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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

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements

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				dar year, o			nning Jul		, 20	009, and	endir	ıg Jun	-		<u>, 2010</u>		
	В	Check if a	applicable	Please use		ne of organ							D Employ	er Identi	fication Nu	ımber	
		Addı	ress change	IRS label	ALBA	NY ST	ATE UNIV	ERSIT	Y FOUNDA	TION,	INC	C.	23-7	7032	763		
		Nam	e change	or print or type.	Nun	nber and st	reet (or PO box	if mail is n	ot delivered to stree	et addr)	Room/s	suite	E Telepho	ne numt	er		
		Initia	al return	See specific	504	COLLE	GE DRIVE						1229	3) 4	30-46	60	
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		Appl	ication pending	F Name a		-	•						affiliates incli		iales,	Yes	X No
							COLLEGE D	R ALE		GA 31			attach a list		tructions) {	Yes	∐ No
	<u> </u>	Tax-e	exempt statu	s X 501	(c) (.	3)·	(insert no)		4947(a)(1) or	52	27						
	<u>J</u>	Webs	site: ► N/	A								H(c) Group	exemption nu	mber 🟲	•		
	K		f organization	X Corpora	ation	Trust	Association	Other	.	L Year o	f Forma	tion 196	9 ∣Mis	tate of le	egal domici	le GA	
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	Ă	7a T	otal gross ur	nrelated b	usiness	revenue	e from Part VI	II, Icolu	mn (C), ine 12					7a			0.
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>													rior Year		Cur	rent Ye	
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7	an l		Program service revenue (Part VIII, line 2g)														
\cap	Revenue		-				A), lines 3, 4,	and 7d	D				215,7	05		117	979.
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	Net Assets or Fund Salancos	21 T	otal liabilities	s (Part X,	line 26)						35	,530,1	<u>59. </u>	35,	248,	<u>852.</u>
						Subtract	ine 21 from li	ne 20				1	,062,5	02.	3,	291,	476.
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			true, correctiva	ina comprete	Declarat	ion of prepi	are (other than of	figer) is ba	ased on all informat	tion of which	ch prepa	arer has any	knowledge	·	•		
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			address, and ZIP + 4	Alba	any				GA 31	707		Pi	none no	(229) 434	-104	0
	May	the IRS	S discuss thi	s return w	ith the	prepare	shown above	e? (see	instructions)				-		Ye	s X	No

	1 990 (2009) ALBANY STATE UNIVERSITY FOUNDATION, INC.	23-70)3276	3		Page 2
Pai	TUIII: Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission:					
•	FINANCIAL AID TO STUDENTS					
2	Did the organization undertake any significant program services during the year which were not listed on the p	orior			_	
	Form 990 or 990-EZ?			Yes	X	No
	If 'Yes,' describe these new services on Schedule O.					
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	2		Yes	X	No
•	If 'Yes,' describe these changes on Schedule O.	•	ш		4.	110
4	Describe the exempt purpose achievements for each of the organization's three largest program services by e and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo	xpenses	Section of the section	on 501	(c)(3)	
	expenses, and revenue, if any, for each program service reported	Cations	to other	3, ti iC	totai	
4a	(Code) (Expenses \$ 362,907. including grants of \$ 132,665.) (Rev	enue/	\$	36	2,90	07.)
	DECETVED AND MANAGED FINDS WITCH WEDE HOED FOR FINANCIAL					
	ASSISTANCE TO QUALIFIED STUDENTS OF ALBANY STATE UNIVERSITY					-
		-				
4b	(Code) (Expenses \$ including grants of \$) (Rev	enue/	\$)
						-
		-				
						. – – –
40	: (Code) (Expenses \$ including grants of \$) (Rev	enue	s)
		220				
		- -				
	-*					
4d	Other program services (Describe in Schedule O)					
	(Expenses \$ including grants of \$) (Revenue \$				`	
40	Total program service expenses ► 362, 907.				,	
-+6	Total program service expenses = 302, 307.					

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 similar funds or 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		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		<u>x</u>
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? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	х	
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X	٦٩٠٨ گُوگ		
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	X	
12 /	A Was the organization included in consolidated, independent audited financial statement for the tax Yes No		77.7	
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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 located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		, X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities 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		X

Form 990 (2009) ALBANY STATE UNIVERSITY FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 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 any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	. 33		
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х_
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
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		х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Forn	n 990 (2009)

Statements Regarding Other IRS Filings and Tax Compliance Part V 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 1 a 1 b 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 10 (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b **2** 36 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 За this return b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3Ь 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 **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 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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction 5 c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7е benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f X 7 g g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a X 9b X b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10 a b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

BAA

Form 990 (2009)

Form 990 (2009) ALBANY STATE UNIVERSITY FOUNDATION, INC 23-7032763 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body 1b|5 **b** Enter the number of voting members that are independent 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 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 Х Did the organization make any significant changes to its organizational documents 4 Х since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 Х 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Х (This Section B requests information about policies not required by the Internal Section B. Policies Revenue Code.) Yes No 10 a 10a Does the organization have local chapters, branches, or affiliates? Х **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? 10b Х 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c Does the organization have a written whistleblower policy? 13 13 Х 14 Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a b Other officers of key employees of the organization 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable 16a entity during the year? X b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosures Georgia List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request

	Describe in Sche statements availa		ıf so,	how) the	e orga	nization m	akes its governin	ig docume	nts, d	conflict	of inter	est policy	and finar	ncıal
~~	0		 											

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

ALBANY STATE UNIVERSITY FOUNDATION	504 COLLEGE DRIVE,	ALBANY,	GA 31705	(229) 430-4660

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- 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	t compens	ate ar	у сі	ırrer	nt of	ficer, (dired	ctor, or trustee		
(A)	(B)			(6	c)			(D)	(E)	(F)
Name and Title	Average hours		tion (k all t	hat appl		Reportable compensation from	Reportable	Estimated amount of other
	per week	adividi al francee or director	institutional trustee	Offirer	key emphyee	Higt est coinquissated employee	คิน:ner	compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SEE ATTACHED LIST										
(SEE LIST)	0.00	Х		ļ				O.	0.	0.

Part VIII Section A. Officers, Directors, Trus		\ey	C11			es,	alli			
` (A)	(B)	<u> </u>			c) 			(D)	(E)	(F)
Name and Title	Average hours per week		_	Check				Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
	per week	rector	Institutional trustee	;er	employee	Highest compensated employee	ner	(M-2 1055-miles)	(W-21033-HI00)	organization and related organizations
	-							_		
	-									
	-									
	-									
	-								 -	
	-						į			
	-									
	-									
	-						_		 - ::	
1 b Total							-	0.	0.	<u> </u>
2 Total number of individuals (including but not limited from the organization ►	to those	e list	ed a	abov	e) v	vho r	ece	ived more than \$	00,000 in reportabl	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste	e, k∈	еу е	mple	уеє	e, or	high	nest compensated	employee	Yes No
For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th individual	ortable o	com	pens	satio 'Ye:	on a	nd o	ther ete	compensation fro Schedule J for su	om ch	4 X
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete School	mpensa edule J i	ition for s	fror	n an ners	y ur	rela	ited	organization for s	ervices	5 X
Section B. Independent Contractors										1 9 1 1 - 1
Complete this table for your five highest compensate compensation from the organization	d indepe	ende	nt c	ontr	acto	rs th	nat r	eceived more tha	n \$100,000 of	- 4
(A) Name and business address	<u>s</u>							Description of	of Services	(C) Compensation
2 Total number of independent contractors (including to \$100,000 in compensation from the organization ►	out not lii	mite	d to	tho	se li	sted	abo	ove) who received	more than	

		Statement of Re	venue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Mer c Fun d Rel e Gove f All o simil	derated campaigns imbership dues indraising events ated organizations ernment grants (contribution other contributions, gifts, giftar amounts not included in al. Add lines 1a-1f	rants, and above 1 f	0. 6,993. 588,020. 0. 18,124.	2,470,609.			
PROGRAM SERVICE REVENUE	2a b c d e f All 6	other program servic		Business Code	2,410,003.			
	3 Inve	estment income (incliner similar amounts) ome from investment valties	J	•	117,979.	117,979.	0.	0.
	b Les c Rent	ess Rents s: rental expenses al income or (loss) rental income or (los	(i) Real	(ii) Personal				
	7a Gros asse b Less and	s amount from sales of ts other than inventory cost or other basis sales expenses n or (loss)	(i) Securities	(ii) Other				
OTHER REVENUE	d Net 8a Gro (not of c	gain or (loss) uss income from fund t including \$	588,020.	>	3			
ОТНЕ	c Net 9a Gro See	s: direct expenses income or (loss) froi iss income from gam e Part IV, line 19	ing activities.					
	c Net 10a Gro and	s: direct expenses income or (loss) froi iss sales of inventory I allowances s: cost of goods sold	m gaming activi , less returns					
	c Net	Income or (loss) from	m sales of inver	_				
	e Tot	other revenue al. Add lines 11a-11c		>	2.588.588	117.979	```\``\`\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	

Page 10

Part IX Statement of Functional Expenses

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

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

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1		0.	0.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	132,665.	132,665.	2.	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.	0.		
4	Benefits paid to or for members	0.	0.	B. 1977	
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	0.	0.	0.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.	0.	0.	0.
9	Other employee benefits	0.	<u>o.</u>	0.	0.
10	Payroll taxes	0.	0.	0.	0.
11	Fees for services (non-employees)				
ä	a Management	0.	0.	0.	0.
ı	L egal	14,785.	0.	14,785.	0.
	: Accounting	12,900.	0.	12,900.	0.
	Lobbying	0.	. 0.	0.	0.
	Prof fundraising svcs See Part IV, In 17	0.			0.
	Investment management fees	0.	0.	0.	0.
	Other	103,331.	0.	103,331.	0.
	Advertising and promotion	18,894. 7,994.	0.	18,894. 7,994.	0.
13 14	Office expenses Information technology	7,994.	0.	7,994.	0.
15	Royalties	0.	0.	0.	0.
16	Occupancy	10,034.	0.	10,034.	0.
17	Travel	105,796.	105,796.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19	Conferences, conventions, and meetings	18,902.	18 <u>,</u> 902.	0.	0.
20	Interest	1,537,721.	0.	1,537,721.	0.
21	Payments to affiliates	0.	0.	0.	0.
22	Depreciation, depletion, and amortization	8,532.	0.	8,532.	0.
23 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)	49,513.	0.	49,513.	0.
:	a STADIUM REPAIR/MAINTENANCE	875.	0.	875.	0.
	SUPPLIES	24,809.	0.	24,809.	0.
	BANK SERVICE CHARGES	1,837.	0.	1,837.	0.
	B PRIVATIZED HOUSING	8,614.	8,614.	0.	0.
	OTHER EXPENSES	89,261.	80,994.	8,267.	0.
1	f All other expenses	28,073.	15,936.	4,983.	7,154.
25	Total functional expenses. Add lines 1 through 24f	2,174,536.	362,907.	1,804,475.	7,154.
26	Joint costs. Check here ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

Part X Balance Sheet (A) Beginning of year **(B)** End of year 5,114,708. 5,029,426. 1 Cash - non-interest-bearing 2 896,288. 778,072. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a 10a Land, buildings, and equipment cost or other basis. 42,662 Complete Part VI of Schedule D 10b 10 c b Less: accumulated depreciation 21,331 27,552,654 21,331 2,074,336. 11 2,248,371. 11 Investments - publicly-traded securities Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 1,039,957 30,377,846. 38,540,328. Total assets Add lines 1 through 15 (must equal line 34) 36,592,661. 16 16 17 Accounts payable and accrued expenses 889,391 17 861,613. 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities. Complete Part X of Schedule D 34,640,768 25 34,387,239 Total liabilities. Add lines 17 through 25 ,530,159 26 35,248,852 Organizations that follow SFAS 117, check here and complete lines 27 through 29 and lines 33 and 34. 27 27 Unrestricted net assets 28 Temporarily restricted net assets Permanently restricted net assets 29 Q R X and complete Organizations that do not follow SFAS 117, check here FUZD lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, and equipment fund -5,369,998. 31 -4,803,621. BALANCES Retained earnings, endowment, accumulated income, or other funds 6,432,500. 32 8,095,097. 3,291,476. 1,062,502. 33 33 Total net assets or fund balances. 36,592,661. 38,540,328. Total liabilities and net assets/fund balances

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Form 990 (2009)

Form 990 (2009) ALBANY STATE UNIVERSITY FOUNDATION, INC.	23-7032763	Pa	age 1
PartiXIII Financial Statements and Reporting			
•		Yes	No
1 Accounting method used to prepare the Form 990. Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2 b	X	
c if 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d if 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were consolidated basis, separate basis, or both:	issued on a		
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single 3a		x
b if 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit		

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Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name	or the organ	ization							Linployer				
		ANY STATE UNIVERSITY FOUNDATION, INC. 23-7032763											
Par	t∛l∵ Re	ason for Pu	ublic Charity Statu	is (All organizations	must c	omple	te this	part.)	See II	<u>nstruct</u>	ions		
The o	organizati	on is not a pri	vate foundation becaus	se it is: (For lines 1 throug	gh 11, cl	neck onl	y one bo) x					
1	A ch	urch, convent	ion of churches or asso	ociation of churches descr	ibed in s	section	170(b)(1)(A)(i).					
2	☐ A so	hool described	d in section 170(b)(1)(A	A)(ii). (Attach Schedule E	.)								
3	A ho	spital or coop	erative hospital service	e organization described ii	n sectio :	n 170(b)	(1)(A)(iii).					
4	A m	edical researc	h organization operate	d in conjunction with a ho	spital de	scribed	ın secti	on 170(b)(1)(A)((iii). Ente	r the hospi	tal's	
	nam	e, city, and st	ate:										
5	X And	organization of	perated for the benefit (Complete Part II.)	of a college or university	owned o	r operat	ed by a	governr	nental u	nıt descr	ibed in sec	tion	
6				povernmental unit describe									
7	∷ in se	ection 170(b)(1)(A)(vi). (Complete Pa				ernment	al unit d	or from t	he gener	al public di	escribe	ed
8	_	-		70(b)(1)(A)(vi). (Complete									
9	from	i activities rela stment income	ated to its exempt funct	more than 33-1/3 % of nons — subject to certain ss taxable income (less somplete Part III.)	exceptio	ns, and	(2) no n	nore tha	an 33-1/3	3 % of its	s support fr	om gre	oss
10	An o	organization oi	rganized and operated	exclusively to test for pub	lic safet	y See s	ection 5	09(a)(4).				
11	_ more	e publicty supi	ported organizations d	exclusively for the benefit escribed in section 509(a) ation and complete lines)(1) or s	ection 5	09(a)(2)	ons of, See s e	or carry ection 5	out the 09(a)(3).	purposes o Check the	of one of box the	or nat
	a l	Type I	b ☐ Type II	c Type III				ed		d \square	Type III-	Other	
е	By c	hecking this b	ox, I certify that the organizers and other than	ganization is not controlle n one or more publicly sup	d directi	y or ındı	rectly by	one or	more d in secti	isqualifie on 509(a	d persons	other	
f		e organization ck this box	received a written dete	ermination from the IRS the	nat is a	Гуре І, ⅂	ype II o	r Type I	II suppo	rting org	anızatıon,		
g	Sind	e August 17,	2006, has the organiza	tion accepted any gift or	contribu	tion fron	n any of	the foll	owing pe	ersons?			
_		_										Yes	No
	(i)	a person wh below, the g	o directly or indirectly o overning body of the su	controls, either alone or to upported organization?	ogether v	vith pers	ons des	cribed	ın (ıı) an	d (III)	11 g (i)		
	(ii)	a family mei	mber of a person desc	ribed in (i) above?							11 g (ii)		
	(iii)	a 35% contr	olled entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)	<u> </u>	
h	Prov	ride the follow	ing information about t	he supported organization	ıs.								
		e of Supported ganization	(iı) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	ls the tion in col d in your trning ment?	the organ	ou notify ization in (i) of ipport?	organizat (i) organi	is the ion in col zed in the S ?	(vii) Amour	nt of Sup	port
					Yes	No	Yes	No	Yes	No			
-				1									
		<u> </u>											

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009

Pa	Support Schedule for	_			(b)(1)(A)(iv) an	id 170(b)(1)(A) (vi)	
500	(Complete only if you checke tion A. Public Support	ed the box on line	5, 7, or 8 of Part	l.)		·· -		
Cale	endar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	609,502.	1,012,560.	2,585,540.	2,895,564.	2,470,588.	9,573,754.	
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.	0.	0.	0.		
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	0.	0.	0.	0.	0.		
4	Total. Add lines 1-through 3	609,502.	1,012,560.	2,585,540.	2,895,564.	2,470,588.	9,573,754.	
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)		See a Carlo					
6	Public support. Subtract line 5 from line 4	A Harristan			2 1.560 1 1 1 to	a the sale	9,573,754.	
Sec	Section B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4	609,502.	1,012,560.	2,585,540.	2,895,564.	2,470,588.	9,573,754.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	1,830,393.	469,779.	441,132.	215,705.	117,979.	3,074,988.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	26,287.	35.	0.	0.	0.	26,322.	
11	Total support. Add lines 7 through 10				, single	· ·	12,675,064.	
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12		
	13 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								
14	Public support percentage for 20	• •	••	e 11, column (f)		14	75.53%	
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14			15	72.19%	
16a 33-1/3 support test − 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.								
b 33-1/3 support test − 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17 a	17a 10%-facts-and-circumstances test – 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization							
	10%-facts-and-circumstances te or more, and if the organization in organization meets the 'facts-and	meets the 'facts-ard-curcumstances'	nd-circumstances test. The organiz	test, check this bation qualifies as	ox and stop here. a publicly support	. Explain in Part I ed organization.	V how the ►	
18	Private foundation. If the organiz	zation did not ched	ck a box on line, 1	3, 16a, 16b, 17a,	or 17b, check this	s box and see ins	tructions 🕨 📗	

BAA

Page 3

<u> </u>	(Complete only if you chec	cked the box on lir	ne 9 of Part I.)				
Sec	tion A. Public Support		Ţ		Т		
	ndar year (or fiscal yr beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2						
	and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
C	: Add lines 7a and 7b						
8	Public support (Subtract line		y				[₹]
	7c from line 6)	2880		3 3 3 3 3			
<u>Sec</u>	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included inline 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.)						
	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	s for the organiza			fifth tax year as a	a section 501(c)(3) ► □
Sec	tion C. Computation of Pul		ercentage		·		<u></u>
	Public support percentage for 200			e 13 column (f)\		15	%
	Public support percentage from 2			. 15, column (i <i>))</i>		16	%
	tion D. Computation of Inv					16	1 76
					- (0)	1.5	T
	Investment income percentage fo			-	ın (t))	17	<u>%</u>
	Investment income percentage from 33-1/3 support tests — 2009. If the more than 33-1/3%, check this bound is the support tests in the support test	e organization did	I not check the bo	x on line 14 and	line 15 is more th	18 nan 33-1/3%, and	I line 17 is not
b	33-1/3 support tests – 2008. If the is not more than 33-1/3%, check	e organization did	I not check a box	on line 14 or 19a,	and line 16 is mo	re than 33-1/3%	, and line 18
20	Private foundation. If the organiz		-	· ·		•	▶⊨

Schedule	A (Form 99	90 or 990-EZ) :	2009 <i>I</i>	ALBANY	STATE	UNIV	ERSITY	FOUN	DATION,	INC.	23-7032763	3 Page 4
PartilV	Supple Part II,	emental Info line 17a or	ormatio 17b; a	n. Com _l nd Part	plete thi III, line	s part 12. P	to provi rovide a	de the ny othe	explanater addition	ions rec nal infor	uired by Part mation. See ii	II, line 10; nstructions.
Other	Income	Part II,	Line	10			-	. _				
<u>Descri</u>	.ption:	PROGRAM	SERVI	CE_REV	ENUE_			. _				
2005:_	<u> 26287.</u>				- -	-		. 				
2006:_	35							. – – –				
2007:_	0								- -			·
2008:_	0					-		. – – –				
		-										
			 -									
												
												
			-					. – – – –				
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions

OMB No 1545-0047 2009

Open to Public Employer Identification number

ALI	BANY STATE UNIVERSITY FOUNDAT:	ION, INC.	23-7032763
Ŗãi	सिङ्के Organizations Maintaining Donor	Advised Funds or Other Similar Fun	ds or Accounts Complete if
	the organization answered 'Yes' to		
_	Table of a state of a second	(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 funds are the organization's property, subject to	o the organization's exclusive legal control?	∐ Yes ☐ No
6	Did the organization inform all grantees, donorsused only for charitable purposes and not for the purpose conferring impermissible private benefits the conferring impermissible private bending in the conferring impermissible private benefits the confer	ne benefit of the donor or donor advisor or for a lit??	ny other Yes No
Pai	till Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e g , re	· • • • • • • • • • • • • • • • • • • •	of an historically important land area
	Protection of natural habitat	Preservation of	of certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organizatio last day of the tax year	n held a qualified conservation contribution in th	· · · · · · · · · · · · · · · · · · ·
	Table on the conference of the control of the contr		Held at the End of the Year
	Total number of conservation easements		2a
	Total acreage restricted by conservation easem		2b 2c
	: Number of conservation easements on a certifi I Number of conservation easements included in		2d
	Number of conservation easements included in Number of conservation easements modified, to		<u> </u>
3	year	ransierred, released, extinguished, or terminate	d by the organization during the tax
4	Number of states where property subject to cor	servation easement is located >	_
5	Does the organization have a written policy reg and enforcement of the conservation easement	arding the periodic monitoring, inspection, hand it holds?	dling of violations, Yes No
6	Staff and volunteer hours devoted to monitoring during the year		
,	Amount of expenses incurred in monitoring, ins during the year ►	specting, and enforcing conservation easements	\$
8	Does each conservation easement reported on $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	line 2(d) above satisfy the requirements of section	Yes No
9	In Part XIV, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements	orts conservation easements in its revenue and the organization's financial statements that des	expense statement, and balance sheet, and scribes the organization's accounting for
Pai	Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	Other Similar Assets 8.
1 6	If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statemen	c exhibition, education, or research in furtheran	nt and balance sheet works of art, historical ce of public service, provide, in Part XIV,
ŀ	If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items:	SFAS 116, to report in its revenue statement ar c exhibition, education, or research in furtheran	
	(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 amounts required to be reported under SFAS 1		r financial gain, provide the following
	Revenues included in Form 990, Part VIII, line	1	► \$
t	Assets included in Form 990, Part X		► \$

Schedule D (Form 990) 2009 ALBAN Part III Organizations Maintain					23-70: Other Similar As		Page 2 ntinued)	
3 Using the organization's acquisition items (check all that apply)	n accession and	d other records, chec	k any of the	following that	are a significant use	of its collection	ction	
a Public exhibition d Loan or exchange programs								
b Scholarly research	b Scholarly research e Other							
c Preservation for future generations								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV								
5 During the year, did the organization assets to be sold to raise funds rat	on solicit or rec her than to be	eive donations of art maintained as part o	, historical ti f the organiz	reasures, or of zation's collect	ther similar tion?	Yes	No	
Partival Escrow and Custodial 9, or reported an amou	Arrangeme nt on Form	nts Complete if 6 990, Part X, line	organizati 21.	on answere	d 'Yes' to Form 9	990, Part	IV, line	
1 a Is the organization an agent, truste included on Form 990, Part X?	e, custodian, o	r other intermediary	for contribut	ions or other a	assets not	Yes		
b If 'Yes,' explain the arrangement in						_		
		•				Amount		
c Beginning balance					1c			
d Additions during the year					1d			
e Distributions during the year .					1e			
f Ending balance					1f			
2a Did the organization include an am	ount on Form 9	90, Part X, line 21?			<u> </u>	Yes	No	
b If 'Yes,' explain the arrangement in	Part XIV						_	
Part V Endowment Funds Com	iplete if orga	anization answer	ed 'Yes' t	o Form 990	, Part IV, line 10	•		
	(a) Current yea	r (b) Prior yea	ır (c)	Two years back	(d) Three years back	(e) Fou	r years back	
1 a Beginning of year balance					18. 9	_ ^\$ [*] (
b Contributions			4.30			4 18 20 30	4.2	
c Net Investment earnings, gains, and losses						1788		
d Grants or scholarships						1 3		
e Other expenditures for facilities and programs								
f Administrative expenses				200, S.	. K		4.8	
g End of year balance			· ` ;		E SECTION	12 Marin 2		
2 Provide the estimated percentage of the year end balance held as:								
a Board designated or quasi-endowm	nent ►	 &						
b Permanent endowment ►	 8							
c Term endowment ► %								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No								
(i) unrelated organizations						3a(i)		
(ii) related organizations						3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?								
4 Describe in Part XIV the intended uses of the organization's endowment funds								
Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.								
Description of investment	(a)	Cost or other basis (investment)	(b) Cost basis (or other (other)	(c) Accumulated Depreciation	(d) Boo	ok Value	
1 a Land		•				, <u> </u>		
b Buildings	<u> </u>							
c Leasehold improvements								
d Equipment		42,662.		0.	21,331.		21,331.	
e Other								
Total. Add lines 1a through 1e (Column ((d) must equal	Form 990, Part X, co	olumn (B), lii	ne 10(c))	•		21,331.	
BAA					Sche	dule D (For	m 990) 2009	

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

2. FIN 48 Footnote 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

Schedule D (Form 990) 2009 ALBANY STATE UNIVERSITY FOUNDAT		23-703276	3 Page 4
Part XI Reconciliation of Change in Net Assets from Form 990		nts	
1 Total revenue (Form 990, Part VIII,column (A), line 12)			2,588,588.
2 Total expenses (Form 990, Part IX, column (A), line 25)			2,174,536.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	•		414,052.
4 Net unrealized gains (losses) on investments			
5 Donated services and use of facilities			
6 Investment expenses			
7 Prior period adjustments			
8 Other (Describe in Part XIV)			
9 Total adjustments (net). Add lines 4 through 8			
10 Excess or (deficit) for the year per audited financial statements. Combine line	es 3 and 9 .		414,052.
Rant-XII Reconciliation of Revenue per Audited Financial Stater		per Return	
1 Total revenue, gains, and other support per audited financial statements	· · · · · · · · · · · · · · · · · · ·	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		76	
a Net unrealized gains on investments	2a	1. 12	
b Donated services and use of facilities	2 b	13	
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIV)	2 d		
e Add lines 2a through 2d	1	2e	
3 Subtract line 2e from line 1		3	-
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		37 38	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	答. 第	
b Other (Describe in Part XIV)	4b	· ,]	
c Add lines 4a and 4b	<u> </u>	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) \	5	
Part XIII Reconciliation of Expenses per Audited Financial State			
Total expenses and losses per audited financial statements	cincins with Expense	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		6000	
a Donated services and use of facilities	2 a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIV)	2d	 - `	
e Add lines 2a through 2d	20	2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	3 32 28	
	4.0		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV)	4 b		
c Add lines 4a and 4b	0.	4c	
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 1: Part XIV Supplemental Information	8)	5	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, ine 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2 information	Part III, lines 1a and 4, Pa 2d and 4b Also complete th	rt IV, lines 1b and 2 is part to provide ar	b, Part V, ny additional
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Schedule D (Form 990) 2009	ALBANY STATE	UNIVERSITY	FOUNDATION,	INC.	23-7032763	Page 5
Schedule D (Form 990) 2009 Part XIV Supplementa	I Information (cor	ntınued)				
	 		-			
						
						
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		. 				
						
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					-	

SCHEDULE I (Form 990)

Department of the Internal Revenue

Governments and Individuals in the United States Grants and Other Assistance to Organizations,

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

2009

OMB No 1545-0047

Open to Public Inspection number **≗** □

Department of the Featury Internal Revenue Service	adsul,
Name of the organization	Employer identification number
ALBANY STATE UNIVERSITY FOUNDATION, INC.	23-7032763
Raidi 圏 General Information on Grants and Assistance	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	, and

Bait训练 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form

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

Part IV and Schedule I-1 (Form 990) if additional space is needed

990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use

Part IV and Schedule I-1 (Form 990) if additional space is needed	Form 990) if addi	tional space is i	needed				A
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					-		
					•		
2 Enter total number of section 501(c)(3) and government organizations	3) and government org	janizations					
3 Enter total number of other organizations	Suc					A	

Schedule 1 (Form 990) 2009

TEEA3901 02/10/10

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

Page 2 Rantilis Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Parily Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 23-7032763 (e) Method of valuation (book, FMV, appraisal, other) SCHOLARSHIPS ARE AWARDED BASED ON THE CRITERIA FOR EACH AVAILABLE (d) Amount of non-cash assistance ALBANY STATE UNIVERSITY FOUNDATION, INC. (b) Number of recipients SCHOLARSHIP (a) Type of grant or assistance Schedule I (Form 990) 2009 Pt_I Line_2 Pt_I_Line_2

BAA

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

Name of the organization	Employer identification number
ALBANY STATE UNIVERSITY FOUNDATION, INC.	23-7032763
Pt_VI-B, Line_11A_BOARD_MEMBERS_WILL_REVIEW_RETURN_BEFORE_MAILING	
	-
	
	

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Albany State University Foundation, Inc. Board of Directors Current Roster Fiscal Year 09/10

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&Executive Director, ASU Foundation, Inc.

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9. Mr. Gregory Daniels (May 2008)

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Nissan North America

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3

10. Dr. William Peppicello (May 2008)

President, University of Phoenix

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Assistant: Sandy Meyer sandy.meyer@phoenix.edu

(Members are appointed to a 3-year term)