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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

Open to Public Inspection

For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010

B	Check if applicable	C	D
<input type="checkbox"/>	Address change	SUNY COLLEGE AT ONEONTA	Employer identification number
<input type="checkbox"/>	Name change	ALUMNI ASSOCIATION, INC.	37-1492540
<input type="checkbox"/>	Initial return	128 ALUMNI HALL	E Telephone number
<input type="checkbox"/>	Termination	ONEONTA, NY 13820	(607) 436-2526
<input type="checkbox"/>	Amended return		
<input type="checkbox"/>	Application pending	F Name and address of principal officer SUE ANNE BOGOSTA SHANK SAME AS C ABOVE	G Gross receipts \$ 562,347.

I Tax-exempt status  501(c) (3) (insert no.) 4947(a)(1) or 527H(a) Is this a group return for affiliates?  Yes  No  
H(b) Are all affiliates included?  Yes  No  
If 'No,' attach a list (see instructions)

J Website: ► WWW.ONEONTAALUMNI.COM

H(c) Group exemption number ►

K Form of organization  Corporation  Trust  Association  Other ► L Year of Formation 2003 M State of legal domicile NY

## Part I Summary

1	Briefly describe the organization's mission or most significant activities	ITS MISSION IS TO ACTIVELY AND EFFECTIVELY PROMOTE INTEREST, SUPPORT, PRIDE, AND AWARENESS OF THE STATE UNIVERSITY OF NEW YORK, THE COLLEGE, ALUMNI, FACULTY, AND STAFF, STUDENTS, AND FRIENDS.
2	Check this box ► <input type="checkbox"/>	if the organization discontinued its operations or disposed of more than 25% of its assets
3	Number of voting members of the governing body (Part VI, line 1a)	3 17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 17
5	Total number of employees (Part V, line 2a)	5 0
6	Total number of volunteers (estimate if necessary)	6 20
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.

Activities &amp; Governance

Revenue

Expenses

Net Assets or Fund Balances

8	Contributions and grants (Part VIII, line 1h)	Prior Year 424,710. Current Year 380,471.
9	Program service revenue (Part VIII, line 2g)	64,526. 78,345.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,149. -11,481.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41,649. 50,208.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	528,736. 497,543.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	40,450. 57,068.
14	Benefits paid to or for members (Part IX, column (A), line 4)	
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	33,718. 46,612.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	
b	Total fundraising expenses (Part IX, column (D), line 25) ► 148,478.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24)	430,026. 377,958.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	504,194. 481,638.
19	Revenue less expenses Subtract line 18 from line 12	24,542. 15,905.
20	Total assets (Part X, line 16)	Beginning of Year 169,114. End of Year 215,858.
21	Total liabilities (Part X, line 26)	21,097. 21,293.
22	Net assets or fund balances Subtract line 21 from line 20	148,017. 194,565.

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**Part III Statement of Program Service Accomplishments**1 Briefly describe the organization's mission

ITS MISSION IS TO ACTIVELY AND EFFECTIVELY PROMOTE INTEREST, SUPPORT, PRIDE, AND AWARENESS OF THE STATE UNIVERSITY OF NEW YORK, THE COLLEGE, ALUMNI, FACULTY, AND STAFF, STUDENTS, AND FRIENDS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If 'Yes,' describe these changes on Schedule O

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

4a (Code       ) (Expenses \$        90,087. including grants of \$       ) (Revenue \$       )

REFLECTIONS EXPENSE - PUBLICATION AND DISTRIBUTION OF NEWSLETTER TO APPROX 40,000 ALUMNI, STUDENTS, AND FACULTY OF SUNY COLLEGE OF ONEONTA.

4b (Code       ) (Expenses \$        64,196. including grants of \$       ) (Revenue \$       )

ANNUAL EVENTS - PROVIDE ANNUAL EVENTS SUCH AS ALUMNI HOMECOMING, AND VARIOUS CONFERENCES IN SUPPORT OF ALUMNI, STUDENTS, AND FACULTY.

4c (Code       ) (Expenses \$        57,068. including grants of \$       ) (Revenue \$       )

SCHOLARSHIPS - ALUMNI ASSOCIATION SCHOLARSHIPS ENABLE DESERVING STUDENTS TO ATTEND OUR COLLEGE, AND THEIR ACADEMIC ACHIEVEMENTS BUILD AND STRENGTHEN OUR ALMA MATER.

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

SEE SCHEDULE O

(Expenses \$        42,292. including grants of \$       ) (Revenue \$       )

4e Total program service expenses ► 253,643.

## 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 X	
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 X	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9 X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10 X	
11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
• 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		
12 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	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	12 A X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	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 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 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 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 X	
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 X	
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20 X	

		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	X
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	X
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? If 'Yes,' complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, 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	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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
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	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, substantial contributor, or a grant selection committee 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 transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	X
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	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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	X

## 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	1a	0	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)</i>	2b		
3a 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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
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	X	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
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?	7a	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X	
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
<b>10 Section 501(c)(7) organizations.</b> Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
<b>11 Section 501(c)(12) organizations.</b> Enter			
a Gross income from other members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b		

**Part VI** **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	17		
1b	17		
2		X	
3		X	
4		X	
5		X	
6		X	
7a		X	
7b		X	
8a	X		
8b		X	
9		X	

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a		X
b		
11		
11A		
12a	X	
b		
c		
13		
14		X
15		
a		
b		
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a		X
b		
16b		

### Section C. Disclosures

- List the states with which a copy of this Form 990 is required to be filed ► NONE
- 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  Upon request
- Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public SEE SCHEDULE O
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 

► LAURA M. MADELONE, 128 ALUMNI HALL ONEONTA NY 13820 (607) 436-2526

**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. Report compensation for the calendar year ending with or within the organization'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 compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)				(D) Reportable compensation from the organization (W-2/1099 MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		
SUE ANNE BOGOSTA SHANK PRESIDENT	1	X		X			0.	0.	0.
KAREN MCCAFFREY BROWN PRESIDENT ELECT	1	X		X			0.	0.	0.
JOHN JERMYN VICE PRESIDENT	1	X		X			0.	0.	0.
BRYAN KURTZ SECRETARY	1	X		X			0.	0.	0.
ALISON MCKAY TREASURER	1	X		X			0.	0.	0.
ANDREA VICIDOMINI LAMANTIA DIRECTOR	1	X					0.	0.	0.
JAMES MCATEER DIRECTOR	1	X					0.	0.	0.
CARL MUMMENTHEY DIRECTOR	1	X					0.	0.	0.
GWEN LATENDORF SCHUSTER DIRECTOR	1	X					0.	0.	0.
AMANDA VILLARI DIRECTOR	1	X					0.	0.	0.
ANNE HOPKINS CROSS DIRECTOR	1	X					0.	0.	0.
OXANA DARMOGRAY DIRECTOR	1	X					0.	0.	0.
MARK DELLIGATTI DIRECTOR	1	X					0.	0.	0.
GLENN PICHARDO DIRECTOR	1	X					0.	0.	0.
NANCY STEIKER DIRECTOR	1	X					0.	0.	0.
MATTHEW LINDEMANN DIRECTOR	1	X					0.	0.	0.
LAURA M. MADELONE EXECUTIVE DIREC	40			X	X		0.	0.	0.

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

**1 b Total**

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

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

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

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

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**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

## Part VIII Statement of Revenue

		(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	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	380,471.			
	g Noncash contribns included in lns 1a-1f		\$			
<b>h Total. Add lines 1a-1f</b>			380,471.			
PROGRAM SERVICE REVENUE	2a MEMBERSHIP DUES & ASSESSMENTS	Business Code	78,345.	78,345.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>			78,345.		
3 Investment income (including dividends, interest and other similar amounts)			488.		488.	
4 Income from investment of tax-exempt bond proceeds						
5 Royalties			38,288.	38,288.		
6a Gross Rents	(i) Real	(ii) Personal				
b Less rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	52,835.					
b Less cost or other basis and sales expenses	64,804.					
c Gain or (loss)	-11,969.					
d Net gain or (loss)			-11,969.	-11,969.		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
b Less direct expenses	b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a MISCELLANEOUS		11,920.			11,920.	
b						
c						
d All other revenue						
<b>e Total. Add lines 11a-11d</b>			11,920.			
<b>12 Total revenue. See instructions</b>			497,543.	104,664.	0.	
					12,408.	

**Part IX | Statement of Functional Expenses**

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	57,068.	57,068.		
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	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	35,055.		35,055.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	8,875.		8,875.	
10 Payroll taxes	2,682.		2,682.	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	6,760.		6,760.	
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees				
g Other	4,000.		4,000.	
12 Advertising and promotion				
13 Office expenses	967.		967.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	3,992.		3,992.	
24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a FUND FOR ONEONTA	148,478.			148,478.
b REFLECTIONS EXPENSE	90,087.	90,087.		
c ANNUAL EVENTS	64,196.	64,196.		
d PROJECTS	42,292.	42,292.		
e EQUIPMENT RENTAL	7,957.		7,957.	
f All other expenses	9,229.		9,229.	
25 Total functional expenses Add lines 1 through 24f	481,638.	253,643.	79,517.	148,478.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

BAA

Form 990 (2009)

## Part X Balance Sheet

	(A) Beginning of year		(B) End of year
<b>ASSETS</b>			
1 Cash – non-interest-bearing	500.	1	100.
2 Savings and temporary cash investments	87,876.	2	145,725.
3 Pledges and grants receivable, net	3,514.	3	835.
4 Accounts receivable, net	46.	4	11,210.
5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
7 Notes and loans receivable, net		7	
8 Inventories for sale or use		8	
9 Prepaid expenses and deferred charges		9	
10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a		
b Less accumulated depreciation	10b	10c	
11 Investments – publicly-traded securities	77,178.	11	57,988.
12 Investments – other securities See Part IV, line 11		12	
13 Investments – program-related See Part IV, line 11		13	
14 Intangible assets		14	
15 Other assets See Part IV, line 11		15	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	169,114.	16	215,858.
<b>LIABILITIES</b>			
17 Accounts payable and accrued expenses	21,097.	17	21,293.
18 Grants payable		18	
19 Deferred revenue		19	
20 Tax-exempt bond liabilities		20	
21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
23 Secured mortgages and notes payable to unrelated third parties		23	
24 Unsecured notes and loans payable to unrelated third parties		24	
25 Other liabilities Complete Part X of Schedule D		25	
<b>26 Total liabilities.</b> Add lines 17 through 25	21,097.	26	21,293.
<b>NET ASSETS OR FUND BALANCES</b>			
Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
27 Unrestricted net assets	148,017.	27	194,565.
28 Temporarily restricted net assets		28	
29 Permanently restricted net assets		29	
Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
30 Capital stock or trust principal, or current funds		30	
31 Paid-in or capital surplus, or land, building, and equipment fund		31	
32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances.	148,017.	33	194,565.
<b>34 Total liabilities and net assets/fund balances</b>	169,114.	34	215,858.

BAA

Form 990 (2009)

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
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?	2b	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
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 issued on a consolidated basis, separate basis, or both.		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 the Single Audit Act and OMB Circular A-133?	3a	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	

BAA

Form 990 (2009)

## 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.**

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

2009

**Open to Public  
Inspection**

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**Name of the organization**

SUNY COLLEGE AT ONEONTA  
ALUMNI ASSOCIATION, INC.

Employer identification number  
37-1492540

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.  
2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )  
3  A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state  
5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )  
6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )  
8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II )  
9  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 See **section 509(a)(2)**. (Complete Part III )  
10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.  
11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
a  Type I      b  Type II      c  Type III – Functionally integrated      d  Type III – Other  
e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**  
f  If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box  
g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

**h** Provide the following information about the supported organizations.

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For further information about this and other work reduction Act Notices, see the instructions to Form 500 or 500-1.

**Schedule A (Form 990 or 990-EZ) 2009**

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I )

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 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 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
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						
4 <b>Total.</b> Add lines 1-through 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 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► **Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a <b>33-1/3 support test – 2009.</b> 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 ► <input type="checkbox"/>		
b <b>33-1/3 support test – 2008.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2009</b> 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 ► <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal 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')	550,938.	593,478.	503,228.	489,236.	458,816.	2,595,696.
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	46,628.	38,255.	40,090.	41,649.	50,208.	216,830.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 <b>Total.</b> Add lines 1 through 5	597,566.	631,733.	543,318.	530,885.	509,024.	2,812,526.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b 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	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
<b>8 Public support</b> (Subtract line 7c from line 6)						2,812,526.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	597,566.	631,733.	543,318.	530,885.	509,024.	2,812,526.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,130.	15,455.	5,673.	745.	488.	32,491.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	10,130.	15,455.	5,673.	745.	488.	32,491.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
<b>13 Total support.</b> (add lines 9, 10c, 11, and 12)						2,845,017.

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 2009 (line 8, column (f) divided by line 13, column (f))	15	98.9 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	98.6 %

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1.1 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.4 %

19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 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 ▶

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**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  
Inspection

Name of the organization

SUNY COLLEGE AT ONEONTA  
ALUMNI ASSOCIATION, INC.

Employer identification number

37-1492540

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

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

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

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

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

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of certified historic structure  
 Preservation of open space

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

	Held at the End of the Year
2a Total number of conservation easements	
2b Total acreage restricted by conservation easements	
2c Number of conservation easements on a certified historic structure included in (a)	
2d Number of conservation easements included in (c) acquired after 8/17/06	

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

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

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

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

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

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> 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 solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

		Amount
1c		
1d		
1e		
1f		

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

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

0.

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Schedule D (Form 990) 2009

**Part VII Investments—Other Securities** See Form 990, Part X, line 12. **N/A**

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

**Total** (Column (b) must equal Form 990 Part X, col (B) line 11)

**Part VIII Investments—Program Related (See Form 990, Part X, line 13)** **N/A**

Total (Column (b) must equal Form 990, Part X, Col (B) line 13)

**Part IX Other Assets (See Form 990, Part X, line 15) N/A**

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

**Part X Other Liabilities (See Form 990, Part X, line 25)**

(a) Description of Liability	(b) Amount
Federal Income Taxes	

**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

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

1 Total revenue (Form 990, Part VIII, column (A), line 12)	497,543.
2 Total expenses (Form 990, Part IX, column (A), line 25)	481,638.
3 Excess or (deficit) for the year Subtract line 2 from line 1	15,905.
4 Net unrealized gains (losses) on investments	30,643.
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	30,643.
10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	46,548.

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

1	548,021.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12
2a	Net unrealized gains on investments
2b	19,835.
2c	
2d	30,643.
2e	50,478.
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1
4a	Investments expenses not included on Form 990, Part VIII, line 7b
4b	Other (Describe in Part XIV)
4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)
5	497,543.

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

1	501,473.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25
2a	19,835.
2b	
2c	
2d	
2e	19,835.
3	481,638.
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:
4a	
4b	
4c	
5	481,638.
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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

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2009

**SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6**

**SUNY COLLEGE AT ONEONTA  
ALUMNI ASSOCIATION, INC.**

**37-1492540**

**SCHEDULE D, PART XII, LINE 2D  
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

UNREALIZED GAINS ON INVESTMENTS

TOTAL \$ 30,643.  
\$ 30,643.

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization

**Employer identification number**

## SUNY COLLEGE AT ONEONTA

37-1492540

## Part I 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?  
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States      SEE PART IV

Yes  No

No

**Part II 1 Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

▶  X

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

0

### 3 Enter total number of other organizations

0

**Part III 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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP		57,068.			

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

**PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED**

ALL STUDENTS AT THE STATE UNIVERSITY COLLEGE AT ONEONTA ARE QUALIFIED TO APPLY FOR

SCHOLARSHIP FUNDS. AWARDS ARE GRANTED TO QUALIFIED APPLICANTS BASED ON FINACIAL NEED,

ACADEMIC POTENTIAL AND CHARACTER REFERENCE. COLLEGE PROGRAMS ARE SUPPORTED WHICH

BENEFIT STUDENT AND ALUMNI DEVELOPMENT AND INTEREST.

**PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION**

THE CHECK IS MADE TO SUNY ONEONTA C/O STUDENT ACCOUNTS OFFICE AND FUND APPLIED TO

THE STUDENT'S ACCOUNT.

**SCHEDULE O**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**

OMB No 1545-0047

**2009**Open to Public  
InspectionName of the organization **SUNY COLLEGE AT ONEONTA  
ALUMNI ASSOCIATION, INC.**Employer identification number  
**37-1492540****FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

VARIOUS PROJECTS SUCH AS CULTURAL AND EDUCATIONAL ENRICHMENT PROJECTS WHICH INCLUDES: ACADEMIC EXCELLENCE WHICH HIGHLIGHTS, REWARD, AND PROMOTES ACADEMIC ACHIEVEMENT FOR FACULTY, STUDENTS, AND THE COLLEGE COMMUNITY. THE ALUMNI CULTURAL FUND FOSTERS NUMEROUS MULTICULTURAL, FINE AND PERFORMING ARTS ACTIVITIES FOR THE CAMPUS, ALUMNI AND FRIENDS. COMPUS BEAUTIFICATION PROJECTS. A WALK THROUGH OUR BEAUTIFUL CAMPUS IS A TESTIMONY TO THE PRIDE AND CONCERN SHOWN BY COLLEGE AT ONEONTA ALUMNI.

**FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS**

REVIEW OF FORM 990 IS COMPLETED DURING THE COURSE OF A REGULARLY SCHEDULED BOARD MEETING AT WHICH A QUORUM IS PRESENT. IN THE EVENT NO MEETING IS SCHEDULED PRIOR TO THE DUE DATE OF FILING FORM 990, THE BOARD OF DIRECTORS MAY REVIEW AND APPROVE THE FORM ELECTRONICALLY WITH ALL APPROVALS BEING FORWARDED TO THE EXECUTIVE DIRECTOR OF THE ALUMNI ASSOCIATION.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

BOARD MEMBERS AND SENIOR STAFF ARE REQUIRED TO ANNUALLY DISCLOSE AND PROMPTLY UPDATE ANY DISCLOSURES PREVIOUSLY MADE ON AN ANNUAL CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE. THE POLICY REQUIRES THEM TO IDENTIFY INTERESTS THAT COULD GIVE RISE TO CONFLICTS SUCH AS SUCH AS FAMILY MEMBERS, SUBSTANTIAL BUSINESS OF INVESTMENT HOLDINGS, AND OTHER TRANSACTIONS OR AFFILIATIONS WITH BUSINESSES AND OTHER ORGANIZATIONS, OR THOSE OF FAMILY MEMBERS OR OTHER NON-PROFITS.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

GOVERNING DOCUMENTS INCLUDING THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS WILL BE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THESE DOCUMENTS WILL BE KEPT BY THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR SHALL PRODUCE THE

Name of the organization SUNY COLLEGE AT ONEONTA  
ALUMNI ASSOCIATION, INC.

Employer identification number  
37-1492540

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE (CONTINUED)**

DOCUMENTS UPON RECEIPT OF A WRITTEN OR VERBAL REQUEST OF THE PUBLIC. THE EXECUTIVE DIRECTOR SHALL KEEP A RECORD OF THE WRITTEN/VERBAL REQUEST.

Name of the organization	SUNY COLLEGE AT ONEONTA ALUMNI ASSOCIATION, INC.	Employer identification number	37-1492540
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► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete **only Part I** and check this box.
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete **only Part II** (on page 2 of this form)

***Do not complete Part II unless*** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/file](http://www.irs.gov/file) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization  <b>SUNY COLLEGE AT ONEONTA ALUMNI ASSOCIATION, INC.</b>	<b>Employer identification number</b>
		<b>37-1492540</b>
<b>File by the due date for filing your return. See instructions</b>	Number, street, and room or suite number If a P O box, see instructions  <b>128 ALUMNI HALL</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions  <b>ONEONTA, NY 13820</b>	

**Check type of return to be filed (file a separate application for each return)**

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► LAURA M. MADELINE,

Telephone No. ► (607) 436-2526 FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ►  . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20 -- -- or  
►  tax year beginning 7/01 , 20 09 , and ending 6/30 , 20 10

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$ 0.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$ 0.
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ 0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

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Form 8868 (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b>	Name of Exempt Organization  <b>SUNY COLLEGE AT ONEONTA ALUMNI ASSOCIATION, INC.</b>	<b>Employer identification number</b>  <b>37-1492540</b>
	Number, street, and room or suite number If a P O box, see instructions  <b>TOSKI, SCHAEFER &amp; CO., P.C. 555 INTERNATIONAL DR</b>	For IRS use only
<b>File by the extended due date for filing the return See instructions</b>	City, town or post office, state, and ZIP code For a foreign address, see instructions  <b>WILLIAMSVILLE, NY 14221</b>	

**Check type of return to be filed (File a separate application for each return)**

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

4 I request an additional 3-month extension of time until 5/15 , 20 11

5 For calendar year \_\_\_\_\_, or other tax year beginning 7/01, 20 09, and ending 6/30, 20 10

6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

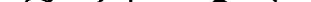
8 If this tax year is for less than 12 months, check reason  initial return  final return  change in accounting period  
9 State in detail why you need the extension **TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO**

GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs.	8c \$

## Signature and Verification

~~Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form~~

Signature ►  Peter Rose

Date

BAA

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