned	ck the box th	at	
	a X Type	_	organization and compl Type II		e III · Func		to aratad		. .	T		
e 🔲			t the organization is not				-			Type III · Oth		
e									-			
			han one or more publicl		_				9(a)(1) or se	ection 509(a)	(2).	
f	_		ten determination from	the ins th	atitisa iy	pe i, Type	ıı, or ıype	e III				
_		rganization, check th							•		ш	
g	-		rganization accepted a			-		• •		[- 1	
	-		rectly controls, either a	ione or tog	jetner with	persons o	escribed	in (ii) and	(III) below,		es No	
	-		upported organization?							11g(i)	X	
	•	•	described in (i) above?		•					11g(ii)	X	
			person described in (i)	• •						11g(iii)	<u> </u>	
h	Provide the t	ollowing information	about the organizations	s the organ	nization sup	oports.						
		1	(iii) Tunn of	T		Γ		T				
	of supported	(ii) EIN	(iii) Type of organization	, <i>,</i>	organization	. , ,	•	Lorganizáti	on in col. l	(vii) Amou	int of	
orga	anization		(described on lines 1-9		sted in your document?		r support?	(i) organii U S	zed in the	suppoi	rt	
			above or IRC section	Yes	No	Yes	No	Yes				
DENICO	TIT A TID		(see instructions))	163	140	162	140	162	No			
	ELAER	14 1240005										
POLYT	ECHNIC	14-1340095	0	X		Х		X		 .		
					<u> </u>		-					
				<u> </u>								
				1	1			<u> </u>				
	 				ļ				 			
Total				1	<u> </u>]						

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

	edule A (Form 990 or 990-EZ) 2008 rt II Support Schedule for	Organizations	Described in	Sections 170)(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(Page 2
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I)				
Sec	tion A. Public Support		-	· -			
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")					<u> </u>	
2	Tax revenues levied for the organ-						
	ization'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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6_	Public Support. Subtract line 5 from line 4			l		1	<u> </u>
Sec	ction B. Total Support	Y		,			
Cal	endar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4					<u> </u>	
8	Gross income from interest,	ļ		ľ			
	dividends, payments received on			1			
	securities loans, rents, royalties						1
	and income from similar sources				<u> </u>	ļ .	
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain	J					
	or loss from the sale of capital						
	assets (Explain in Part IV)						
	Total support. Add lines 7 through 10			1			<u> </u>
	Gross receipts from related activities					12	
13	First five years. If the Form 990 is fo	-	s first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3)	. —
80	organization, check this box and stor ction C. Computation of Publ		roontago	•			▶
14	Public support percentage for 2008 (Public support percentage from 2007		•	column (1))		15	%
15	33 1/3% support test - 2008. If the			on line 13 and line	14 is 33 1/3% or	-	%
100	stop here. The organization qualifies	-			14 13 00 170 70 01	more, check this of	DA AIIU ▶□
	33 1/3% support test - 2007. If the		-		d line 15 ie 33 1/39	% or more check t	hie boy
•	and stop here. The organization qua	-			d iii le 13 i3 00 170	70 Of Thore, Check to	▶ □
17:	10% -facts-and-circumstances tes	, ,	• • •		ne 13 16a or 16b	and line 14 is 10%	or more
•••	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶ □
ŀ	10% -facts-and-circumstances tes	_	•		•	17a, and line 15 is	10% or
•	more, and if the organization meets t	_					
	organization meets the "facts-and-cir						▶
18	Private foundation. If the organization						ns ▶ □
					0-1		3 000 FT 0000

	(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 bus-											
iness 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	, ▶□										
Section C. Computation of Public Support Percentage											
15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	%										
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	/ %										
Section D. Computation of Investment Income Percentage											
17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	0/										
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<u>%</u>										
1	<u>%</u>										
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 than 33 1/3% shock this box and stop here. The organization qualified on a publish supported accompanies.	lot										
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization											
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 D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

2008
Open to Public Inspection

Name of the organization

RENSSELAER ALUMNI ASSOCIATION GROUP RETURN

Employer identification number 22-2979501

Schedule D (Form 990) 2008

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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 w	riting that the assets held in donor advis	sed 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 ac	dvisors in writing that grant funds may be	e used only
	for charitable purposes and not for the benefit of the donor or		
Pai	til Conservation Easements. Complete if the organization	anization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all th <u>at a</u> pply).	
	Preservation of land for public use (e.g., recreation or pl	leasure) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of certifi	ed historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified conse	ervation contribution in the form of a con	servation easement on the last day
	of the tax year		
			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 stru	, ,	2c
d	Number of conservation easements included in (c) acquired a		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the taxable
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri	lodic monitoring, inspection, violations, a	
•	enforcement of the conservation easements it holds?		└── Yes └── No
6	Staff or volunteer hours devoted to monitoring, inspecting, an		
7	Amount of expenses incurred in monitoring, inspecting, and expose each conservation easement reported on line 2(d) above		
8	and section 170(h)(4)(B)(ii)?	e satisfy the requirements of section 170	Yes No
9	In Part XIV, describe how the organization reports conservation	on essements in its revenue and expense	
9	include, if applicable, the text of the footnote to the organization	•	
	conservation easements.	ion s iniancial statements that describes	the organization's accounting to:
Pa	t III Organizations Maintaining Collections of	Art. Historical Treasures, or O	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	•	
		1,000	
1a	If the organization elected, as permitted under SFAS 116, not	to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these if	tems	
b	If the organization elected, as permitted under SFAS 116, to i	report in its revenue statement and balar	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, or	r research in furtherance of public service	e, 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 trea	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

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

RENSSELAER ALUMNI ASSOCIATION

	dule D (Form 990) 2008 GROUP RET				· ' ·			<u>22-29</u>			
Par	t III Organizations Maintaining Col	lections of A	rt, His	torical Tr	easures,	or Oth	<u>er Simi</u>	lar Asse	ts (conti	inued)
3	Using the organization's accession and other re	cords, check any	of the f	ollowing tha	it are a signif	ficant us	e of its co	llection ite	ms (chec	k all	. –
	that apply)										
а	Public exhibition	d		Loan or exc	hange progr	ams					
ь	Scholarly research	е									
С	Preservation for future generations										
4	Provide a description of the organization's collection	ctions and explai	n how th	nev further t	he organizat	ion's exe	empt purp	ose in Pari	XIV		
5	During the year, did the organization solicit or re										
-	to be sold to raise funds rather than to be maint						. 400010		Yes		No
Par	Trust, Escrow and Custodial A					ered "Ve	es" to For	n 990 Par		a or	110
	reported an amount on Form 990, Part X			ioto ii organii	Landii anon	0,00 10		11 000,1 0,1		J, J,	
1a	Is the organization an agent, trustee, custodian	or other intermed	diary for	contribution	s or other a	ssets no	tincluded				
	on Form 990, Part X?		alary to		io or other a	33013110		·	Yes	Γ	No
b	If "Yes," explain the arrangement in Part XIV and	d complete the fo	llowing:	table					7 162	ــــــــــــــــــــــــــــــــــــــ	J 140
U	in res, explain the analigement in rait XIV and	o complete the ic	MOWING	lable				r			
_	Paginging balance						-	-	Amount		
	Beginning balance						1c	 			
a	Additions during the year						1d				.
e	Distributions during the year						_1e				
f	Ending balance						1f	L	 -		
	Did the organization include an amount on Form	i 990, Part X, line	217					l	」Yes		No
	If "Yes," explain the arrangement in Part XIV										
Par	TV Endowment Funds. Complete if or	ganization answe	ered "Ye	s" to Form 9	990, Part IV,	line 10.					
	(6	a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance										
þ	Contributions			******			·····				
C	Investment earnings or losses										
d	Grants or scholarships										
е	Other expenditures for facilities										********
	and programs										
f	Administrative expenses								,		
g	End of year balance										
2	Provide the estimated percentage of the year er	nd balance held a	as:		•						
а	Board designated or quasi-endowment		%								
b	Permanent endowment ▶	%	_								
С	Term endowment ▶ %	······									
3a	Are there endowment funds not in the possessi	on of the organiz	ation tha	at are held a	nd administr	ered for t	the organ	zation			
	by.					0.00.00	ino organ		Г	Yes	No
	(i) unrelated organizations								3a(i)	103	NO_
	(ii) related organizations								3a(ii)		
ь	If "Yes" to 3a(ii), are the related organizations lis	ted as required o	n Schoo	dula B2					3b		
4	Describe in Part XIV the intended uses of the or								30		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TVI Investments - Land, Buildings,				Part Y line	10					
	Description of investment	(a) Cost or o				T	\		/d\ Daal		
	Description of investment	basis (investr		1	or other (other)	(6)	Depreciati	on	(d) Book	∢ valu	е
-	Load	Jasis (HIVESTI		Da315	(Julion)	 					
	Land					 					
	Buildings			<u> </u>	-						
C	Leasehold improvements	ļ				-					
d	Equipment					 					
е	Other	L						1			

Schedule D (Form 990) 2008

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2008 GROUP RETU		• •	22-2979501 Page
Part VII Investments - Other Securities.	ee Form 990, Part X, line 12.		* - * · · · · · · · · · · · · · · · · ·
(a) Description of security or category	(b) Book value		od of valuation:
(including name of security)	(5) BOOK VAIGO	Cost or end-	of-year market value
Financial derivatives and other financial products			
Closely-held equity interests	_		
Other			
			
Total (Col (b) should equal Form 990, Part X, col (B) line 12)	>		
Part VIII Investments - Program Related.			
(a) Description of investment type	(b) Book value	(c) Meth	od of valuation:
(a) Description of investment type	(b) Book value	Cost or end-	of-year market value
			-
Total (Col (b) should equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X, lin			
(6) Description		(b) Book value
		71.4	
		· · · · · · · · · · · · · · · · · · ·	
- 1 M			
		··· ··· ··· ··· ··· ··· ··· ··· ··· ··	
Total. (Column (b) should equal Form 990, Part X, col (B)	line 15)		>
Part X Other Liabilities. See Form 990, Part) (a) Description of liability	(, line 25.	b) Amount	····
		b) Amount	
Federal income taxes			

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

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

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

2008
Open to Public Inspection

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 22-2979501

Name of the Organization RENSSELAER ALUMNI ASSOCIATION

GROUP RETURN

GROUP RE						_			22-291		
Part 1 Continuation of Officers, D	<u>irectors, Tr</u>	ust	tee:	s, K	Cey	En	<u>lqr</u>	oyees, and Highes	t Compensated I	Employees	
(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average	Position					Reportable	Reportable	Estimated		
	hours	(checl		(check all that apply)			oly)	compensation	compensation	amount of	
	per							from	from related	other	
	week	L				30/0	ł	the	organizations	compensation	
		iacto				empl		organization	(W-2/1099-MISC)	from the	
		or d	8	•		BE		(W-2/1099-MISC)		organization	
	}	Individual trustee or director	Individual frustee or Institutional frustee		8	Highest compensated employee				and related organizations	
	ł	Jual t	tona		g og	Ş	L			Organizations	
		divid	lage.	Officer	ey er	lg.	Former				
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HARRY HOVEY											
CHAPTER OFFICER	1.00						•	0.	0.	0.	
JOSHUA INTRILGATOR											
CHAPTER OFFICER	1.00		1					0.	0.	0.	
MATT KOSARA											
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JOAN CHRISTENSEN											
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Schedule J-2 (Form 990) 2008

SCHEDULE Q (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

Name of the organization

RENSSELAER ALUMNI ASSOCIATION GROUP RETURN

Employer identification number 22-2979501

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FORM	990,	PART	VI,	SECTION	Α,	LINE	10:	THE	GROUP	RETUR	N FOR TH	E CHAI	PTERS
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FORM	990,	PART	VI,	SECTION	С,	LINE	19:	THE	ORGAN	IZATIO	N MAKES	ITS	
GOVE	RNING	DOCUI	MENT	S, POLIC	IES	AND	FINA	NCIAI	STAT	EMENTS	AVAILAB	LE TO	THE
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