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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

2009

Open to Public
Inspection

			<u> </u>						Inspection			
			endar yea	r, or tax year beginning 0 C Name of organization	97-01-2009 and ending 06-30-	2010		D Employer id	lentification number			
	eck if a dress ch	pplicable	Please use IRS	16 07420	16-0743088							
		larige	label or	Doing Business As				E Telephone number				
	me cha	_	print or type. See				(585) 389	-2525				
Inr	tıal retu		Specific Instruc-	Number and street (or P O	ddress) Room,	/suite	G Gross receipts					
Те	mınate		tions.	4245 East Avenue			ŀ	C Gloss receipt	3 ψ 54,503,550			
┌ Am	ended	return		City or town, state or count	try, and ZIP + 4	.						
┌ Ap	plication	n pending		Rochester, NY 146183790								
		-	F Nar	ne and address of princip	al officer	H(a)	Ic thu	s a group retu	rn for			
			Daan B	raveman		l l	affilia:		⊤Yes ▼ No			
				East Avenue Ster, NY 14618								
			Roches	1010		I		affiliates inclu				
T Ta	x-exen	npt status	▼ 501(c)) (3) ◀ (insert no)	7(a)(1) or 527	1		p," attach a lis [.] p exemption n	t (see instructions)			
						H(c)	Giou	p exemption ii	umber F			
	ebsite	e: 🕨 www	naz edu			<u> </u>						
		ganızatıon	Corporat	tion Trust Association	Other -	L Yea	r of for	mation 1924	M State of legal domicile NY			
Pa	rt I	Sumn	nary									
	1	Nazareth	n College o	of Rochester is a coeduca	or most significant activities ational, independent college tha sional programs, experiential le	_			•			
3				ing needs of the world								
듄												
E												
Governance	2	Check th	nis hox ⊫ F		ontinued its operations or dispo	sed of more	than 3	25% of its net	assets			
శ	3		,		p body (Part VI, line 1a)				34			
<u>ه</u>	4				the governing body (Part VI, line				4 27			
Activities	5		•	nployees (Part V, line 2a		e 10)	•		5 2,126			
ទ្ធ	6			5 <u>2,120</u>								
•				olunteers (estimate if nec	m Part VIII, column (C), line 12	2						
				iness taxable income fron	· ·			7a24,98 7b				
	-	- Net unite	Tated Dusi	The 33 taxable income non			Drio	r Year	Current Year			
	8	Contrib	utions and	d grants (Part VIII ling 1	lh)		FIIO	9,421,119	7,681,068			
₫	9			revenue (Part VIII, line 2			76,461,746	82,831,912				
Rayenue	10	_		me (Part VIII, column (A			682,150	274,453				
Æ	11			art VIII, column (A), line	•		1,189,953	2,285,273				
	12		•		ust equal Part VIII, column (A)	. line		2,200,000	2,203,273			
				<u> </u>	,		87,754,968	93,072,706				
	13	• •			column (A), lines 1-3)			17,431,941	19,520,660			
	14	Benefit	s paid to o	or for members (Part IX, c	column (A), line 4)			0	0			
ø	15		s, other co	ompensation, employee b	enefits (Part IX, column (A), lin	es 5-		36,823,139	38,406,250			
Expenses		10)					'					
<u>₹</u>	16a				umn (A), line 11e)			54,547	55,241			
고	Ь			enses (Part IX, column (D), lin	_							
	17		-	(Part IX, column (A), line			28,614,251	33,095,110				
	18							82,923,878	91,077,261			
	19	Revenu	e less exp	penses Subtract line 18	from line 12			4,831,090	1,995,445			
\$ 00 8 00 8 00 8 00					Beg	_	of Current ear	End of Year				
Not Assets or Fund Balances	20	Totala	ssets (Pai	rt X, line 16)				83,515,256	189,333,322			
쫗	21					_		59,846,772	58,734,267			
2 E	22	, , ,						23,668,484	130,599,055			
	rt III		ture Blo			•		23,000,101	130,333,033			
		_			amined this return, including accompar	nvina schediiles	and st	atements and to	the hest of my knowledge			
					tion of preparer (other than officer) is							
۵.						I						
Sigr Her		Supp	ture of office				2011-0 Date	05-12	_			
пет	_	[Date					
			aret Ferber \ or print nam	VP for Finance & Treasurer								
		· · · ·		o and tide		1						
		Preparer's			Date	Check If self-		Preparer's ident				
Paid		-	•			empolyed	• ┌		,			
	arer's		me (or yours	5	•	•		EIN Þ				
Use	Only	ıf self-em address, a	pioyea), and ZIP + 4	r —	LINF							
								Phone no 🕨				
——— Мау	the IR	S discuss	s this retu	rn with the preparer show	n above? (see instructions) .				⊤Yes ⊤No			

Cat No 11282Y

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The mission of Nazareth College is to provide a learning community that educates students in the liberal arts, sciences, visual and performing arts, and professional fields, fostering commitment to a life informed by intellectual, ethical, spiritual, and aesthetic values, to develop skills necessary for the pursuit of meaningful careers, and to inspire dedication to the ideal of service to their communities. Nazareth seeks students who want to make a difference in their own world and the world around them, and encourages them to develop the understanding, commitment, and confidence to lead fully informed and actively engaged lives.

Did the organization undertake any significant program services during the year which were not listed on

	the prior Form 990	or 990-EZ?				☐ Yes No
	If "Yes," describe t	hese new services on S	chedule O			
3	services?	n cease conducting, or hese changes on Sched		nt changes in how it co	onducts, any program	┌ Yes ┌ No
4	Section 501(c)(3)		ions and section	on 4947(a)(1) trusts	largest program services by are required to report the amo service reported	•
 4a	(Code) (Expenses \$	28,620,047	ıncludıng grants of \$	0) (Revenue \$	70,038,630)
					ictional programs at the undergradu ition, Management and Health and I	
4b	(Code) (Expenses \$	19,520,660	ıncludıng grants of \$	19,520,660) (Revenue \$	0)
		Scholarships and Grants - R nake the total cost of attende			sed aid, and Higher Education Oppo E's)	rtunity grants awarded to
4c	(Code) (Expenses \$	11,973,454	ıncludıng grants of \$	0) (Revenue \$	12,262,402)
	related to, although n		ost of the service	Auxiliary enterprises are m	to students, faculty, or staff, and th anaged as essentially self-supportir	
4d	Other program se	rvices (Describe in Sch	nedule O) See :	also Additional Data f	or Description	
	(Expenses \$	17,657,628 ind	luding grants o	of\$	O) (Revenue \$	530,880)
4e	Total program ser	vice expenses ► \$	77,771,78	9		
		- · ·	. ,			Form 990 (2009

Part IV Checklist of Required Schedul	les
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			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? 🕏	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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		No
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 term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	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	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	16	Yes	
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	Yes	
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t 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? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete Schedule J	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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	27	Yes	
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		No
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		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N o
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	
		F	orm 99 0	(2009)

Part V Statements Regarding Other IRS Fili	ngs and Tax Compliance

			Yes	No
а	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 4,562			
	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?	1 c	Yes	
3	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
ь	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 this return (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country FR, SP			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νc
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νc
3	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	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		N
•	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
3	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	
)	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
:	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
ł	If "Yes," indicate the number of Forms 8282 filed during the year			
•	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7£		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7: 7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	, 9		
	required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make any taxable distributions under section 49667	9a 9b		
•	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	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			

Margaret Cass Ferber 4245 East Avenue Rochester, NY 14618 (585) 389-2021

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.

Se	ection A. Governing Body and Management				
	etion / ii coverning bouy and rianagement			Yes	No
1a	Enter the number of voting members of the governing body	34			
ь	Enter the number of voting members that are independent 1b	27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rela				
_	other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or un supervision of officers, directors or trustees, or key employees to a management company or o		3		Νο
4	Did the organization make any significant changes to its organizational documents since the p filed?	rior Form 990 was	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's	assets?	5		Νo
6	Does the organization have members or stockholders?		6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or mogoverning body?		7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or oth	er persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertyear by the following	taken during the			
а	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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Νo
	ection B. Policies (This Section B requests information about policies not required	by the Internal			
Re	evenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with those of the organization		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body be	F	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?		12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the police describe in Schedule O how this is done	cy? If "Yes,"	12c	Yes	
13	Does the organization have a written whistleblower policy?	[13		Νo
14	Does the organization have a written document retention and destruction policy?	[14		Νo
15	Did the process for determining compensation of the following persons include a review and ap independent persons, comparability data, and contemporaneous substantiation of the delibera				
а	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 a or b, 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 a taxable entity during the year?		16a		Νo
b	to evaluate its o safeguard the				
6-	organization's exempt status with respect to such arrangements?		16b		
<u>5e</u> 17	List the States with which a copy of this Form 990 is required to be filed.				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, an	 nd 990-T (501(c)			
10	(3)s only) available for public inspection Indicate how you make these available Check all the Own website 🔽 Another's website 🔽 Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing docume interest policy, and financial statements available to the public See Additional Data Table	ents, conflict of			
20	State the name, physical address, and telephone number of the person who possesses the boo	oks and records of the	e orga	nızatıor	n 📂

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee										
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

|--|

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►11

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
	Food Service- Includes the price of food as it is not separately invoiced	3,192,533
Sodexho Inc 220 Washington Ave Ext Albany, NY 12203	Facilities Management	3,161,345
Crosby-Brownlie Inc 100 Nassau Street Rochester, NY 14605	Mechanical Contractor	1,011,372
Schuler Haas Electric Corporation 250 Mt Hope Ave Rochester, NY 14620	Electrical Contractors	840,913
SECOA 8650 109th Ave North Champlin, MN 55316	Construction Contractors	711,208
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►28) who received more than	

Page 8

Form 99		•						Page 9
Part V	<u> </u>	Statement of	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 b c d e f	Fundraising eve Related organiz Government grants	tes	0 8,774 0				
Contribut and othe	g h	lines 1a-1f \$ _	butions included in	•	7,681,068			
Program Service Revenue	2a b c	Tuition & Fees Room & Board Public Services		Business Code 611,310 611,310 611,310	70,038,630 12,262,402 530,880	70,038,630 0 521,967	0 0 8,913	0 12,262,402 0
Program S	e f g	Total. Add lines	am service revenue		0 82,831,912	0	0	0
	3 4 5	and other similar	ome (including dividen ar amounts)	proceeds •	947,515 0 0	0 0	0	947,515 0 0
	6a b c	Gross Rents Less rental expenses Rental income or (loss)	(i) Real 111,594 0 111,594	(II) Personal 0 0				
	7a	Gross amount from sales of assets other	(i) Securities 592,029	(II) O ther	111,594	0	0	111,594
	b c	than inventory Less cost or other basis and sales expenses Gain or (loss)	1,188,019 -595,990	77,072 -77,072				
Other Revenue	8a	Gross income f events (not inc \$8 of contributions	rom fundraising luding ,774 sreported on line 1c) ie 18		-673,062	0	0	-673,062
Other	b c 9a	Net income or (penses b (loss) from fundraising	32,792 28,193 events . •	4,599	0	0	4,599
	ь	See Part IV, lin	penses b	0	0	0	0	
	ь	Gross sales of returns and allo Less cost of g	owances . a oods sold b		,	V		
		Miscellaneous Child Care Cen Fee, Parking	(loss) from sales of inve s Revenue ter, Health Center	Business Code 611,710	546,155	0	0	546,155
	b c d		ue	900,099	252,185 33,535 1,337,205	0	0 0 16,069	252,185 33,535 1,321,136
	12	Total. Add lines	See Instructions .	· · · · •	2,169,080 93,072,706	70,560,597	24,982	14,806,059 Form 990 (2009)

	990 (2009)				Page 10
Par	IX Statement of Functional Expenses				
Δ	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			· ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	19,228,719	19,228,719		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	291,941	291,941		
4	Benefits paid to or for members	0	0	1	
5	Compensation of current officers, directors, trustees, and key employees	1,358,808	545,085	597,582	216,141
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	28,563,823	24,813,922	3,276,354	473,547
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,855,650	1,620,886	204,258	30,506
9	Other employee benefits	4,370,628	3,744,042	529,437	97,149
10	Payroll taxes	2,257,341	1,918,927	287,464	50,950
11	Fees for services (non-employees)				_
а	Management	0	0	0	0
ь	Legal	134,268	0	134,268	0
c	Accounting	95,000	0	95,000	0
d	Lobbying	86,979	0	86,979	0
e	Professional fundraising See Part IV, line 17	55,241			55,241
f	Investment management fees	181,293	0	181,293	0
g	Other	818,028	593,237	224,791	0
12	Advertising and promotion	915,509	493,109	422,400	0
13	Office expenses	4,725,397	3,878,838	746,882	99,677
14	Information technology	1,057,443	187,804	865,882	3,757
15	Royalties	0	0	0	0
16	Occupancy	5,202,940	4,734,675	398,025	70,240
17	Travel	819,150	709,369	75,894	33,887
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	231,710	170,609	51,424	9,677
20	Interest	1,657,332	1,593,097	54,600	9,635
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	5,893,341	5,572,683	272,559	48,099
23	Insurance	520,270	496,662	20,067	3,541
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Other Operating Expenses	3,857,916	3,297,363	301,487	259,066
b	Food Service	3,482,818	3,298,675	140,957	43,186
c	Post Retirement Benefits	2,510,180	0	2,510,180	0
d	A cademic Course Waivers	493,600	470,910	22,690	0
е	Dues, memberships & subscriptions	249,448	111,236	124,175	14,037
f	All other expenses	162,488	0	162,488	0
25	Total functional expenses. Add lines 1 through 24f	91,077,261	77,771,789	11,787,136	1,518,336
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational				
	campaign and fundraising solicitation				rm 990 (2009)

Part X Balance Sheet (A) (B) End of vear Beginning of year ol 0 1 1 Cash—non-interest-bearing 14,196,141 2 19.060.414 2 7,009,261 5,231,975 3 3 4 481.347 3.220.871 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of ol 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 0 6 0 Notes and loans receivable, net 1.986.021 1.962.071 0 0 419.185 437,158 Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete 172.957.901 10a 10a Part VI of Schedule D 10b 64.384.906 108.057,203 **10c** 108.572.995 b Less accumulated depreciation 29.010.321 28.302.200 11 11 19.696.069 12 20,421,915 12 Investments—other securities See Part IV, line 11 0 13 13 Investments—program-related See Part IV, line 11 . . 14 0 14 0 2.659.708 15 2.123.723 15 16 183,515,256 16 189,333,322 Total assets. Add lines 1 through 15 (must equal line 34) . . . 10.720.396 17 8.131.892 17 Accounts payable and accrued expenses . 0 18 18 2,418,402 19 2,091,823 19 36,532,880 20 20 29,527,320 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 0 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 22 29,184 5,930,454 23 23 Secured mortgages and notes payable to unrelated third parties . . 0 24 Unsecured notes and loans payable to unrelated third parties 24 0 10.145.910 13.052.778 25 Other liabilities Complete Part X of Schedule D 25 26 **Total liabilities.** Add lines 17 through 25 59,846,772 58,734,267 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 107,096,297 112,164,630 27 27 Unrestricted net assets 28 3.672.015 28 5.147.736 Temporarily restricted net assets Fund 13.286,689 12.900.172 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 123,668,484 130,599,055 33 Total net assets or fund balances 33 34 Total liabilities and net assets/fund balances 183.515.256 189,333,322 34

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 consolidated basis, separate basis, or both			
	▼ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

h

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Inspection

Name of the organization NAZARETH COLLEGE OF ROCHESTER Employer identification number

16-0743088 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) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 509(a)(4). 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 c Type III - Functionally integrated Type III - Other Type I **b** Type II 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) 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 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) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN		(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 US?		(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)			
S	(Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support									
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
	include any "unusual									
_	grants ") Tax revenues levied for the									
2	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									
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) Dublic Support Subtract line F from									
6	Public Support. Subtract line 5 from line 4									
S	ection B. Total Support	1		-						
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total			
7	A mounts from line 4									
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar									
9	sources Net income from unrelated									
9	business activities, whether or									
	not the business is regularly									
	carried on									
10	Other income (Explain in Part									
	IV) Do not include gain or loss									
	from the sale of capital assets									
11	Total support (Add lines 7									
4.5	through 10)	/5								
12	Gross receipts from related activities	,	•			12				
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□			
	check this box and stop here						-1			
S	ection C. Computation of Pub	lic Support P	ercentage							
14	Public Support Percentage for 2009			11 column (f))		14				
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15				
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox			
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □			
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi				
	box and stop here. The organization				,		▶			
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14				
	ıs 10% or more, and ıf the organizat									
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp				
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□			
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_								
	Explain in Part IV how the organizat						clv			
	supported organization						▶ ┌			
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•			

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include 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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **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. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493132030411

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

* Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II.A. Do not complete Part II.B.

◆ Se If th	ection 501(c)(3) organizations tha	t have filed Form 5768 (election di t have NOT filed Form 5768 (election s," to Form 990, Part IV, Line 5 zations Complete Part III	on under section 501	(h)) Complete Part II-B Do n	ot complete Part II-A
	me of the organization	·		Employer iden	tıfıcatıon number
NAZ	ZARETH COLLEGE OF ROCHESTER			16-0743088	
Par	t I-A Complete if the or	ganization is exempt und	er section 501(organization.
1	Provide a description of the or	ganization's direct and indirect p	olitical campaign ac	tivities in Part IV	
2	Political expenditures			.	\$
3	V olunteer hours				·
Par	tJEB Complete if the or	ganization is exempt und	er section 501(c)(3).	
1	•	e tax incurred by the organization			\$
2	Enter the amount of any excise	e tax incurred by organization ma	nagers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	section 4955 tax, did it file Form	4720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				┌ Yes
ь	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt und	er section 501(c) except section 501	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization fo	r section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed t	o other organization	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter h	ere and on Form 112	.0-POL, line 17b ►	¢.
4	Did the filing organization file I	Form 1120-POI for this year?			→ Yes
5	were made For each organizat contributions received that we	nd employer identification numbe ion listed, enter the amount paid re promptly and directly delivered nittee (PAC) If additional space i	from the filing organ d to a separate polit	ızatıon's funds Also enter t ıcal organızatıon, such as a	he amount of political
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).							
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,				
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals		
1a	Total lobbying expenditures to influence public o							
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)					
c	Total lobbying expenditures (add lines 1a and 18	b)						
d	Other exempt purpose expenditures							
e	Total exempt purpose expenditures (add lines 1	c and 1d)						
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both					
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00				
	Over \$17,000,000	\$1,000,000						
		•						
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)						
h	Subtract line 1g from line 1a If zero or less, enter	er -0-						
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -						
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No		
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five		
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı		
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total		
2a	Lobbying non-taxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
c	Total lobbying expenditures							
d	Grassroots non-taxable amount							

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

		(a	1)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		10,067
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	Other activities? If "Yes," describe in Part IV		Νo	
j	Total lines 1c through 1:			10,067
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
ь	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	

Part IV Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
SchC_P2B_S00_L01		The President as well as an additional staff member averaged 40 and 45 hours in fiscal year 2010 engaged in lobbying activities for the College These activities included phone conversations and meetings with legislators and other government officials, seeking federal and state aid for Nazareth College initiatives

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493132030411

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

erna	l Revenue Service	► Attach to Fo	orm 990. 🟲 See separate ins	it ruct ions.			Inspec	tion
	me of the organi				Empl	oyer identifica	tion numb	er
NAZ	ZARETH COLLEGE OF	KUCHESTER			16-0	743088		
Pa	rt I Organ	izations Maintaining Donor Ad	dvised Funds or Othe	r Similar Fu			. Comple	te if the
	organiz	zation answered "Yes" to Form 99						
			(a) Donor advised	funds	(1) Funds and o	ther accou	unts
•	Total number at	·						
2		tributions to (during year)						
		nts from (during year)						
		ue at end of year						
•	•	zation inform all donors and donor advior organization's property, subject to the o	_		or advis	sed	☐ Yes	☐ No
5	used only for c	zation inform all grantees, donors, and haritable purposes and not for the ben ermissible private benefit		-	•		☐ Yes	┌ No
Pa I		rvation Easements. Complete	ıf the organızatıon answ	ered "Yes" to	Form	990, Part IV	, line 7.	
<u>.</u>	Preservati Protection Preservati Complete lines	conservation easements held by the or ion of land for public use (e g , recreati i of natural habitat ion of open space s 2a-2d if the organization held a quali he last day of the tax year	on or pleasure) Pres	servation of an	ertıfıed	historic struc		ea
				[Held at the	End of the	e Year
а	Total number o	of conservation easements			2a			
b	Total acreage i	restricted by conservation easements			2b			
C	Number of cons	servation easements on a certified his	toric structure included in ((a)	2c			
d	Number of cons	servation easements included in (c) ac	cquired after 8/17/06	Į	2d			
;	the taxable yea	servation easements modified, transfe ar ► tes where property subject to conserva			d by the	e organization	during	
i		nization have a written policy regarding f the conservation easements it holds?		spection, hand	lling of	violations, and	☐ Yes	┌ No
•		iteer hours devoted to monitoring, insp					•	
,	A mount of expe	enses incurred in monitoring, inspectii	ng, and enforcing conservat	ion easements	during	the year 🟲 💲 _		
3		nservation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requir	rements of sec	tion		☐ Yes	☐ No
)	balance sheet,	escribe how the organization reports co and include, if applicable, the text of t on's accounting for conservation easen	he footnote to the organizat		•	•		
ar		izations Maintaining Collectio ete if the organization answered "			or Oth	er Similar <i>i</i>	Assets.	
.a	art, historical t	tion elected, as permitted under SFAS treasures, or other similar assets held t XIV, the text of the footnote to its fin	for public exhibition, educa	ition or researc	h ın fur			e,
b	historical treas	tion elected, as permitted under SFAS sures, or other similar assets held for p lowing amounts relating to these items	public exhibition, education					
	(i) Revenues II	ncluded in Form 990, Part VIII, line 1				► \$		
	(ii) Assets incl	luded in Form 990, Part X				► \$		
<u>!</u>	If the organizat	tion received or held works of art, histonts required to be reported under SFAS			r financ			
а	Revenues incli	uded in Form 990. Part VIII. line 1				▶ \$		

b Assets included in Form 990, Part X

Part	TIL Organizations Maintaining Co	ollections of Art	, His	torical Tre	easur	es, or Ot	her Simil	ar Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e following th	at are	a sıgnıfıcan	it use of its	collectio	n	
а	Public exhibition		d	☐ Loan or	exch	ange progra	ms			
b	Scholarly research		e	┌ Other						
с	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	they further	the or	ganızatıon's	exempt pu	rpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•				Г	Yes	┌ No
Par	t IV Escrow and Custodial Arrang					answered	"Yes" to F	orm 990	0,	
	Part IV, line 9, or reported an ar			•						
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				ons oi	other asse	ts not	Γ	Yes	Г No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng table				A		
_	Deciming holes -					-		A mo	uiil	
q	Beginning balance						.c			
d	Additions during the year						.d			
e	Distributions during the year						.e			
f -	Ending balance					_1	f			
2a	Did the organization include an amount on F		e 21?					J	Yes	No
	If "Yes," explain the arrangement in Part XI\			wared IIVeel	" to T	000 0	Down TV Ivo	0.10		
Рa	rt V Endowment Funds. Complete	(a)Current Year)Prior Year		orm 990, i o Years Back			e)Four Ye	ears Back
1a	Beginning of year balance	45,613,341		60,534,230			(,		,	
b	Contributions	437,160		715,509						
с	Investment earnings or losses	5,483,328		-12,623,894						
d	Grants or scholarships	0		0						
e	Other expenditures for facilities and programs	2,534,271		2,982,817						
f	Administrative expenses	212,738		29,687						
g	End of year balance	48,786,820		45,613,341						
2	Provide the estimated percentage of the yea	r end balance held a	as					•		
а	Board designated or quasi-endowment 🕨	67.6 %								
ь	Permanent endowment 🕨 32.4 %									
c	Term endowment ► 0 %									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation t	:hat are held a	and ad	lmınıstered	for the			
	organization by							2-(:)	Yes	No
	(i) unrelated organizations							. 3a(i) 3a(ii)		N o N o
h	(ii) related organizations							. 3b		
4	Describe in Part XIV the intended uses of th									
Par	t VI Investments—Land, Building	s, and Equipme	nt. S	ee Form 99	0, Pa	rt X, line 1	0.			
	Description of investment			(a) Cost or of basis (investment)		(b)Cost or other basis (other)	(c) Accum deprecia		(d) Boo	k value
1a	_and			8,232	2,974	. (8	3,232,974
Ь	Buildings			68,079	9,968	(26,3	330,914	41	1,749,054
c l	_easehold improvements				0	(o l	0		(
d I	Equipment			31,877	7,553	(19,	502,279	12	2,375,274
e (Other			64,76	7,406	(18,	551,713	46	5,215,693

108,572,995

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security) Financial derivatives	0	Cost or end-of-year market value
Closely-held equity interests	0	
Other	Ĭ	,
Hedge Funds	15,847,805	F
Real Estate Investments	4,574,110	F
Real Estate Tilvestillents	4,574,110	,
	30 434 045	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
-		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(1) Park value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.	(b) Book value 2,123,723
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, IIII (a) Descrip Trustee Asset Accounts, Misc Accounts Receivable Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	ne 15. Ition	2,123,723
Part IX Other Assets. See Form 990, Part X, III (a) Descrip Trustee Asset Accounts, Misc Accounts Receivable Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	ne 15. Ition	2,123,723
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)	2,123,723
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.) (b) A mount	2,123,723
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	2,123,723
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Accrued Post Retirement Benefit O bligation	5.) (b) Amount 0 10,018,503	2,123,723
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Accrued Post Retirement Benefit O bligation Asset Retirement O bligation	5.) (b) Amount 0 10,018,503 1,610,335	2,123,723
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Accrued Post Retirement Benefit O bligation Asset Retirement O bligation	5.) (b) Amount 0 10,018,503 1,610,335	2,123,723
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Accrued Post Retirement Benefit O bligation Asset Retirement O bligation	5.) (b) Amount 0 10,018,503 1,610,335	2,123,723
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Accrued Post Retirement Benefit O bligation Asset Retirement O bligation	5.) (b) Amount 0 10,018,503 1,610,335	2,123,723
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Accrued Post Retirement Benefit O bligation Asset Retirement O bligation	5.) (b) Amount 0 10,018,503 1,610,335	2,123,723
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Accrued Post Retirement Benefit O bligation Asset Retirement O bligation	5.) (b) Amount 0 10,018,503 1,610,335	2,123,723
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Accrued Post Retirement Benefit O bligation Asset Retirement O bligation	5.) (b) Amount 0 10,018,503 1,610,335	2,123,723
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Accrued Post Retirement Benefit O bligation Asset Retirement O bligation	5.) (b) Amount 0 10,018,503 1,610,335	2,123,723
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Accrued Post Retirement Benefit O bligation Asset Retirement O bligation	5.) (b) Amount 0 10,018,503 1,610,335	2,123,723
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Accrued Post Retirement Benefit O bligation Asset Retirement O bligation	5.) (b) Amount 0 10,018,503 1,610,335	2,123,723
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Accrued Post Retirement Benefit O bligation Asset Retirement O bligation	5.) (b) Amount 0 10,018,503 1,610,335	2,123,723

Par	TEXT Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	<u>its</u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	93,072,706
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	91,077,261
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,995,445
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	4,935,126
9	Total adjustments (net) Add lines 4 - 8	9	4,935,126
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	6,930,571
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	78,392,622
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-14,604,056
3	Subtract line 2e from line 1	3	92,996,678
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 181,293		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	76,028
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	93,072,706
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	71,462,051
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	86,743
3	Subtract line 2e from line 1	3	71,375,308
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 181,293		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	19,701,953
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	91,077,261

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

Ident if ier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The spending from assets held for endowment and similar purposes are used to support the College's operating budget, academic programs, and provide scholarships to students
SchD_P10_S00_L00	Schedule D, Part X	The Internal Revenue Service has determined and informed the College by a letter dated June 8, 1973 that the College is generally exempt from tax on related income, under Section 501 (a) of the Internal Revenue Code as an organization described in Section 501(c)(3) Management does not believe that any circumstances arising after the date of the Internal Revenue Service determination letter will affect the tax exempt status of the College The College recognizes the effect of income tax provisions only if those positions are more likely than not of being sustained Recognized income tax positions are measured at the largest amount that is greater than 50% likely of being realized Changes in recognition or measurement are reflected in the period in which the change in judgment occurs
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	This amount represents unrealized gains on long term investments and the change in value of charitable gift annuities
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	This amount represents the amount of scholarships and grants awarded to Nazareth students
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Direct fundraising expense of 28,193 and Loss on disposal of fixed assets 77,072
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Loss on disposal of fixed assets of 77,072, direct fundraising expenses of 28,193 and change in charitable annuities of - 18,522
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Scholarships and grants of 19,520,660

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

NAZARETH COLLEGE OF ROCHESTER

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

	16-0743088			
			YES	NO
1	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?	1	Yes	
2	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?	2	Yes	
3	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	3	Yes	
	A "Notice of Non-Discriminatory Policy as to Students" was published in the daily newspaper published in the city of Rochester on September 29, 2009 This notice described the College's non-discriminatory policy and stated that any questions regarding the application of the policy should be directed to the Director of Human Resources at the College			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		Νo
b	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		Νo
e	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)	5h		No
6-	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
	Has the organization's right to such aid ever been revoked or suspended?	6b	1 45	Νo
	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) # Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			140
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form	7	Yes	

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As Filed Data -

DLN: 93493132030411

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Department of the Treasury

Totals . .

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspect ion

Internal Revenue Service Name of the organization **Employer identification number** NAZARETH COLLEGE OF ROCHESTER 16-0743088 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. 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 For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed) (d) Activities conducted in (e) If activity listed in (d) (f) Total expenditures (a) Region (b) Number of (c) Number of region (by type) (ie, is a program service, for region offices in the employees or fundraising, program services, describe specific type of grants to recipients located in region agents in region service(s) in region the region) Europe (including Iceland and 1 Program Services On-Site coordinator for 28.802 Greenland) students studying in a study abroad program

0

28,802

Part IV	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000										
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►				
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009			

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Schedule F-1 (Form 990) if additional space is needed.

OSE Scriedule	: [-1 (FOITH 330) II au	uluollai space	is needed.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Financial Aid	East Asia and the Pacific	6	88,640				Fair Market Value
Financial Aid	Europe (including Iceland and Greenland)	6	74,500				Fair Market Value
Financial Aid	Sub-Saharan Africa	2	53,537				Fair Market Value
Financial Aid	Central America and the Caribbean	2	26,865				Fair Market Value
Financial Aid	South Asia	2	23,255				Fair Market Value
Financial Aid	Russia and the newly independent States	1	19,894				Fair Market Value
Financial Aid	North America (including Canada and Mexico, but not the United States)	1	5,250				Fair Market Value
-							

Schedule F (Form 990) 2009

Complete this part to	provide the information requ	red in Part I, line 2, and any additional information.
Identifier	ReturnReference	Explanation
SchF_P01_S00_L02	Schedule F, Part I, Line 2	The international students receiving scholarships are coded in the College's software system. A report listing each of these students was printed from the College's software system. The compensation for the international employee is handled in the same fashion as compensation for any other employee. The individual is paid on a bi-weekly basis, the appropriate taxes are withheld and remitted and the accrual basis of accounting is followed.

As Filed Data -

DLN: 93493132030411

SCHEDULE G (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Denartment of the Treasury

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered many than \$15,000 on Form 000 F7, line 60

Internal Revenue Service	Inspection					
Name of the organization NAZARETH COLLEGE OF	ROCHESTER				Employer iden	tification number
	KOCHESTER				16-0743088	
	Activities. Complete filers are not required				to Form 990, Part IV	, line 17.
1 Indicate whether the	organization raised funds	through a	any of the	following activities Ch	eck all that apply	
a 🔽 Mail solicitations			е	Solicitation of no	n-government grants	
b 🔽 Internet and e-ma	ail solicitations		f	Solicitation of go	vernment grants	
c Phone solicitation	าร		q	Special fundraisii	ng events	
d 🔽 In-person solicita	ations			•		
•	ighest paid individuals or least \$5,000 by the orga		•			
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr contribi	er have dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
The Solstice Group	Campaign Counsel		No	0	55,241	-55,241
Total				0	55,241	-55,241
					<u> </u>	<u> </u>

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or 3 licensing

NΥ

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ted
			(a) Event #1 Athletics - Golden Flyer Alumni Golf Tournament (event type)	(b) Event #2 School of Management - Golf Tournament (event type)	(c) O ther Events 3 (total number)	(d) Tot (Add col co		
⊈	1	Gross receipts	19,442		9,995			1,566
Revenue	2	Less Charitable	653					8,774
	3	Gross income (line 1 minus line 2)	18,789	9,131	4,872		3	2,792
	4	Cash prizes	0	342	0			342
60	5	Non-cash prizes	3,297	0	1,000			4,297
nse.	6	Rent/facility costs	9,892	5,039	0		1.	4,931
Expenses	7	Food and beverages	0	0	3,872			3,872
Direct B	8	Entertainment	0	0	0			0
툽	9	Other direct expenses .	283	1,252	3,216			4,751
	10	Direct expense summary Add line	es 4 through 9 in column	(d)			2	8,193
	11	Net income summary Combine lir						4,599
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor		
Reveilue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co	-	-
	1	Gross revenue						
nses	2	Cash prizes						
pens	3	Non-cash prizes						
Direct Expe	4	Rent/facility costs						
짇	5	Other direct expenses						
	6	Volunteer labor		┌ Yes%	Г Yes% Г No			
	7	Direct expense summary Add lines	s 2 through 5 ın column (d)				
	8	Net gaming income summary Com	bine lines 1, column d, ar	nd line 7				
9 a b	Is t	er the state(s) in which the organiza he organization licensed to operate No," Explain				· 9a	Yes	No
10a b		e any of the organization's gaming l	ıcenses revoked, suspen	ded or terminated during	the tax year?	10a		
11 12	Is t	es the organization operate gaming a he organization a grantor, beneficial ned to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	p or other entity	12	EZ) 20	009

		Yes	No						
13	Indicate the percentage of gaming activity operated in								
а	The organization's facility								
b	An outside facility								
14	Enter 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?	,							
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									
16	Gaming manager information								
	Name 🟲								
	Name F								
	Gaming manager compensation 🕨 \$								
	Description of services provided -								
	Director/officer Employee Independent contractor								
	I Director/officer I Employee I Independent contractor								
.7	Mandatory distributions								
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to								
	retain the state gaming license?	<u> </u>							
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 ▶ \$	1							

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OMB No 1545-0047

DLN: 93493132030411

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Open to Public

lame of the organization						Employer identifica	ntion number
NAZARETH COLLEGE OF RO	CHESTER					16-0743088	
Part I General Infor	mation on Gra	nts and Assistance				•	
 Does the organization m the selection criteria use Describe in Part IV the organization 	ed to award the grar	nts or assistance?					✓ Yes 🗀
Form 990, Part	IV, line 21 for ar	to Governments and ny recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		government organizations					

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Competitive Scholarships	1929	9,063,805			
Grants in Aid	867	9,206,840			
Higher Education Opportunity Program	52	958,074			

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

Ident if ier	Return Reference	Explanat ion
SchI_P01_S00_L02	Schedule I, Part I, Line 2	All College scholarships and grants awarded through the financial aid process are recorded as credits on the students' bill These awards help to offset the cost of tuition, fees, and room and board for the students. The scholarship and grants are tracked in the College's software system

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DLN: 93493132030411

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

Compensation Information

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. Open to Public Inspection

Name of the organization NAZARETH COLLEGE OF ROCHESTER **Employer identification number**

16-0743088

Pa	Tt I Questions Regarding Compensation	on				
					Yes	Νo
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement orprovision of all the expenses des			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organiza organization's CEO/Executive Director Check all	that appl	y			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	⊽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization), Part VII	I, Section A, line ${f 1a}$ with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol paymer	nt?	4a		Νo
b	Participate in, or receive payment from, a supplem	nental non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	-based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	provide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only n	must comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
Ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII					
	subject to the initial contract exception described	ın Regs	section 53 4958-4(a)(3)? If "Yes," describe			1
	ın Part III			8		No
9	If "Yes" to line 8, did the organization also follow t section 53 $4958-6(c)$?	the rebutt	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, , , , , , , , , , , , , , , , , , , ,			
(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Daan Braveman	(I) (II)	272,756 0	0	88,889 0	4 2,267 0	6,730 0	410,642 0	397,259 0
Margaret Cass Ferber	(I) (II)	178,642 0	0	1,460 0	17,444 0	445 0	197,991 0	185,557 0
Sara Varhus	(ı) (ıı)	179,518 0	0	1,161 0	13,978 0	665 0	195,322	185,845 0
Thomas K DaRın	(I) (II)	137,716 0	0	4,743 0	13,078 0	29,807 0	185,344 0	175,702 0
Kelly Gagan	(I) (II)	142,648 0	0	1,406 0	13,933 0	418	158,405 0	146,487 0
		_						
		_						
		_		_				

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

Ident if ier	Ret urn Ref erence	Explanation
	Part I, Line 1a	In compliance with Board policy requiring justification for business purpose of expenditures, the College President was provided with travel for his wife in the amount of \$2,856. The President also received a housing allowance in the amount of \$55,008 and gross-up payments in the amount of \$1,367 related to the statutory benefit obligations (FICA and Medicare) of his 457B contribution
	Part I, Line 3	The Compensation Sub-Committee, a sub-committee of the Executive Committee of the Board of Trustees, meets annually to review the President's performance as compared to the goals set forth for him from the previous fiscal year. In addition, the Sub-Committee engages an independent consultant to provide competitive market data from comparable institutions and to recommend changes to the President's base salary level and/or benefits offerings. The Compensation Sub-Committee's recommendations are submitted to the Executive Committee for review and endorsement. Once approved by the Executive Committee, the recommendations are considered and voted on by the full Board of Trustees in executive session.

Schedule J (Form 990) 2009

DLN: 93493132030411

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public Inspect ion

Name of the organization **Employer identification number** NAZARETH COLLEGE OF ROCHESTER 16-0743088 **Bond Issues** (h) O n Behalf of (g) Defeased (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes Yes No No County of Monroe Industrial To finance construction of a 9,030,000 Development Agency 16-1005429 610752EK9 01-30-2008 Χ Χ building and site improvements County of Monroe Industrial Development Agency 16-1005429 610752CR6 09-24-2004 8.355.000 Refinance of Series 1995 Χ Х Proceeds Part II В С D Ε Total proceeds of issue 9.030.000 8.355.000 Gross proceeds in reserve funds 2 0 Proceeds in refunding or defeasance escrows 3 Other unspent proceeds Issuance costs from proceeds 5 335,820 565,130 Working capital expenditures from proceeds 6 Capital expenditures from proceeds 7 8,535,238 Year of substantial completion 8 2009 2005 Yes No Yes No Yes No Yes No Yes Were the bonds issued as part of a current refunding issue? Х Χ Were the bonds issued as part of an advance refunding issue? Χ Х 10 Has the final allocation of proceeds been made? Χ Х 11 Does the organization maintain adequate books and records to support 12 Χ Χ the final allocation of proceeds? **Private Business Use** Part III D Е Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, 1 Χ which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property 2 Χ

which may result in private business use?

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

		Α		В		С		D			E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		Х								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		Х								
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		×								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %								
6	Total of lines 4 and 5		0 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х									

Part IV Arbitrage

Name of provider Name of pro			Α		В		С		D		E	
Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? X			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? Description D	1	Penalty in Lieu of Arbitrage Rebate, been filed with respect to		×		х						
hedge with respect to the bond issue on its books and records? Description Descri	2	Is the bond issue a variable rate issue?	Х			Х						
b Name of provider c Term of hedge 30 4a Were gross proceeds invested in a GIC? X X X b Name of provider c Term of GIC d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? 5 Were any gross proceeds invested beyond an available temporary period? X X X C Did the bond issue qualify for an exception to rebate?	3a	hedge with respect to the bond issue on its books and	х			Х						
4a Were gross proceeds invested in a GIC? b Name of provider c Term of GIC d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? 5 Were any gross proceeds invested beyond an available temporary period? x X X X X X X X X X X X X X X X X X X	ь			Chase Bank								
b Name of provider c Term of GIC d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? 5 Were any gross proceeds invested beyond an available temporary period? X X 6 Did the bond issue qualify for an exception to rebate?	С С	Term of hedge		30								
C Term of GIC d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? 5 Were any gross proceeds invested beyond an available temporary period? X X 6 Did the bond issue qualify for an exception to rebate?	4a	Were gross proceeds invested in a GIC?		Х		Х						
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? 5 Were any gross proceeds invested beyond an available temporary period? X X 6 Did the bond issue qualify for an exception to rebate?	b	Name of provider										
value of the GIC satisfied? 5 Were any gross proceeds invested beyond an available temporary period? A X X X X X B B B B B B B B B B B B B B	С	Term of GIC										
temporary period? X X X Did the bond issue qualify for an exception to rebate?	d											
6 Did the bond issue qualify for an exception to rebate? X X	5			х		х						
Schedule K (Form 990) 2009	6	Did the bond issue qualify for an exception to rebate?	х		Х							

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Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

DLN: 93493132030411

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number**

NAZARETH COLLEGE OF ROCHESTER 16-0743088 **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 (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . 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 (f) (b) Loan to (e) In Approved (g)Written or from the (a) Name of interested person and (c)O riginal (d)Balance due default? by board or agreement? organization? principal amount purpose committee? Yes Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (c)A mount of grant or type of assistance (a) Name of interested person and the organization Current Vice President of Enrollment Thomas K Darın Management Tuition remission for Child **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (b) Relationship (e) Sharing of organization's between interested (c) A mount of (a) Name of interested person (d) Description of transaction revenues? person and the transaction organization No Emil Duda Trustee/CFO of 2,276,206 Following a competitive bid Νo Excellus, Blue Cross process, Excellus was selected Blue Shield as the health insurance carrier for Nazareth College faculty and staff for fiscal year 2010 Thomas Wilmot Trustee/Chairman of 424,088 Following a competitive bid Νo process, Wilmorite was selected Wilmorite Inc to provide Nazareth College with construction management services for certain construction projects, during fiscal year 2010 Brian Hickey Trustee/ Officer of M&T 253,144 Mr Hickey is an Officer of M&T bank The College uses M&T Bank Bank for both investment and operating account purposes 44,667 | Following a competitive Bid Sergio Esteban Trustee/President of lΝο Labella Associates, PC Process, Labella Associates was selected to act as the architects for certain projects for the College, during fiscal year 2010 Family and business Νo Judy Wilmot Linehan Chair of the Board relationship with Thomas

Wilmorite, another board member who is chariman of Wilmorite, Inc. Following a competitive bid process, Wilmorite was selected to provide Nazareth College with construction management services for certain construction projects, during fiscal year

2010

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DLN: 93493132030411

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

NonCash Contributions

Internal Revenue Service Name of the organization NAZARETH COLLEGE OF ROCHESTER

Employer identification number

16 07/2000

Pa	rt I Types of Property				16-0743088			
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of do reven	etermı	nıng	
1	Art—Works of art	аррпсавіс						
	Art—Historical treasures .							
	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	101,722	Average Cost			
10	Securities—Closely held stock $$.							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Q ualified conservation contribution—Historic structures							
14	Q ualified conservation							
	contribution—Other							
	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
	Food inventory							
20	Drugs and medical supplies .							
	Taxidermy							
	Scientific specimens							
	Archeological artifacts							
	Other (Pledges)	×	38	2,487,172	FM V			
25	Schimmel		30	2,407,172	1 1·1 V			
	Concert							
26	Other ► (Grand Piano)	Х	1	0	Financial Statement	Value)	
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received				29			0
	for which the organization compl	eted Form 8	3283, Part IV, Donee Ackr	nowledgement	29		1	0
							Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			·	d to be used			
	for exempt purposes for the enti					30a	Yes	
b	If "Yes," describe the arrangem	ent in Part I	I					
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
Ь	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Part II

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.

Ident if ier	Return Reference	Explanation
SchM_P01_S00_L30b	Schedule M, Part I, Line 30b	In the fall of 2009 the Nazareth College Department of Music received a Schimmel concert grand piano as a gift from a Nazareth community member
SchM_P01_S00_L32b	Schedule M, Part I, Line 32b	The Solstice Group was retained by Nazareth College starting in 2006 to do the preliminary study for the college's comprehensive fundraising campaign. When the campaign started in 2007, they continued as the counsel for the campaign, lending direction, support, training etc. for the president, volunteers, and campaign & development staff. The College has an annual contract with them, and pays accordingly for services used.

Schedule M (Form 990) 2009

Software ID: **Software Version:**

EIN: 16-0743088

Name: NAZARETH COLLEGE OF ROCHESTER

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Supplemental Information to Form 990

DLN: 93493132030411

OMB No 1545-0047

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number

16-0743088

Name of the organization NAZARETH COLLEGE OF ROCHESTER

ldentifier	Return Reference	Explanation
F990_P06_S0A_L01a	Form 990, Part VI, Section A, Line 1a	The Executive Committee composition consists of the Chair and Vice Chair of the Board of Trustees, the President of the College, and no few er than two and no more than four Trustees elected by the Board of Trustees. The Executive Committee shall serve for a term of one year and until their successors are elected and qualified. All Committee members are on the governing board. Scope of Authority. The Committee shall have the pow er to act when the Board is not in session, and may exercise all the powers of the Board in all matters which in the judgment of the Executive Committee shall not have the delayed until the next meeting of the Board. However, the Executive Committee shall not have the power to grant degrees, elect or remove from office any Trustee, the President or any officers of the Board, or amend, alter or repeal these Bylaws. The Executive Committee shall make a formal report of its actions, if any, to the Board at its next regular meeting.

Identifier Return Reference		Explanation						
F990_P06_S0A_L02	Form 990, Part VI, Section A, Line 2	Judy Wilmot Linehan and Thomas Wilmot have a family and business relationship						

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	The Audit Committee, a sub-committee of the governing body, reviewed the 2009 Form 990 in detail prior to its filing. The minutes of the Audit Committee meeting summarized this review, and were distributed to all trustees.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	The College annually distributes the conflict of interest policy to the trustees, officers, the assistant secretary to the Board and the Secretary to the College. The information received is complied, analyzed, maintained and monitored by the College's general counsel. All results are forwarded to the College's President, Vice President for Finance and Treasurer, and the Assistant Secretary to the Board.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L13		The College currently does not have a written whistleblower policy, however the finance staff is in the process of drafting such a policy for the College

ldentifier	Return Reference	Explanation
F990_P06_S0B_L14	Form 990, Part VI, Section B, Line 14	The College currently does not have a written document retention and destruction policy, how ever the finance staff is currently in the process of developing such a policy for the College

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The Compensation Sub-Committee, a sub-committee of the Executive Committee of the Board of Trustees, meets annually to review the President's performance as compared to the goals set forth for him from the previous fiscal year. In addition, the Sub-Committee's recommendations are submitted to the Executive Committee, excluding the President of the College, for review and endorsement. Once approved by the Executive Committee, the recommendations are considered and voted on by the full Board of Trustees in executive session. Compensation levels for the Vice Presidents of the College are determined annually by the President, with review and endorsement from the Executive Committee of the Board. Inputs include performance to annual goals, an overall assessment of significant contributions to and leadership of the College, as well as competitiveness of pay relative to comparable institutions. On a periodic basis (e.g., once every three to five years), an independent consultant is engaged to review for each Vice President, to provide competitive market information, and to recommend adjustments for consideration by the President and Executive Committee.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The College makes its governing documents, conflict of interest policy, and financial statements available to the public upon request

ldentifier	Return Reference	Explanation
SchK_P02_S00_L08	' '	This year reflects the College's fiscal year end. The construction was completed in the fall of 2008 which is included in the College's fiscal year 2009.

ldentifier	Return Reference	Explanation
SchK_P03_S00_L03c	Schedule K, Part III, Line 3c	In reference to this specific financed property, no agreements exist that would warrant the need to engage counsel

Additional Data

Software ID: Software Version:

EIN: 16-0743088

Name: NAZARETH COLLEGE OF ROCHESTER

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 17,657,628 including grants of \$ 0) (Revenue \$ 530,880)

All other program expenses, includes Student Services, Academic Support and Arts Center Student Services pertains to offices serving students including Registrar, Student Development, Center for Civic Engagement, Career Services and Enrollment Management Athletic expenses are also reflected in this category Academic support pertains to library services, Academic Advisement, the Center for International Education and the offices of the deans, among others The Arts Center is a premier presenter of world-class dance, children's theatre, and international entertainment The Arts Center houses the College's departments of Art, Music, and Theatre Arts

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	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Susan Acker Trustee	2	Х						0	0	0
Jack Allocco		· ·						0	0	0
Trustee	2	X						U	0	0
Walter Cooper Trustee	2	Х						0	0	0
James Costanza										
Trustee	2	Χ						0	0	0
Lauren Dıxon	2	Х						0	0	0
Trustee								_	_	-
Steve Dubnik Trustee	2	Х						0	0	0
Emil Duda		.,						0	0	0
Trustee	2	Х						0	0	0
Sergio Esteban Trustee	2	Х						0	0	0
Timothy Fournier Trustee	2	Х						0	0	0
Ann Marie Gulian Trustee	2	Х						0	0	0
Brian Hickey Trustee	2	Х						0	0	0
Thomas Ioele Trustee	2	Х						0	0	0
Rıchard Kaplan Trustee	2	Х						0	0	0
Don H Kollmorgen Trustee	2	Х						0	0	0
Judy Wilmot Linehan Chair of the Board	5	Х						0	0	0
Elizabeth McAnarney Trustee	2	Х						0	0	0
Kım McCluskı Trustee	2	Х						0	0	0
Mary Louise Mitchell SSJ Trustee	2	Х						0	0	0
Robert Morgan Trustee	2	Х						0	0	0
Stephen D Natapow Trustee	2	Х						0	0	0
Richard Pierpont Trustee	2	Х						0	0	0
Eileen Pinto Trustee	2	Х						0	0	0
Nancy Sands Trustee	2	Х						0	0	0
Patricia Schoelles SSJ Trustee	2	Х						0	0	0
James P Sessler Trustee	2	Х						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	Posi t	tion (hat a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Anne Sevier Buckingham Trustee	2	Х						0	0	0
Barbara Staropolı SSJ Trustee	2	Х						0	0	0
David Vigren Trustee	2	Х						0	0	0
Steve Whitman Trustee	2	Х						0	0	0
Patrıcıa Galında Wilkey Trustee	2	Х						0	0	0
Thomas Wilmot Sr Trustee	2	Х						0	0	0
Jane L Glazer Trustee	2	х						0	0	0
Lorı VanDusen Trustee	2	Х						0	0	0
Daan Braveman President and Board Member	50		Х	х				361,645	0	48,997
Sara Varhus Vice President for Academic Affairs	50			х				180,679	0	14,643
Margaret Cass Ferber Vice President for Finance and Treasurer	50			х				180,102	0	17,889
Thomas K DaRın Vıce President for Enrollment Management	50			х				142,459	0	42,885
Kelly Gagan Vice President for Institutional Advancement	50			x				144,054	0	14,351
Frederica H Amstey Interim Vice President for Student Development	50			х				81,644	0	14,801
Kevin Worthen – partial year Vice President for Student Development	50			х				57,042	0	7,910
Deborah Dooley Dean - College of Arts and Sciences	50					Х		110,895	0	15,141
Timothy Glander Dean School of Education	50					х		109,579	0	18,059
Shirley Szekeres Dean of Health and Human Services	50					Х		106,479	0	17,318
Marie O'Toole Professor	50					х		104,597	0	11,065
Gerard Zappıa Dean of Management	50					x		102,639	0	16,626

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Other Operating Expenses	3,857,916	3,297,363	301,487	259,066
Food Service	3,482,818	3,298,675	140,957	43,186
Post Retirement Benefits	2,510,180	0	2,510,180	0
Academic Course Waivers	493,600	470,910	22,690	0
Dues, memberships & subscriptions	249,448	111,236	124,175	14,037