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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2011 Open to Public Inspection
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012		D Employer identification number 14-1503972	
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending		E Telephone number (518) 437-5090	
C Name of organization UNIVERSITY AT ALBANY FOUNDATION		G Gross receipts \$ 19,077,235	
Doing Business As			
Number and street (or P O box if mail is not delivered to street address) Room/suite 1400 WASHINGTON AVENUE ROOM/SUITE UAB226			
City or town, state or country, and ZIP + 4 ALBANY, NY 12222			
F Name and address of principal officer FARDIN SANAI EXECUTIVE DIRECTOR 1400 WASHINGTON AVENUE UAB 226 ALBANY, NY 12222		H(a) Is this a group return for affiliates? ☐ Yes ☒ No	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀(Insert no) ☐ 4947(a)(1) or ☐ 527		H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
J Website: WWW.ALBANY.EDU/UAF FOUNDATION		H(c) Group exemption number ▶	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1967 M State of legal domicile NY	

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE MISSION OF THE UNIVERSITY AT ALBANY FOUNDATION IS TO ENCOURAGE, SOLICIT, RECEIVE, ACCEPT, HOLD, INVEST, AND MANAGE MONEY AND PROPERTY OF EVERY DESCRIPTION, AND THE DISBURSEMENT THEREOF FOR THE PROMOTION, DEVELOPMENT AND ADVANCEMENT OF THE WELFARE OF THE STATE UNIVERSITY OF NEW YORK AT ALBANY ("UNIVERSITY"), ITS STUDENTS, FACULTY, STAFF AND ALUMNI, AND ANY OTHER ORGANIZATION, QUALIFIED AS AN EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE CODE AND ITS REGULATIONS, WHICH HAS AMONG ITS CORPORATE PURPOSES PROVIDING ASSISTANCE TO THE UNIVERSITY		
	2 Check this box ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	36
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	32
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	156
	6 Total number of volunteers (estimate if necessary)	6	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	851	
b Net unrelated business taxable income from Form 990-T, line 34	7b	-3,399	
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	4,998,070	6,054,140
	9 Program service revenue (Part VIII, line 2g)	361,509	451,418
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,076,632	434,080
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,053,921	34,251
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,382,290	6,973,889
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	591,359	888,890
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	992,638	1,094,679
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ☒ 478,258		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,943,524	5,841,427
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,527,521	7,824,996
	19 Revenue less expenses Subtract line 18 from line 12	854,769	-851,107
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		108,800,134	54,225,671
21 Total liabilities (Part X, line 26)		11,922,934	2,397,500
22 Net assets or fund balances Subtract line 21 from line 20		96,877,200	51,828,171

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here	Signature of officer FARDIN SANAI EXECUTIVE DIRECTOR Type or print name and title
	2013-02-12 Date
Paid Preparer's Use Only	Preparer's signature KOENRAAD VREDEVELD Date 2013-02-14 Check if self-employed ☒ Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 KPMG LLP 755 MAIN STREET HARTFORD, CT 06103 EIN Phone no (860) 522-3200

Check if Schedule O contains a response to any question in this Part III ☒

THE MISSION OF THE UNIVERSITY AT ALBANY FOUNDATION IS TO ENCOURAGE, SOLICIT, RECEIVE, ACCEPT, HOLD, INVEST, AND MANAGE MONEY AND PROPERTY OF EVERY DESCRIPTION, AND THE DISBURSEMENT THEREOF FOR THE PROMOTION, DEVELOPMENT AND ADVANCEMENT OF THE WELFARE OF THE STATE UNIVERSITY OF NEW YORK AT ALBANY ("UNIVERSITY"), ITS STUDENTS, FACULTY, STAFF AND ALUMNI, AND ANY OTHER ORGANIZATION, QUALIFIED AS AN EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE CODE AND ITS REGULATIONS, WHICH HAS AMONG ITS CORPORATE PURPOSES PROVIDING ASSISTANCE TO THE UNIVERSITY

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

If "Yes," describe these changes on Schedule O

HIGHER EDUCATION PROGRAM - ADMINISTER FUNDS FOR THE PROMOTION, DEVELOPMENT AND ADVANCEMENT OF THE WELFARE OF THE UNIVERSITY AT ALBANY, SUNY, ITS STUDENTS, FACULTY, STAFF AND ALUMNI SCHOLARSHIP SUPPORT WAS PROVIDED TO OVER 775 STUDENTS

[illegible][illegible]

4e	Total program service expenses	\$ 6,676,328
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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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors(see instructions)? 	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	Yes	
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. 	11a	Yes	
b	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. 	11b	Yes	
c	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. 	11c		No
d	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. 	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I 	14b	Yes	
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 U S ? If "Yes," complete Schedule F, Part II and IV 	15		No
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 U S ? If "Yes," complete Schedule F, Part III and IV 	16		No
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		No
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	Yes	
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
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	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	Yes	
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance						
Check if Schedule O contains a response to any question in this Part V ☒						
		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	178			
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	Yes			
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return. .	2a	156			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a				No
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 or securities account)?	4a				No
b	If "Yes," enter the name of the foreign country: _____ See instructions for 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				No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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				No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
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	Yes			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				No
8	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				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b				
11	Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a				
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the aggregate amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b				

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	36		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	32
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	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 entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ☒ NY
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☒ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ☒ JEFFREY JONES 1400 WASHINGTON AVENUE UAB 226 ALBANY, NY 12222 (518) 437-5090

Check if Schedule O contains a response to any question in this Part VII ☒

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.

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

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	159,247		16,199

2 Total number of individuals (including but not limited to those l
\$100,000 of reportable compensation from the organization▶1

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ARAMARK FACILITY SERVICES CORP 24818 NETWORK PLACE CHICAGO, IL 60673	FACILITY MGMT	2,701,071
PICOTTE MANAGEMENT CO 20 CORPORATE BLVD SUITE 600 ALBANY, NY 12211	FACILITY MGMT	206,289

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

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	133,200				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	79,141				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,841,799				
	g	Noncash contributions included in lines 1a-1f \$ 278,968						
	h	Total. Add lines 1a-1f		6,054,140				
Program Service Revenue	2a	PROGRAM ACTIVITIES	Business Code	451,418	451,418			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		451,418				
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		832,137		851	831,286
4		Income from investment of tax-exempt bond proceeds . .						
5		Royalties		28,485			28,485	
6a			(i) Real	(ii) Personal				
		Gross rents	6,654,651					
		b	Less rental expenses	6,648,969				
		c	Rental income or (loss)	5,682				
d		Net rental income or (loss)		5,682			5,682	
7a			(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory	4,965,073					
		b	Less cost or other basis and sales expenses	5,363,130				
		c	Gain or (loss)	-398,057				
d		Net gain or (loss)		-398,057			-398,057	
8a		Gross income from fundraising events (not including \$ 133,200 of contributions reported on line 1c) See Part IV, line 18						
a			91,331					
b		Less direct expenses	b	91,247				
c		Net income or (loss) from fundraising events . .		84			84	
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					
a								
b	Less cost of goods sold	b						
c	Net income or (loss) from sales of inventory . .							
	Miscellaneous Revenue	Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions		6,973,889	451,418	851	467,480		

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)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	88,064	88,064		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	800,826	800,826		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	175,051	3,706	160,510	10,835
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	742,862	350,572	211,002	181,288
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	42,697	13,232	21,100	8,365
9	Other employee benefits	57,369	8,041	34,245	15,083
10	Payroll taxes	76,700	27,827	29,006	19,867
11	Fees for services (non-employees)				
a	Management				
b	Legal	8,544	8,544		
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	129,902		129,902	
g	Other	437,022	383,814	47,000	6,208
12	Advertising and promotion	13,103	13,103		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	192,768	189,243	1,148	2,377
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	23,241	20,115	2,881	245
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	370		370	
23	Insurance	26,864		26,864	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MULTI-PURPOSE STADIUM	3,500,000	3,500,000		
b	AWARDS	306,910	306,910		
c	MEALS AND ENTERTAINMENT	296,751	296,751		
d	SUPPLIES AND SERVICES	271,208	219,425	6,136	45,647
e					
f	All other expenses	634,744	446,155	246	188,343
25	Total functional expenses. Add lines 1 through 24f	7,824,996	6,676,328	670,410	478,258
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	919,469
	2	Savings and temporary cash investments			8,082,238	2	5,281,461
	3	Pledges and grants receivable, net			3,688,558	3	4,131,462
	4	Accounts receivable, net			122,198	4	235,406
	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			345,285	9	423,097
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	6,228,568			
	b	Less: accumulated depreciation	10b	2,550,374	56,959,797	10c	3,678,194
	11	Investments—publicly traded securities			28,552,687	11	27,814,274
	12	Investments—other securities. See Part IV, line 11			8,904,071	12	9,540,008
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,145,300	15	2,202,300
16	Total assets. Add lines 1 through 15 (must equal line 34)			108,800,134	16	54,225,671	
Liabilities	17	Accounts payable and accrued expenses			1,013,736	17	883,536
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			7,922,230	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			1,132,936	23	798,019
	24	Unsecured notes and loans payable to unrelated third parties			783,312	24	653,026
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			1,070,720	25	62,919
	26	Total liabilities. Add lines 17 through 25			11,922,934	26	2,397,500
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets			55,234,462	27	9,214,753
28		Temporarily restricted net assets			10,864,446	28	10,248,484
29		Permanently restricted net assets			30,778,292	29	32,364,934
Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds				30	
31		Paid-in or capital surplus, or land, building or equipment fund				31	
32		Retained earnings, endowment, accumulated income, or other funds				32	
33		Total net assets or fund balances			96,877,200	33	51,828,171
34	Total liabilities and net assets/fund balances			108,800,134	34	54,225,671	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,973,889
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,824,996
3	Revenue less expenses Subtract line 2 from line 1	3	-851,107
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	96,877,200
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-44,197,922
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	51,828,171

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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 separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated 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?		No
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		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization UNIVERSITY AT ALBANY FOUNDATION	Employer identification number 14-1503972
---	--

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 **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a 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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

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 it 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?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	6,318,395	4,529,068	6,350,581	4,998,070	6,054,140	28,250,254
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6,318,395	4,529,068	6,350,581	4,998,070	6,054,140	28,250,254
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						28,250,254

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	6,318,395	4,529,068	6,350,581	4,998,070	6,054,140	28,250,254
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,827,316	9,028,250	8,255,530	9,065,115	7,514,422	41,690,633
9 Net income from unrelated business activities, whether or not the business is regularly carried on				14,363		14,363
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets				112,619	91,331	203,950
11 Total support (Add lines 7 through 10)						70,159,200

12 Gross receipts from related activities, etc (See instructions)

121,894,367

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	40 270 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	43 130 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the 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

17a 10%-facts-and-circumstances test—2011. 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

b 10%-facts-and-circumstances test—2010. 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

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
UNIVERSITY AT ALBANY FOUNDATION

Employer identification number
14-1503972

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 importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

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

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements 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.

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ 57,000

(ii)

Assets included in Form 990, Part X

▶ \$ 2,202,300

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

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

- ☒

a Public exhibition
- ☒

b Scholarly research
- ☒

c Preservation for future generations
- ☐

d Loan or exchange programs
- ☐

e Other

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

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

Part IV Escrow and Custodial Arrangements. Complete if the 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 the 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	35,453,559	29,523,196	24,764,327	26,781,516	
b Contributions	1,913,369	1,793,821	2,679,372	3,838,833	
c Investment earnings or losses	-1,437,381	4,990,344	2,781,043	-5,259,539	
d Grants or scholarships	352,781	395,965	344,597	361,786	
e Other expenditures for facilities and programs	386,388	457,837	356,949	234,697	
f Administrative expenses					
g End of year balance	35,190,378	35,453,559	29,523,196	24,764,327	

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

- a** Board designated or quasi-endowment ▶

8 030 %
- b** Permanent endowment ▶

91 970 %
- 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)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	No

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		459,864		459,864
b Buildings		5,666,359	2,452,143	3,214,216
c Leasehold improvements				
d Equipment		102,345	98,231	4,114
e Other				
Total. Add lines 1a-1e <i>(Column (d) should equal Form 990, Part X, column (B), line 10(c).)</i> ▶				3,678,194

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,973,889
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,824,996
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-851,107
4	Net unrealized gains (losses) on investments	4	-1,291,609
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-174,484
9	Total adjustments (net) Add lines 4 - 8	9	-1,466,093
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,317,200

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	13,903,271
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-1,291,609
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	1,723,873
e	Add lines 2a through 2d	2e	432,264
3	Subtract line 2e from line 1	3	13,471,007
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	129,902
b	Other (Describe in Part XIV)	4b	-6,627,020
c	Add lines 4a and 4b	4c	-6,497,118
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	6,973,889

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	16,220,471
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	8,525,377
e	Add lines 2a through 2d	2e	8,525,377
3	Subtract line 2e from line 1	3	7,695,094
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	129,902
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	129,902
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	7,824,996

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
COLLECTIONS AND RELATION TO EXEMPT PURPOSE	SCHEDULE D, PAGE 2, PART III, LINE 4	THE FOUNDATION'S ART AND HISTORICAL COLLECTION CONSISTS OF PAINTINGS, PHOTOGRAPHS, BOOKS, HISTORICAL PAPERS AND MEDIA. THE COLLECTION ADDS TO THE SCHOLARLY RESOURCES AND EXHIBITS AVAILABLE AT THE UNIVERSITY AT ALBANY'S ART MUSEUM AND LIBRARIES FOR THE BENEFIT OF ITS STUDENTS AND FACULTY.
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	CONSOLIDATED ENTITY ACTIVITY - UABDC 1,723,873 RENTAL REAL ESTATE EXPENSES 6,648,969 DIRECT EXPENSES FOR FUNDRAISING EVENTS 91,247 REV ON RETURN ELIMINATED IN CONSOLIDATION ON FINANCIALS -113,196 RENTAL REAL ESTATE EXPENSES -6,648,969 DIRECT EXPENSES FOR FUNDRAISING EVENTS -91,247 PROVISION FOR UNCOLLECTIBLE PLEDGES -11,879 CONSOLIDATED ENTITY ACTIVITY - UABDC -1,773,282
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	CONSOLIDATED ENTITY ACTIVITY - UABDC 1,723,873
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	RENTAL REAL ESTATE EXPENSES -6,648,969 DIRECT EXPENSES FOR FUNDRAISING EVENTS -91,247 REV ON RETURN ELIMINATED IN CONSOLIDATION ON FINANCIALS 113,196
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	RENTAL REAL ESTATE EXPENSES 6,648,969 DIRECT EXPENSES FOR FUNDRAISING EVENTS 91,247 PROVISION FOR UNCOLLECTIBLE PLEDGES 11,879 CONSOLIDATED ENTITY ACTIVITY - UABDC 1,773,282

[illegible]

3 Enter total number of other organizations or entities ►

Part III

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐ Yes

☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes

☐ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐ Yes

☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐ Yes

☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐ Yes

☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes

☐ No

Part V

Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES	SCHEDULE F, PAGE 1, PART I, LINE 2	THE UNIVERSITY AT ALBANY FOUNDATION DOES NOT ISSUE GRANTS OR ASSISTANCE OUTSIDE THE UNITED STATES. SCHEDULE F IS FILED SOLELY TO DISCLOSE THE FOUNDATION'S FOREIGN INVESTMENTS AND ANSWERS TO PART IV.

Identifier	Return Reference	Explanation
		CARIBBEAN 0 3,449,000

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
UNIVERSITY AT ALBANY FOUNDATION

Employer identification number
14-1503972

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

1

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

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		ATHLETICS GOLF (event type)	CITIZEN LAUREAT (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	123,856	100,675	224,531
	2	Less Charitable contributions	57,485	75,715	133,200
	3	Gross income (line 1 minus line 2)	66,371	24,960	91,331
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes	1,160		1,160
	6	Rent/facility costs	56,904	28,099	85,003
	7	Food and beverages	607		607
	8	Entertainment			
	9	Other direct expenses	1,977	2,500	4,477
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			(91,247)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			84

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY AT ALBANY FOUNDATION

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
14-1503972

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?

☒ Yes ☐ No
- 2

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

Part II

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 ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
(1) ALBANY COLLEGE INTERFAITH CENTER UNIVERSITY AT ALBANY CHAPEL HOUSE ALBANY, NY 12222	14-1710033	3	12,500				GENERAL SUPPORT
(2) STATE UNIV OF NEW YORK AT ALBANY1400 WASHINGTON AVE ALBANY, NY 12222	14-7400260	GOV		45,414	FMV	EQUIPMENT	EQUIP CONTRIBUTION
(3) P2 COLLABORATIVE OF WNY INC6225 SHERIDAN DR SUITE 206 WILLIAMSVILLE, NY 14221	42-1604185	3	5,150				PROGRAM PROVIDER
(4) STRONG ARM TECHNOLOGIES125 TECH PARK DR ROCHESTER, NY 14623	45-5031854		25,000				PRIZE

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3

3

Enter total number of other organizations listed in the line 1 table

1

Part IIIGrants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use 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
(1) SCHOLARSHIPS	775	785,826			
(2) HOUSING	3	15,000			

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	THE FOUNDATION'S PURPOSE IS TO SUPPORT THE STATE UNIVERSITY OF NEW YORK AT ALBANY (UNIVERSITY), ITS STUDENTS, FACULTY, AND OTHER ORGANIZATIONS WHO PROVIDE ASSISTANCE TO THE UNIVERSITY NO SUPPORT IS GIVEN BY THE FOUNDATION TO ANY INDIVIDUAL OR ORGANIZATION WHO IS NOT THE UNIVERSITY, A STUDENT OR FACULTY OF THE UNIVERSITY, OR AN ORGANIZATION WHO DOES NOT PROVIDE ASSISTANCE TO THE UNIVERSITY SCHOLARSHIP RECIPIENTS ARE MONITORED EACH SEMESTER BY THE UNIVERSITY'S FINANCIAL AID OFFICE FOR COMPLIANCE WITH FOUNDATION, STATE AND FEDERAL REQUIREMENTS ALL GRANT FUNDS ARE USED IN THE UNITED STATES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
UNIVERSITY AT ALBANY FOUNDATION

Employer identification number
14-1503972

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1bYes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2Yes	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

[illegible]

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
FRINGE OR EXPENSE EXPLANATION	SCHEDULE J, PAGE 1, PART I, LINE 1A	THE FOUNDATION PAID SOCIAL CLUB DUES FOR FARDIN SANAI (EXECUTIVE DIRECTOR) AND GEORGE PHILIP (DIRECTOR). THE DUES HAVE BEEN REPORTED AS TAXABLE COMPENSATION.

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNIVERSITY AT ALBANY FOUNDATION

Employer identification number

14-1503972

Part I

Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2

Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

\$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

\$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total										

Part III

Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IVBusiness Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MEG PICOTTE MACCLARENCE	DIRECTOR	274,270	FACILITY MANAGEMENT		No
(2) CARL FLORIO	DIRECTOR	8,505,220	BANK LOAN PAYMENTS		No
(3) GEORGE PHILIP	DIRECTOR	8,505,220	BANK LOAN PAYMENTS		No
(4) CARL FLORIO	DIRECTOR	34,336	BANK INTEREST		No
(5) GEORGE PHILIP	DIRECTOR	34,336	BANK INTEREST		No

Part VSupplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNIVERSITY AT ALBANY FOUNDATION

Employer identification number
14-1503972

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art	X	1	57,000	INDEPENDENT APPRAISAL
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	15	221,968	FAIR VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ►()				
27 Other ►()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29			1
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	Yes	No	No
b If "Yes," describe the arrangement in Part II	31	Yes		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	32a		No	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part III

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32 or Form 990-EZ, line 36.
▶ Attach certified copies of any articles of dissolution, resolutions or plans.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

UNIVERSITY AT ALBANY FOUNDATION

Employer identification number

14-1503972

Part I Liquidation, Termination or Dissolution.

Complete if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Part III if additional space is needed.

1	(a)Description of asset(s) distributed or transaction expenses paid	(b)Date of distribution	(c)Fair market value of asset(s) distributed or amount of transaction expenses	(d)Method of determining FMV for asset(s) distributed or transaction expenses	(e)EIN of recipient	(f)Name and address of recipient	(g)IRC section of recipient(s) (if tax-exempt) or type of entity

2	Did or will any officer, director, trustee, or key employee of the organization	Yes	No
a	Become a director or trustee of a successor or transferee organization?	2a	
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b	
c	Become a direct or indirect owner of a successor or transferee organization?	2c	
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d	
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III ▶		

Part I Liquidation, Termination or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets) and line 26 (Total liabilities) should equal -0-

3

Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III

4a

Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?

b

If "Yes," did the organization provide such notice?

5

Did the organization discharge or pay all liabilities in accordance with state laws?

6a

Did the organization have any tax-exempt bonds outstanding during the year?

b

Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?

c

If "Yes" to line 6b describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III

Yes

No

3

4a

4b

5

6a

6b

Part II Sale, Exchange, Disposition or Other Transfer of More Than 25% of the Organization's Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Part III if additional space is needed.

1	(a)Description of asset(s) distributed or transaction expenses paid	(b)Date of distribution	(c)Fair market value of asset(s) distributed or amount of transaction expenses	(d)Method of determining FMV for asset(s) distributed or transaction expenses	(e)EIN of recipient	(f)Name and address of recipient	(g)IRC section of recipient(s) (if tax-exempt) or type of entity
	LAND, BUILDINGS, EQUIP	04-01-2012	50,579,365	BOOK VALUE	36-4619281	UNIVERSITY AT ALBANY BIOSCIENCE DEVELOPMENT CORPORATION 1400 WASHINGTON AVE UAB 226 ALBANY, NY 12222	501(C)(25)

2

Did or will any officer, director, trustee, or key employee of the organization

a

Become a director or trustee of a successor or transferee organization?

b

Become an employee of, or independent contractor for, a successor or transferee organization?

c

Become a direct or indirect owner of a successor or transferee organization?

d

Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

e

If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III

Yes

No

2a

2b

2c

2d

Part III **Supplemental Information.** Complete to provide the information required by Parts I and II, and any additional information.

Identifier	Return Reference	Explanation
DETAIL	SCHEDULE N PART II PAGE 2 LINE 2E	THE UNIVERSITY AT ALBANY FOUNDATION UAF ASSETS WERE TRANSFERRED TO THE UNIVERSITY AT ALBANY BIOSCIENCE DEVELOPMENT CORPORATION UABDC JEFFREY JONES IS THE CFOASSOCIATE EXECUTIVE DIRECTOR OF UAF AND THE EXECUTIVE DIRECTOR OF UABDC FARDIN SANAI IS THE EXECUTIVE DIRECTOR OF UAF AND A DIRECTOR OF UABDC GEORGE HEARST III IS THE PRESIDENT OF UAF AND THE VICE PRESIDENT OF UABDC MORRIS MASSRY IS THE VICE PRESIDENT OF UAF AND THE PRESIDENT OF UABDC DANIEL HOGARTY JR IS THE TREASURER OF UAF AND THE TREASURER OF UABDC EDWARD SWYER IS A DIRECTOR OF UAF AND THE SECRETARY OF UABDC GEORGE PHILIP IS A DIRECTOR OF UAF AND UABDC STEVEN BEDITZ IS A DIRECTOR OF UAF AND UABDC
ADDITIONAL INFORMATION	SCHEDULE N	UNIVERSITY AT ALBANY BIOSCIENCE DEVELOPMENT CORPORATION UABDC WAS INCORPORATED IN MARCH 2007 THE FOUNDATION IS THE SOLE MEMBER OF UABDC AND FOR FINANCIAL REPORTING PURPOSES UABDC IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF THE FOUNDATION THE FOUNDATION IS A NOTFORPROFIT CORPORATION UNDER SECTION 501C3 OF THE INTERNAL REVENUE CODE WHILE UABDC FALLS UNDER SECTION 501C25 UABDC WAS INCORPORATED FOR THE SOLE PURPOSE OF ACQUIRING HOLDING AND DEVELOPING PROPERTY AND FOR MANAGING THE FACILITIES AND REAL ESTATE OF THE UNIVERSITY AT ALBANY EAST CAMPUS AT MARCH 31 2012 THE FOUNDATION OFFICIALLY TRANSFERRED THE EAST CAMPUS ASSETS TO UABDC

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization UNIVERSITY AT ALBANY FOUNDATION	Employer identification number 14-1503972
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Identifier	Return Reference	Explanation
ORGANIZATIONS MISSION	FORM 990 - ORGANIZATION'S MISSION	THE MISSION OF THE UNIVERSITY AT ALBANY FOUNDATION IS TO ENCOURAGE, SOLICIT, RECEIVE, ACCEPT, HOLD, INVEST, AND MANAGE MONEY AND PROPERTY OF EVERY DESCRIPTION, AND THE DISBURSEMENT THEREOF FOR THE PROMOTION, DEVELOPMENT AND ADVANCEMENT OF THE WELFARE OF THE STATE UNIVERSITY OF NEW YORK AT ALBANY ("UNIVERSITY"), ITS STUDENTS, FACULTY, STAFF AND ALUMNI, AND ANY OTHER ORGANIZATION, QUALIFIED AS AN EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE CODE AND ITS REGULATIONS, WHICH HAS AMONG ITS CORPORATE PURPOSES PROVIDING ASSISTANCE TO THE UNIVERSITY

Identifier	Return Reference	Explanation
ANY SIGNIFICANT CHANGES IN CONDUCT FOR PROGRAM SERVICES	FORM 990, PAGE 2, PART III, LINE 3	UNIVERSITY AT ALBANY BIOSCIENCE DEVELOPMENT CORPORATION (UABDC) WAS INCORPORATED IN MARCH 2007 THE FOUNDATION IS THE SOLE MEMBER OF UABDC AND FOR FINANCIAL REPORTING PURPOSES UABDC IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF THE FOUNDATION THE FOUNDATION IS A NOT-FOR-PROFIT CORPORATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE WHILE UABDC FALLS UNDER SECTION 501(C)(25) UABDC WAS INCORPORATED FOR THE SOLE PURPOSE OF ACQUIRING, HOLDING AND DEVELOPING PROPERTY AND FOR MANAGING THE FACILITIES AND REAL ESTATE OF THE UNIVERSITY AT ALBANY EAST CAMPUS AT MARCH 31, 2012 THE FOUNDATION OFFICIALLY TRANSFERRED THE EAST CAMPUS ASSETS TO UABDC

Identifier	Return Reference	Explanation
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	CARL FLORIO GEORGE PHILIP DIRECTOR DIRECTOR BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	THE MEMBERS OF THE CORPORATION SHALL BE THE DIRECTORS OF THE CORPORATION THE MEMBERS SHALL HAVE ALL RIGHTS OF MEMBERS AS SPECIFIED IN THE NEW YORK STATE NOT-FOR-PROFIT CORPORATION LAW THE DIRECTORS OF THE BOARD SHALL CONSIST OF ELECTED AND EX OFFICIO DIRECTORS

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	DIRECTORS ARE ELECTED AS FOLLOWS 5 MEMBERS FROM PERSONS NOMINATED BY THE ALUMNI ASSOCIATION BOARD, 1 MEMBER FROM PERSONS NOMINATED BY THE BENEVOLENT ASSOCIATION BOARD, 10 MEMBERS FROM PERSONS NOMINATED BY THE UNIVERSITY PRESIDENT, 3 MEMBERS, WHO ARE MEMBERS OF THE UNIVERSITY'S FACULTY , FROM PERSONS NOMINATED BY THE UNIVERSITY PRESIDENT, 1 MEMBER WHO IS A MEMBER OF THE UNIVERSITY'S STUDENT BODY , FROM PERSONS NOMINATED BY THE UNIVERSITY PRESIDENT, 30 AT-LARGE MEMBERS FROM PERSONS NOMINATED BY THE BOARD EACH DIRECTOR, INCLUDING THE EX OFFICIO DIRECTORS, SHALL HAVE THE SAME POWERS AND ONE VOTE ON ANY MATTERS BEFORE THE BOARD, EXCEPT THE EXECUTIVE DIRECTOR OF THE CORPORATION, WHO SHALL HAVE NO VOTE

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	MANAGEMENT PROVIDES A DRAFT OF FORM 990 TO THE AUDIT COMMITTEE FOR REVIEW PRIOR TO FILING THE AUDIT COMMITTEE MEETS TO COMMENT ON FORM 990 AND ANY REVISIONS WILL BE DISCUSSED AT THAT TIME A COMPLETE COPY OF THE ORGANIZATION'S FINAL FORM 990 (INCLUDING ALL REQUIRED SCHEDULES, AS ULTIMATELY FILED WITH THE IRS) WAS PROVIDED TO EACH VOTING MEMBER OF THE BOARD BEFORE ITS FILING WITH THE IRS

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ANY NEW DIRECTOR, OFFICER OR EMPLOYEE OF THE FOUNDATION IS ADVISED OF THE CONFLICTS OF INTEREST POLICY UPON ENTERING THE DUTIES OF OFFICE OR EMPLOYMENT ANY DUALITY OF INTEREST ON THE PART OF ANY DIRECTOR OR OFFICER SHALL BE DISCLOSED TO THE BOARD OF DIRECTORS, AND MADE A MATTER OF RECORD THROUGH AN ANNUAL PROCEDURE AND ALSO WHEN THE INTEREST BECOMES A MATTER OF DIRECTOR OR OFFICER ACTION IN GENERAL, A DIRECTOR'S OR OFFICER'S CONFLICT WILL BE CLEARED OF ANY CONSEQUENCE BY, FIRST, FULL DISCLOSURE AND, SECOND, APPROVAL OR RATIFICATION OF THE SUBJECT ACTION BY A DISINTERESTED MAJORITY OF DIRECTORS ANY DIRECTOR HAVING A DUALITY OF INTEREST SHALL NOT VOTE OR USE PERSONAL INFLUENCE ON THE MATTER, AND SHALL NOT BE COUNTED IN DETERMINING THE QUORUM FOR THE MEETING THE MINUTES OF THE MEETING SHALL REFLECT THAT A DISCLOSURE WAS MADE, THE ABSTENTION FROM VOTING AND THE QUORUM SITUATION

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION AT THE TIME OF HIRING IS BASED ON DATA FOR COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS. COMPENSATION AND WAGE INCREASES ARE REVIEWED BY THE FINANCE COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS THROUGH THE BUDGET PROCESS.

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	COMPENSATION AT THE TIME OF HIRING IS BASED ON DATA FOR COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS. COMPENSATION AND WAGE INCREASES ARE REVIEWED BY THE FINANCE COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS THROUGH THE BUDGET PROCESS.

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE FOUNDATION MAKES ORGANIZATIONAL DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH ITS OWN WEBSITE AND UPON REQUEST

Identifier	Return Reference	Explanation
RELATED ORGANIZATIONS	FORM 990, PAGE 7, PART VII	AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATION JEFFREY JONES 7 5 HOURS FARDIN SANAI 1 0 HOURS GEORGE HEARST III 1 0 HOURS MORRIS MASSRY 1 0 HOURS DANIEL HOGARTY, JR 1 0 HOURS EDWARD SWYER 1 0 HOURS GEORGE PHILIP 1 0 HOURS STEVEN BEDITZ 1 0 HOURS

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	OTHER CHANGES IN NET ASSETS INCLUDE THE FOLLOWING NET UNREALIZED LOSSES ON INVESTMENTS - (1,291,609) PROPERTY TRANSFER TO RELATED ENTITY - UABDC - (42,894,434) PROVISION FOR UNCOLLECTIBLE PLEDGES - (11,879)

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNIVERSITY AT ALBANY FOUNDATION

Employer identification number
14-1503972

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) UNIVERSITY AT ALBANY BIOSCIENCE DEVELOPMENT CORPORATION 1400 WASHINGTON AVE UAB 226 ALBANY, NY 12222 36-4619281	REAL ESTAT	NY	501C25		UNIVERSITY AT ALBANY FOUNDATION	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

No

Yes

Yes

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) UNIVERSITY AT ALBANY BIOSCIENCE DEVELOPMENT CORPORATION	N	79,289	ALLOCATION HOURS WORKED
(2) UNIVERSITY AT ALBANY BIOSCIENCE DEVELOPMENT CORPORATION	P	307,265	ACTUAL CASH OUTLAY
(3) UNIVERSITY AT ALBANY BIOSCIENCE DEVELOPMENT CORPORATION	Q	50,579,365	BOOK VALUE
(4) UNIVERSITY AT ALBANY BIOSCIENCE DEVELOPMENT CORPORATION	R	7,684,932	ACTUAL CASH OUTLAY
(5)			
(6)			

Schedule R (Form 990) 2011

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Additional Data

Software ID:

Software Version:

EIN: 14-1503972

Name: UNIVERSITY AT ALBANY FOUNDATION

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
FARDIN SANAI EXECUTIVE DI	5 00	X		X				10,477	0	0
GEORGE PHILIP DIRECTOR	1 00	X						3,764	0	0
GEORGE HEARST III PRESIDENT	1 00	X		X				0	0	0
MORRIS MASSRY VICE PRESIDE	1 00	X		X				0	0	0
DANIEL HOGARTY JR TREASURER	1 00	X		X				0	0	0
MEG PICOTTE MACCLARENCE SECRETARY	1 00	X		X				0	0	0
NOLAN ALTMAN DIRECTOR	1 00	X						0	0	0
NICHOLAS ANACREONTE DIRECTOR	1 00	X						0	0	0
THEODORE ANDERSON III DIRECTOR	1 00	X						0	0	0
JEFFREY BLACK DIRECTOR	1 00	X						0	0	0
PETER BULGER DIRECTOR	1 00	X						0	0	0
MICHAEL CASTELLANA DIRECTOR	1 00	X						0	0	0
LOUIS DESORBO DIRECTOR	1 00	X						0	0	0
KIMBERLY SANGER JONES DIRECTOR	1 00	X						0	0	0
ELDA DI RE DIRECTOR	1 00	X						0	0	0
CARL FLORIO DIRECTOR	1 00	X						0	0	0
RICHARD GREEN DIRECTOR	1 00	X						0	0	0
GARY JACOBSON DIRECTOR	1 00	X						0	0	0
ALAIN KALOYEROS DIRECTOR	1 00	X						0	0	0
SHARON KANTOR DIRECTOR	1 00	X						0	0	0
JEFFREY MISHKIN DIRECTOR	1 00	X						0	0	0
JOHN NAUMANN DIRECTOR	1 00	X						0	0	0
JOAN ROSENTHAL DIRECTOR	1 00	X						0	0	0
ROBERT SCHWARTZ DIRECTOR	1 00	X						0	0	0
THOMAS SELFRIDGE DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
SUSAN SHIPHERD DIRECTOR	1 00	X						0	0	0
BRIAN STRAUGHTER DIRECTOR	1 00	X						0	0	0
EDWARD SWYER DIRECTOR	1 00	X						0	0	0
VIJAY VAIDYANATHAN DIRECTOR	1 00	X						0	0	0
LEWIS WIENER DIRECTOR	1 00	X						0	0	0
EVAN ZAHN DIRECTOR	1 00	X						0	0	0
EMAD ZIKRY DIRECTOR	1 00	X						0	0	0
STEPHEN BEDITZ DIRECTOR	1 00	X						0	0	0
CANON KAY HOTALING DIRECTOR	1 00	X						0	0	0
DONALD PUTTERMAN DIRECTOR	1 00	X						0	0	0
WILLIAM LANFORD DIRECTOR	1 00	X						0	0	0
JEFFREY JONES CHIEF FINANC	37 50			X				145,006	0	16,199