

Return of Organization Exempt From Income Tax

2006

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 7/1/2006, 2006, and ending 6/30/2007, 20

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
UNIVERSITY AT ALBANY FOUNDATION

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1400 Washington Avenue UAB 226

City or town, state or country, and ZIP + 4
Albany, NY 12222

D Employer identification number
14 1503972

E Telephone number
(518) 437-5090

F Accounting method: Cash Accrual
 Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ▶ **www.albany.edu/uafoundation**

J Organization type (check only one) ▶ 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **28549752**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:					
	a Contributions to donor advised funds	1a		0		
	b Direct public support (not included on line 1a)	1b		8,469,373		
	c Indirect public support (not included on line 1a)	1c		0		
	d Government contributions (grants) (not included on line 1a)	1d		923,583		
	e Total (add lines 1a through 1d) (cash \$ 9,005,749 noncash \$ 387,207)				1e	9,392,956
	2 Program service revenue including government fees and contracts (from Part VII, line 93)				2	366,176
	3 Membership dues and assessments				3	0
	4 Interest on savings and temporary cash investments				4	731,947
	5 Dividends and interest from securities				5	516,775
	6a Gross rents	6a		6,098,488		
	b Less: rental expenses	6b		9,227,179		
c Net rental income or (loss). Subtract line 6b from line 6a				6c	-3,128,691	
7 Other investment income (describe ▶)				7	0	
Revenue	8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
			11,443,410	8a	0	
			10,062,461	8b	0	
	c Gain or (loss) (attach schedule) Stmt 1		1,380,949	8c	0	
	d Net gain or (loss). Combine line 8c, columns (A) and (B)				8d	1,380,949
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ 0 of contributions reported on line 1b)	9a		0			
	b Less: direct expenses other than fundraising expenses	9b		0		
	c Net income or (loss) from special events. Subtract line 9b from line 9a				9c	0
10a Gross sales of inventory, less returns and allowances	10a		0			
	b Less: cost of goods sold	10b		0		
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a				10c	0	
11 Other revenue (from Part VII, line 103)				11	0	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11				12	9,260,112	
Expenses	13 Program services (from line 44, column (B))			13	3,032,159	
	14 Management and general (from line 44, column (C))			14	675,173	
	15 Fundraising (from line 44, column (D))			15	632,294	
	16 Payments to affiliates (attach schedule)			16	0	
	17 Total expenses. Add lines 16 and 44, column (A)				17	4,339,626
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12			18	4,920,486	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	83,406,657	
	20 Other changes in net assets or fund balances (attach explanation) Stmt 2			20	2,435,659	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20				21	90,762,802

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
22b	Other grants and allocations (attach schedule) (cash \$ 375,423 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	375,423	375,423		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	9,521	0	9,521	0
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	0	0	0	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	703,214	96,118	339,547	267,549
27	Pension plan contributions not included on lines 25a, b, and c	42,837	9,611	13,014	20,212
28	Employee benefits not included on lines 25a - 27	75,337	2,995	38,795	33,547
29	Payroll taxes	60,686	8,023	27,673	24,990
30	Professional fundraising fees	0	0	0	0
31	Accounting fees	47,290	0	47,290	0
32	Legal fees	5,056	4,906	150	0
33	Supplies	257,125	149,895	33,641	73,589
34	Telephone	1,845	1,845	0	0
35	Postage and shipping	101,380	17,107	1,307	82,966
36	Occupancy	0	0	0	0
37	Equipment rental and maintenance	92,600	92,600	0	0
38	Printing and publications	83,407	83,407	0	0
39	Travel	311,485	307,281	1,010	3,194
40	Conferences, conventions, and meetings	26,126	17,918	6,763	1,445
41	Interest	0	0	0	0
42	Depreciation, depletion, etc. (attach schedule)	1,195	0	1,195	0 Stmt 4
43	Other expenses not covered above (itemize): See Statement 5	2,145,099	1,865,030	155,267	124,802
a	-----				
b	-----				
c	-----				
d	-----				
e	-----				
f	-----				
g	-----				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	4,339,626	3,032,159	675,173	632,294

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► **Administer contributions, gifts and grants received** **Program Service Expenses**
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

<p>a See Statement 6</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>b</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>c</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>d</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services). ►</p>	<p>3,032,159</p>

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash—non-interest-bearing	0	45	0	
	46 Savings and temporary cash investments	15,930,919	46	17,888,485	
	47a Accounts receivable	79,681			
	b Less: allowance for doubtful accounts	35,751	376,633	47c	43,930
	48a Pledges receivable	1,480,683			
	b Less: allowance for doubtful accounts	0	914,731	48c	1,480,683
	49 Grants receivable		0	49	0
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	50a	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		0	50b	0
	51a Other notes and loans receivable (attach schedule)	0			
	b Less: allowance for doubtful accounts	0	0	51c	0
	52 Inventories for sale or use		0	52	0
	53 Prepaid expenses and deferred charges		367,984	53	557,229
	54a Investments—publicly-traded securities	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	15,230,371	54a	18,687,724
	b Investments—other securities (attach schedule)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	8,090,517	54b	8,705,134 Stmt 7
	55a Investments—land, buildings, and equipment: basis	0			
	b Less: accumulated depreciation (attach schedule)	0	0	55c	0
	56 Investments—other (attach schedule) Stmt 8		1,474,591	56	1,778,172
	57a Land, buildings, and equipment: basis	70,348,846			
	b Less: accumulated depreciation (attach schedule) Stmt 9	9,763,200	57,684,259	57c	60,585,646
58 Other assets, including program-related investments (describe ► See Statement 10)		1,381,888	58	1,733,658	
59 Total assets (must equal line 74). Add lines 45 through 58		101,451,893	59	111,460,661	
Liabilities	60 Accounts payable and accrued expenses	817,936	60	1,851,199	
	61 Grants payable	0	61	0	
	62 Deferred revenue	0	62	0	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64a Tax-exempt bond liabilities (attach schedule) See Statement 11		9,754,742	64a	9,417,186
	b Mortgages and other notes payable (attach schedule) Stmt 12		6,282,763	64b	6,707,974
	65 Other liabilities (describe ► See Statement 13)		1,189,795	65	2,721,500
66 Total liabilities. Add lines 60 through 65		18,045,236	66	20,697,859	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	45,491,767	67	47,524,880	
	68 Temporarily restricted	19,671,155	68	18,834,791	
	69 Permanently restricted	18,243,735	69	24,403,131	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		83,406,657	73	90,762,802	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		101,451,893	74	111,460,661	

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		✓
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	✓	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
	85c		
d	Section 162(e) lobbying and political expenditures		
	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
	86a		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.		✓
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		✓
	89b		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		✓
	89e		
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		✓
	89f		
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		✓
	89g		
90a	List the states with which a copy of this return is filed ▶ NY		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	15
91a	The books are in care of ▶ Jeffrey J Jones Telephone no. ▶ 518-437-5090		
	Located at ▶ 1400 Washington Ave, Albany, NY ZIP + 4 ▶ 12222		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	91b	Yes	No
			✓

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country ▶ _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ **92** |

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Program Activities					207,676
b Administrative Fees					158,500
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					731,947
96 Dividends and interest from securities					516,775
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	-3,128,691	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	1,380,949	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		-1,747,742	1,614,898
105 Total (add line 104, columns (B), (D), and (E)) ▶					-132,844

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	See Statement 17

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a				
b				
c				
Totals					

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a				
b				
c				
Totals					

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer: _____ Date: _____

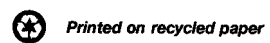
Jeffrey Jones, CFO/Associate Executive Dir.
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____

Phone no.: _____



SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

2006

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

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

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Jeffrey J Jones 1400 Washington Avenue, Albany, NY 12222, U	CFO 37.5	100,499	867	0
Thomas C Robinson 1400 Washington Avenue, Albany, NY 12222, U	Operations Mgr. - EC 37	87,452	22,360	0
Lana Howe Neveu 1400 Washington Avenue, Albany, NY 12222, U	Director Found. Admi 37	80,778	10,529	0
Sharon Whiting 1400 Washington Avenue, Albany, NY 12222, U	Controller 37.5	67,627	14,127	0
Total number of other employees paid over \$50,000 . ▶		0		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
PriceWaterhouseCoopers LLP PO Box 7247-8001, Philadelphia, PA 19170, US	Consulting	263,088
J Kenneth Fraser and Associates PE LS LA PC 22 High St, Rensselaer, NY 12144, US	Landscape Architects	141,589
David J Mastanduno 11 Wrinkle Point Drive, Northport, NY 11768, US	Architect	124,963
Washburn McGoldrick Inc 950 New Loudon Rd Suite 210, Latham, NY 12110, US	Consulting	51,783
KPMG LLP PO Box 120001, Dallas, TX 75312, US	Audit	50,225
Total number of others receiving over \$50,000 for professional services ▶		0

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Aramark Facility Service Corp PO Box 33170, Newark, NJ 07188, US	Facility Management	2,084,911
BBL Construction Services LLC 302 Washington Ave Ext, Albany, NY 12212, US	Construction	751,408
Picotte Management Co Inc 20 Corporate Blvd Suite 600, Albany, NY 12211, US	Facility Management	152,608
Total number of other contractors receiving over \$50,000 for other services ▶		0

Part III **Statements About Activities** (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	✓
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	✓
b Lending of money or other extension of credit?	2b	✓
c Furnishing of goods, services, or facilities?	2c	✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	✓
e Transfer of any part of its income or assets?	2e	✓
3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) Stmnt. 18	3a	✓
b Did the organization have a section 403(b) annuity plan for its employees?	3b	✓
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	✓
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	✓
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	✓
b Did the organization make any taxable distributions under section 4966?	4b	✓
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	✓
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____		0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: **(1) more than 33½%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33½%** 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	9,157,016	6,957,103	4,831,859	6,239,077	27,185,055
16 Membership fees received	0	0	0	0	0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	431,693	740,038	906,109	718,314	2,796,154
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	6,765,695	4,720,173	4,559,010	4,476,617	20,521,495
19 Net income from unrelated business activities not included in line 18.	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	0	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22	16,354,404	12,417,314	10,296,978	11,434,008	50,502,704
24 Line 23 minus line 17	15,922,711	11,677,276	9,390,869	10,715,694	47,706,550
25 Enter 1% of line 23	163,544	124,173	102,970	114,340	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 954,131
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 47,706,550
d Add: Amounts from column (e) for lines:	18 20,521,495	19 0			
	22 0	26b 0			
e Public support (line 26c minus line 26d total)					26e 27,185,055
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 57 %
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines:	15 _____	16 _____			
	17 _____	20 _____	21 _____		27c
d Add: Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is— The lobbying nontaxable amount is—		
	Not over \$500,000 20% of the amount on line 40	} 41	
	Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . . . \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 . . . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Statement 1

Form: 990

Page: 1

Part: I

Question: 8

UNIVERSITY AT ALBANY FOUNDATION

14-1503972

Sales of Assets Other than Inventory

Publicly Traded Securities

Description:

Sold To:

Sales Price:	\$11,443,410.00	Date Sold:
Expense of Sale:	\$0.00	Date acquired:
Cost or value when acquired:	\$10,062,461.00	How acquired:
Depreciation since acquisition:	\$0.00	
Net Sale:	\$1,380,949.00	

Statement 2

Form: 990

Page: 1

Part: I

Question: 20

UNIVERSITY AT ALBANY FOUNDATION

14-1503972

Other changes in Net Assets or Fund Balances

Explanation	Amount
Unrealized Appreciation on Investments	\$2,435,659.00
Total:	\$2,435,659.00

Statement 4

Form: 990

Page: 2

Part: II

Question: 42

UNIVERSITY AT ALBANY FOUNDATION

14-1503972

Depreciation and Depletion

Asset	Current Deprec.
Office Equipment	\$1,195.00
Total	\$1,195.00

Statement 5

Form: 990

Page: 2

Part: II

Question: 43

UNIVERSITY AT ALBANY FOUNDATION**14-1503972****Attachment listing other expenses for Part II**

Description	Total:	Pgm Services	Mgt and General	Fundraising
Tuition	\$5,182.00	\$5,182.00	\$0.00	\$0.00
Special Events	\$169,838.00	\$126,891.00	\$0.00	\$42,947.00
Professional Fees	\$415,509.00	\$330,654.00	\$3,000.00	\$81,855.00
Insurance	\$18,644.00	\$0.00	\$18,644.00	\$0.00
Equipment Dispositions	\$600,196.00	\$600,196.00	\$0.00	\$0.00
Awards & Contributions	\$396,620.00	\$396,620.00	\$0.00	\$0.00
Dues & Memberships	\$40,470.00	\$40,470.00	\$0.00	\$0.00
Meals & Entertainment	\$301,831.00	\$301,831.00	\$0.00	\$0.00
Investment Mgt. Fees	\$133,623.00	\$0.00	\$133,623.00	\$0.00
Program Promotion	\$9,775.00	\$9,775.00	\$0.00	\$0.00
Computer Supplies & Services	\$53,411.00	\$53,411.00	\$0.00	\$0.00
Total:	\$2,145,099.00	\$1,865,030.00	\$155,267.00	\$124,802.00

Statement 6

Form: 990

Page: 3

Part: III

Question:

UNIVERSITY AT ALBANY FOUNDATION

14-1503972

Program Services

Achievement	Pgm. Svc. Exp.
Higher Education: Educational Program - Administer funds for the promotion, development and advancement of the welfare of the University at Albany, SUNY, its students, faculty, staff and alumni (270 Dollars)	\$3,032,159.00
Grants and Allocations: \$375,423.00 This amount includes foreign grants: No	
	Total: \$3,032,159.00

Statement 7

Form: 990

Page: 4

Part: IV

Question: 54

UNIVERSITY AT ALBANY FOUNDATION

14-1503972

Investments - Securities

Security	Valuation Type	Amount
Bond Funds	FMV	\$5,581,049.00
Hedge Funds	FMV	\$2,930,012.00
Other Investments	FMV	\$194,073.00
Total:		\$8,705,134.00

Statement 8

Form: 990

Page: 4

Part: IV

Question: 56

UNIVERSITY AT ALBANY FOUNDATION

14-1503972

Other Investments

Investment	Valuation Type	Amount
Beneficial Interest Trusts	FMV	\$1,778,172.00
Total:		\$1,778,172.00

Statement 9

Form: 990

Page: 4

Part: IV

Question: 57

UNIVERSITY AT ALBANY FOUNDATION**14-1503972****Schedule of Land, Buildings and Equipment**

Description	Cost	Depreciation	Book Value
Building & Leasehold Imp.	\$63,784,313.00	\$8,513,809.00	\$55,270,504.00
Construction in Progress	\$2,416,431.00	\$0.00	\$2,416,431.00
Land	\$2,312,779.00	\$0.00	\$2,312,779.00
Furniture & Equipment	\$1,835,323.00	\$1,249,391.00	\$585,932.00
Total:	\$70,348,846.00	\$9,763,200.00	\$60,585,646.00

Statement 10

Form: 990

Page: 4

Part: IV

Question: 58

UNIVERSITY AT ALBANY FOUNDATION

14-1503972

Other Assets

Asset Description	BOY Amount	EOY Amount
Artwork Collections	\$1,381,888.00	\$1,733,658.00
Total:	\$1,381,888.00	\$1,733,658.00

Statement 11

Form: 990

Page: 4

Part: IV

Question: 64a

UNIVERSITY AT ALBANY FOUNDATION**14-1503972****Tax Exempt Bond Liabilities**

Purpose:	Cancer Research Center
Issue Date:	12/30/2003
Original Amount:	\$6,785,000.00
Amount of issue outstanding:	\$6,389,560.00
Unexpended Proceeds:	\$0.00
Facility used by 3rd Party:	No
Percent used by 3rd Party:	
Obligation is a Mortgage:	No
Maturity Date:	
Repayment Terms:	
Interest Rate:	
Security Provided by Borrower:	
Contingent Liability:	No

If 'Yes', this record will not be included in the total returned to the Form 990:

Purpose:	Cancer Research Center
Issue Date:	12/30/2003
Original Amount:	\$3,215,000.00
Amount of issue outstanding:	\$3,027,626.00
Unexpended Proceeds:	\$0.00
Facility used by 3rd Party:	No
Percent used by 3rd Party:	
Obligation is a Mortgage:	No
Maturity Date:	
Repayment Terms:	
Interest Rate:	
Security Provided by Borrower:	
Contingent Liability:	No

If 'Yes', this record will not be included in the total returned to the Form 990:

Total Due:	\$9,417,186.00
-------------------	-----------------------

Statement 12

Form: 990

Page: 4

Part: IV

Question: 64b

UNIVERSITY AT ALBANY FOUNDATION

14-1503972

Mortgages and Other Notes Payable

Type:	Mortgage
Lender's Name:	
Original Amount:	\$8,282,900.00
Balance Due:	\$5,458,963.00
Date of Note:	
Maturity Date:	
Repayment Terms:	
Interest Rate:	
Security Provided by Borrower:	
Purpose of Loan:	
Description of Consideration:	
FMV of Consideration:	
Relationship:	

Type:	Non-Mortgage
Lender's Name:	New York Power Authority
Original Amount:	\$1,249,011.00
Balance Due:	\$1,249,011.00
Date of Note:	06/01/2007
Maturity Date:	05/01/2017
Repayment Terms:	Monthly Installments of Principal and Interest
Interest Rate:	5.19
Security Provided by Borrower:	None
Purpose of Loan:	Energy Improvements
Description of Consideration:	None
FMV of Consideration:	\$0.00
Relationship:	None

Total Due:	\$6,707,974.00
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Statement 13

Form: 990

Page: 4

Part: IV

Question: 65

UNIVERSITY AT ALBANY FOUNDATION**14-1503972****Other Liabilities**

Liability Description	BOY Amount	EOY Amount
Construction costs payable	\$65,999.00	\$1,550,589.00
Discount for future interest	\$123,796.00	\$125,911.00
Asset retirement obligation	\$1,000,000.00	\$1,045,000.00
Total:	\$1,189,795.00	\$2,721,500.00

Statement 14

Form: 990

Page: 5

Part: IV-A

Question: d(2)

UNIVERSITY AT ALBANY FOUNDATION

14-1503972

Revenue Audit Line d(2)

Description	Amount
Rental Real Estate Expenses	-\$9,227,179.00
Total:	-\$9,227,179.00

Statement 15

Form: 990

Page: 5

Part: IV-B

Question: d(2)

UNIVERSITY AT ALBANY FOUNDATION

14-1503972

Expense Audit Line d(2)

Description	Amount
Rental Real Estate Expenses	-\$9,227,179.00
Total:	-\$9,227,179.00

Statement 16

Form: 990

Page: 5

Part: V

Question:

UNIVERSITY AT ALBANY FOUNDATION**14-1503972****Officers, Directors, Trustees, and Key Employees**

Name and Address	Hrs	Comp.	Benefits	Expenses
Alain Kaloyeros Title: Board Member Addr 1: 251 Fuller Road B110 Addr 2: CSZ: Albany, NY 12203 Country: United States	0	\$0.00	\$0.00	\$0.00
Alan Goldberg Title: Board Member Addr 1: 677 Broadway Addr 2: CSZ: Albany, NY 12207 Country: United States	0	\$0.00	\$0.00	\$0.00
Anthony Giardina Title: Board Member Addr 1: 403 Vincent Drive Addr 2: CSZ: Schenectady, NY 12303 Country: United States	0	\$0.00	\$0.00	\$0.00
Arthur J Roth Title: Board Member Addr 1: 10 West Cobble Hill Road Addr 2: CSZ: Loudonville, NY 12211 Country: United States	0	\$0.00	\$0.00	\$0.00
Carl Florio Title: Board Member Addr 1: PO Box 76 Addr 2: CSZ: Hudson, NY 12534 Country: United States	0	\$0.00	\$0.00	\$0.00
Carl H Rosner Title: Board Member Addr 1: 450 Duane Avenue Addr 2: CSZ: Schenectady, NY 12304 Country: United States	0	\$0.00	\$0.00	\$0.00

Name and Address	Hrs	Comp.	Benefits	Expenses
Daniel J Hogarty Jr	0	\$0.00	\$0.00	\$0.00
Title: Treasurer Addr 1: 32 Second Street Addr 2: CSZ: Troy, NY 12180 Country: United States				
David A Gellman	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 2621 Palisade Avenue Apt 17D Addr 2: CSZ: Riverdale, NY 10463 Country: United States				
Deborah A W Read	0	\$0.00	\$0.00	\$0.00
Title: Exec Director/CEO Addr 1: 1400 Washington Avenue Addr 2: CSZ: Albany, NY 12222 Country: United States				
Donald E Putterman	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 4 Princeton Street Addr 2: CSZ: Schenectady, NY 12304 Country: United States				
Edward P Swyer	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 10 Executive Park Drive Addr 2: CSZ: Albany, NY 12203 Country: United States				
Elise Micati	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 318 Kicking Horse Trail Addr 2: CSZ: Cordillera, CO 81632 Country: United States				
Emad Zikry	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 200 Park Avenue 20th Floor Addr 2: CSZ: New York, NY 10166				

Name and Address	Hrs	Comp.	Benefits	Expenses
Country: United States				
Gail M Berley	0	\$0.00	\$0.00	\$0.00
Title: Board Member				
Addr 1: 3 Talbot Ct				
Addr 2:				
CSZ: Rexford, NY 12148				
Country: United States				
Gary M Jacobson	0	\$0.00	\$0.00	\$0.00
Title: Board Member				
Addr 1: 26 Random Farms Circle				
Addr 2:				
CSZ: Chappaqua, NY 10514				
Country: United States				
George M Philip	0	\$0.00	\$0.00	\$0.00
Title: Board Member				
Addr 1: 10 Corporate Woods Drive				
Addr 2:				
CSZ: Albany, NY 12211				
Country: United States				
George R Hearst III	0	\$0.00	\$0.00	\$0.00
Title: President				
Addr 1: PO Box 15000				
Addr 2:				
CSZ: Albany, NY 12212				
Country: United States				
Hans J Naumann	0	\$0.00	\$0.00	\$0.00
Title: Board Member				
Addr 1: 1700 North Broadway				
Addr 2:				
CSZ: Albany, NY 12204				
Country: United States				
Harold C Hanson	0	\$0.00	\$0.00	\$0.00
Title: Board Member				
Addr 1: 24070 Copperleaf Blvd				
Addr 2:				
CSZ: Bonita Springs, FL 34132				
Country: United States				
Harold N Iselin	0	\$0.00	\$0.00	\$0.00
Title: Board Member				
Addr 1: 54 State Street 6th Floor				
Addr 2:				

Name and Address	Hrs	Comp.	Benefits	Expenses
CSZ: Albany, NY 12207 Country: United States				
Hedy Bagatelle	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 43 Tillou Road West Addr 2: CSZ: South Orange, NJ 07079 Country: United States				
Hugh T Farley	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: Legislative Office Bldg Room 412 Addr 2: CSZ: Albany, NY 12247 Country: United States				
James E Panton	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 7 Van Leuven Drive East RD 1 Addr 2: CSZ: Rensselaer, NY 12144 Country: United States				
Jeffrey A Mishkin	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: Four Times Square Addr 2: CSZ: New York, NY 10036 Country: United States				
Jeffrey L Luks	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 51 History Hills Court Addr 2: CSZ: Latham, NY 12110 Country: United States				
Joan Rosenthal	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 315 East 72nd Street Apt 21E Addr 2: CSZ: New York, NY 10021 Country: United States				
Judith A Mysliborski	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 22 New Scotland Avenue				

Name and Address	Hrs	Comp.	Benefits	Expenses
Addr 2: CSZ: Albany, NY 12208 Country: United States				
Judith Langer	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 1400 Washington Ave ED 122 Addr 2: CSZ: Albany, NY 12222 Country: United States				
Kathryn Lowery	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 1400 Washington Avenue Addr 2: CSZ: Albany, NY 12222 Country: United States				
Kenneth L Demerjian	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 251 Fuller Road Addr 2: CSZ: Albany, NY 12203 Country: United States				
Kermit Hall	37.5	\$9,521.00	\$0.00	\$0.00
Title: Board Member Addr 1: 1400 Washington Avenue Addr 2: CSZ: Albany, NY 12222 Country: United States				
Larry Davis	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 8 Southwoods Boulevard Addr 2: CSZ: Albany, NY 12211 Country: United States				
Lawrence A Shore	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 7 Schuyler Hills Road Addr 2: CSZ: Loudonville, NY 12211 Country: United States				
Meg Picotte MacClarence	0	\$0.00	\$0.00	\$0.00
Title: Secretary				

Name and Address	Hrs	Comp.	Benefits	Expenses
Addr 1: 2135 Technology Drive Addr 2: CSZ: Schenectady, NY 12308 Country: United States				
Michael Corso Title: Board Member Addr 1: 36 Journey Lane Addr 2: CSZ: Glenmont, NY 12077 Country: United States	0	\$0.00	\$0.00	\$0.00
Michael J Castellana Title: Board Member Addr 1: 700 Patroon Creek Blvd Addr 2: CSZ: Albany, NY 12206 Country: United States	0	\$0.00	\$0.00	\$0.00
Morris Massry Title: Vice President Addr 1: 255 Washington Avenue Ext Addr 2: CSZ: Albany, NY 12205 Country: United States	0	\$0.00	\$0.00	\$0.00
Nolan T Altman Title: Board Member Addr 1: 3817 Oceanside Road East Addr 2: CSZ: Oceanside, NY 11572 Country: United States	0	\$0.00	\$0.00	\$0.00
Robert A Fortune Title: Board Member Addr 1: 19 Thoroughbred Way Addr 2: CSZ: Clifton Park, NY 12065 Country: United States	0	\$0.00	\$0.00	\$0.00
Robert M Gottheim Title: Board Member Addr 1: 80 Buckingham Drive Addr 2: CSZ: Albany, NY 12208 Country: United States	0	\$0.00	\$0.00	\$0.00
Robert Schwartz	0	\$0.00	\$0.00	\$0.00

Name and Address	Hrs	Comp.	Benefits	Expenses
Title: Board Member Addr 1: 8 Airport Park Blvd Addr 2: CSZ: Latham, NY 12110 Country: United States				
Steven N Fischer	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 431 New Karner Road Addr 2: CSZ: Albany, NY 12205 Country: United States				
Susan Van Horn Shipherd	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 10 Saddle Hill Road Addr 2: CSZ: Wynantskill, NY 12198 Country: United States				
Theodore C Anderson III	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 3109 Carlisle Addr 2: CSZ: Dallas, TX 75204 Country: United States				
Thomas Selfridge	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 120 South Church Street Addr 2: CSZ: Schenectady, NY 12305 Country: United States				
Timothy R Welles	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 99 Pine Street Addr 2: CSZ: Albany, NY 12207 Country: United States				
Vijay Vaidyanathan	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 11910 Rhus Ridge Road Addr 2: CSZ: Los Altos Hills, CA 94022 Country: United States				
Susan Herbst	0	\$0.00	\$0.00	\$0.00

Name and Address	Hrs	Comp.	Benefits	Expenses
Title: Board Member				
Addr 1: 1400 Washington Avenue				
Addr 2:				
CSZ: Albany, NY 12222				
Country: United States				
TOTALS		\$9,521.00	\$0.00	\$0.00

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Form: 990

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Part: VIII

Question:

UNIVERSITY AT ALBANY FOUNDATION

14-1503972

Relationship of Activities

Line No	Relationship of Activities to the Accomplishment of Exempt Purposes
93 a	Income to cover operating expenses of Foundation
93 b	Income to cover operating expenses of Foundation
96	Investment earnings on securities
95	Interest earnings on cash investments

Statement 18
Form: Schedule A
Page: 2
Part: III
Question: 3a

UNIVERSITY AT ALBANY FOUNDATION
14-1503972

Explanation of Grant Determination

Explanation of grant qualifications

Scholarships are awarded to students on various need and merit criteria