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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

4 FO	r the 2	2009 Calend	ıaı yea	r, or tax year beginning 07-01-	-2009 and ending 00-30-20.	10	D Employer id	entification number				
_	•		ase e IRS	C Name of organization ROBERTS WESLEYAN COLLEGE								
_	iress cha	labe	el or	Doing Business As	16-0743126 E Telephone number							
_	me char	typ	nt or e. See		(585) 594-6000							
_	ial retur	Ins	ecific truc-	Number and street (or P O box if 2300 Westside Drive	ress) Room/suite	G Gross receipts						
_	minated		ns.				·					
_	ended r			City or town, state or country, an Rochester, NY 14624	d ZIP + 4							
App	olication	pending										
			F Nam John Ma	ne and address of principal offi artin	icer	H(a) Is th	is a group retur	n for ┌ Yes				
		2	2300 V	Vestside Drive		allilla	tes	j fes j• No				
		'	Roches	ter, NY 14624		l affiliates includ	·					
Ta	x-exem	pt status 🔽	501(c)	(3) ◄ (insert no)		o," attach a list ip exemption ni	(see instructions)					
		· www.rob				H(c) Grot	ip exemption in	iniber 🟲				
					<u> </u>	1		W 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	n of org rt I	Summar		ion Trust Association Other	ſ .	L Year of to	rmation 1866	M State of legal domicile NY				
				e organization's mission or mo	st significant activities							
				learners committed to histori	• •	eyan College se	eeks to prepare	thoughtful, spiritually				
3		mature, serv	vice-or	rented people who will help tra	insform society							
ao reilliaille												
2												
3			,	if the organization discontinu								
5			_	nembers of the governing body		31						
				dent voting members of the go		b)		31				
•				nployees (Part V, line 2a)				1,298				
ŧ				lunteers (estimate if necessai				92				
		_		ted business revenue from Pai	•	7	a 16,500					
	В	Net unrelate	eu Dusi	ness taxable income from Fori	Drie	r Year	Current Year					
	8	Contributio	ons and	i grants (Part VIII, line 1h)			2,072,028	1,797,116				
₫	9			revenue (Part VIII, line 2g)			31,929,764	43,859,160				
Ravenue	10			ne (Part VIII, column (A), line		269,496	-29,990					
2	11			art VIII, column (A), lines 5, (911,853	934,341				
	12			dd lines 8 through 11 (must ed	ne		·					
				<u> </u>		35,183,141	46,560,627					
	13			r amounts paid (Part IX, colur		0	10,154,556					
	14	-		r for members (Part IX, colum	_	0	0					
\$	15	Salaries, o 10)	therco	empensation, employee benefit	5-	21,816,256	21,597,524					
Expenses	16a	Profession	al fund	raising fees (Part IX, column (0	0					
ੜੇ	b	Total fundrais	sing expe	enses (Part IX, column (D), line 25)								
	17	Otherexpe	enses (Part IX, column (A), lines 11a		12,039,467	12,818,888					
	18	Total expe	nses A	Add lines 13–17 (must equal l		33,855,723	44,570,968					
	19	Revenue le	ess exp	enses Subtract line 18 from l	line 12		1,327,418	1,989,659				
ner Assers or Fund Balances							g of Current 'ear	End of Year				
7 e	20	Total asse	ts (Par	t X, line 16)			79,096,855	83,259,275				
Z 2	21			Part X, line 26)			10,050,949	10,542,120				
Ē	22			d balances Subtract line 21 fi			69,045,906	72,717,155				
Pai	t II	Signatu	re Blo	ock		•	•					
				rjury, I declare that I have examined								
		and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge										
ign		.					02-09					
lere	2	Signature	of office	:r		Date						
				P and Treasurer e and title								
	1	 	nam		Dete	Charle of	Drome verification	fung purchas				
_! -!		Preparer's signature			Date	Check if self-	Preparer's ident (see instructions					
Paid Prop	aror'o		,	· L		empolyed 🕨 🦵						
repa Jse (arer's Only	Fırm's name (ıf self-employ	ed),	· • • • • • • • • • • • • • • • • • • •			EIN ▶					
, 5 C (Jilly	address, and	ZIP + 4	r —			Dhan - · · ·					
							Phone no 🕨					
		~ J		rn with the preparer shown abo	/+			Eves ENe				

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

As a community of learners committed to historic Christianity, Roberts Wesleyan College seeks to prepare thoughtful, spiritually mature, service-oriented people who will help transform society

2	Did the organization und the prior Form 990 or 99				r which were not listed on	┌ Yes ┌ No
	If "Yes," describe these	new services on S	chedule O			
3	Did the organization ceaservices?		-			┌ Yes ┌ No
	If "Yes," describe these	changes on Sched	ule O			
4		501(c)(4) organizat	tions and secti	on 4947(a)(1) trusts	e largest program services by are required to report the amo service reported	
4a	(Code) (Expenses \$	39,045,247	ıncludıng grants of \$) (Revenue \$	43,859,160)
	,	related activities Colle	ge liberal arts edu	cation programs in the Ch	ristian tradition, to prepare student fo	
4b	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program service	s (Describe in Sch	nedule O)			
	(Expenses \$	0 inc	luding grants o	of\$	0) (Revenue \$	0)
4e	Total program service	expenses -\$	39,045,24	7		
		· · · · · · · · · · · · · · · · · · ·			<u>-</u>	E 000 (0000)

art IV	Ched	klist	of R	equire	ď	Sche	dules

	•		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		N o
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? <i>If</i> " <i>Yes," complete Schedule D, Part II</i>	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 12A No	Į	ļ	
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		Νο
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		No
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 ? <i>If "Yes," complete Schedule F, Part II</i>	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 ? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
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		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

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	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? 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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
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		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
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		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
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</i> "Yes," complete Schedule R, Part I	33		No
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	Yes	
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	Yes	
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		No
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	

Part V Statements Regarding Other IRS Filings and Tax Complia

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal		103	
	of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
Ь	If "Yes," enter the name of the foreign country ▶CJ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	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		_
5a	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	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	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
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	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?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
•	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the vear			

2300 Westside Drive Rochester, NY 14624 (585) 594-6000

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							
			Yes	No				
_								
1a -	Enter the number of voting members of the governing body 1a 31							
b	Enter the number of voting members that are independent 1b 31							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No				
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo				
6								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No				
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A , who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo				
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)							
Ne	venue code.)		Yes	No				
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο				
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b						
11								
		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 that could give rise to conflicts?	12b	Yes					
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	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	Yes					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
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 arrangement with a taxable entity during the year?	16a	Yes					
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the							
	organization's exempt status with respect to such arrangements?	16b		Νo				
	ection C. Disclosure							
17	List the States with which a copy of this Form 990 is required to be filed № NY							
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply on website. Another's website. Upon request							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	ınızatıor	ո 🕨				
	Director of Finance							

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 i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, 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	from the from related organization (W- organizations		organizations (W- 2/1099-	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 ▶6

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
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			
	ındıvıdual	4	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		Nο

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation				
Aramark Inc 2301 Westside Drive Rochester, NY 14624	Food service providers	1,723,927				
Follett Higher Education Group Store # 650 2301 Westside Drive Rochester, NY 14624	Bookstore operations	534,876				
Dixon Schwabl Advertising Inc 1595 Mosely Road Victor, NY 14564	Marketing support	400,486				
Thompson and Dilcher LLC 59 South Lake Ave Bergen, NY 14416	Construction firm	237,717				
Royall and Company 1920 E Parham Road Richmond, VA 23228	Marketing support	208,804				
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >7						

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	Form 990 (2009) Page 9									
Part \	/1111	Statement o	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		
nts ots	1a	Federated cam	paigns 1a							
gra	Ь	Membership du								
its, air	c	_	ents 1c	0						
	d e	Government grants	eations 1d s (contributions) 1e	328,948						
ons sin	, F	-		1,468,168						
Contributions, gifts, grants and other similar amounts	g		ons, gifts, grants, and 1f ot included above butions included in							
ntri doj	9	lines 1a-1f \$ _								
သင	h	Total. Add lines	s 1a-1f	🖊	1,797,116					
<u> </u>				Business Code						
Program Serwce Revenue	2a	Gross tuition and fe	ees	611,310	37,140,994	37,140,994	0	0		
æ	b	Room and Board		611,310	5,795,100	5,795,100	0	0		
MCe	c	Other student fees		611,310	923,066	923,066	0	0		
33	d									
臣	e f	All other progra	am service revenue		0	0	0	0		
္န	'				· ·	0	0			
	g 3		s 2a-2f		43,859,160					
			ome (including dividend ar amounts)	-	232,898	216,398	16,500	0		
	4		tment of tax-exempt bond p	-	0	0	0	0		
	5	Royalties	<u> </u>	▶	0	0	0	0		
			(ı) Real	(II) Personal						
	6a b	Gross Rents Less rental								
	, c	expenses Rental income	0	0						
		or (loss)	_							
	d	Net rental incol	me or (loss)	(II) O ther						
	7a	Gross amount from sales of assets other than inventory	28,472,938	0						
	Ь	Less cost or other basis and	28,735,826	0						
	c	sales expenses Gaın or (loss)	-262,888	0						
	d	Net gaın or (los	s)	►	-262,888	0	0	-262,888		
æ ne	8a	Gross income f events (not inc \$	luding 0							
Other Revenue		See Part IV, lin	а							
Ę	b c		penses b (loss) from fundraising (events						
_	9a		rom gaming activities le 19							
	b c		a penses b (loss) from gaming activ	vities						
	10a	Gross sales of returns and allo								
	b c	=	oods sold b (loss) from sales of inve	entory ►						
		Miscellaneous		Business Code						
	11a	Reimbursement	ts and other	611,310	934,341	934,341	0	0		
	b									
	С	A.II			0	2	0			
	d e		ue s 11a-11d		0	0	0	0		
	[rotal. Aud lines	, 11a-11u		934,341					
	12	Total revenue.	See Instructions	▶[46,560,627	45,009,899	16,500	-262,888		

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) and 501(c)(4) organizations mu		(D) (C)l	(D)	
	ll other organizations must complete column (A) but are not required to		ns (B), (C), and (B)	(D). C)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations				
	in the U.S. See Part IV, line 21	242,500	242,500		
2	Grants and other assistance to individuals in the			1	
	U S See Part IV, line 22	9,912,056	9,912,056		
3	Grants and other assistance to governments,			1	
	organizations, and individuals outside the U.S. See				
_	Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	829,330	292,632	380,851	155,847
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	15,719,303	13,710,156	1,757,597	251,550
8	Pension plan contributions (include section 401(k) and section	, , , , , , , , , , , , , , , , , , , ,	. ,		· · ·
	403(b) employer contributions)	504,339	439,877	56,391	8,071
9	Other employee benefits	3,135,259	2,479,145	584,840	71,274
10	Payroll taxes	1,409,293	1,196,227	179,523	33,543
11	Fees for services (non-employees)				
а	Management				
b	Legal	39,207		26,330	12,877
c	Accounting	30,580		30,580	
d	Lobbying	32,000			32,000
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	919,503	858,110	31,452	29,941
12	Advertising and promotion	959,969	587,915	359,268	12,786
13	Office expenses	895,176	659,548	189,157	46,471
14	Information technology	693,459	106,913	586,546	0
15	Royalties				
16	Occupancy	2,126,745	1,938,935	171,386	16,424
17	Travel	790,602	622,881	134,390	33,331
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	153,097	123,757	28,294	1,046
20	Interest	243,839	243,839		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,491,045	2,365,553	112,662	12,830
23	Insurance	340,741	323,287	15,046	2,408
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	A cademic costs, books, etc	2,338,701	2,240,315	96,333	2,053
b	Equipment and other	258,519	195,896		50,699
c	Bad debt expense	393,527	393,527	0	0
d	Tuition waivers	112,178	112,178	0	0
e			,		<u>-</u> _
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	44,570,968	39,045,247	4,752,570	773,151
26	Joint costs. Check here ► ☐ If following SOP 98-2	11,570,500	33,043,247	1,732,370	,,,,,,,,
20	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			0	1	0
	2	Savings and temporary cash investments			5,999,503	2	7,842,715
	3	Pledges and grants receivable, net			1,337,875	3	1,313,199
	4	Accounts receivable, net			2,582,713	4	2,855,406
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	s, key	employees, and			
		Schedule L			0	5	0
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of		4958(f)(1)) and			
		Schedule L			0	6	0
Assets	7	Notes and loans receivable, net		3,626,019	7	3,705,648	
SS	8	Inventories for sale or use			93,530	8	86,920
4	9	Prepaid expenses and deferred charges			393,012	9	447,354
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	80,407,966			
	ь	Less accumulated depreciation	10b	30,189,578	50,340,468	10 c	50,218,388
	11	Investments—publicly traded securities			9,172,340	11	11,786,443
	12	Investments—other securities See Part IV, line 11		4,655,498	12	4,074,864	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11		•	895,897	15	928,338
	16	Total assets. Add lines 1 through 15 (must equal line 34)			79,096,855	16	83,259,275
	17	Accounts payable and accrued expenses .		2,030,574	17	2,042,619	
	18	Grants payable	2,348,097	18	2,622,163		
	19	Deferred revenue	1,445,506	19	1,241,202		
	20	Tax-exempt bond liabilities			0	20	0
je s	21	Escrow or custodial account liability Complete Part IV of Schedul	0	21	0		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ï		persons Complete Part II of Schedule L		•	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			741,551	23	641,567
	24	Unsecured notes and loans payable to unrelated third parties			6,000	24	6,000
	25	Other liabilities Complete Part X of Schedule D			3,479,221	25	3,988,569
	26	Total liabilities. Add lines 17 through 25			10,050,949	26	10,542,120
Balances		Organizations that follow SFAS 117, check here ► $\overline{\checkmark}$ and comp through 29, and lines 33 and 34.	lete li	nes 27			
ลม	27	Unrestricted net assets			61,980,771	27	65,458,992
<u>В</u>	28	Temporarily restricted net assets			1,409,592	28	1,323,516
됟	29	Permanently restricted net assets		5,655,543	29	5,934,647	
or Fund		Organizations that do not follow SFAS 117, check here ► ☐ an lines 30 through 34.	d com	plete			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			69,045,906	33	72,717,155
_	34	Total liabilities and net assets/fund balances			79,096,855	34	83,259,275

Part XI Financial Statements and Reporting

			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		No
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 Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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)

Employer identification number

OMB No 1545-0047

OMB No 1545-004

2009

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

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.

Name of the organization ROBERTS WESLEYAN COLLEGE

16-0743126 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,

and (III) below, the governing body of the the supported organization?	11g(i)	
(ii) a famıly member of a person descrıbed ın (ı) above?	11g(ii)	
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
Provide the following information about the supported organization(s)		

Since August 17, 2006, has the organization accepted any gift or contribution from any of the

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)

(i) Name of supported organization	(ii) EIN		(iv) Is the organization in col (i) listed in your governing document?		organizat col (i) of	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?	
			Yes	No	Yes	No	Yes	No	
 Total									

check this box

h

following persons?

Yes No

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	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	ation 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						
	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 been	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

DLN: 93493042015011

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

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.

Open to Public

Internal Revenue Service 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 ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number ROBERTS WESLEYAN COLLEGE 16-0743126 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? □ No Was a correction made? Yes **4a** If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments 5 were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(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	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election
	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	ppinion (grass roots lob	bying)			
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					

Celection under section 501(h)). Celection under section 501(h)). Celection under section 501(h)). Celection under section 501(h) Celection under section 501(h) Celection under section 501(h) Celection under section 501(h) Celection 501(h) Ce		edule C (Form 990 or 990-EZ) 2009 rt II-B Complete if the organization is exempt under section 501(c)(3) and has N	OT fi	led F	orm		age 3 R
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 Volunteers?	F CI				-		
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b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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? 5 Taxable amount of lobbying and political expenditures (see instructions) 5 Part IV Supplemental Information 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	_		2a				
a Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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? Taxable amount of lobbying and political expenditures (see instructions) 5	_	·					
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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? 5 Taxable amount of lobbying and political expenditures (see instructions) 5 Part IV Supplemental Information 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	c	•					
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? 5 Taxable amount of lobbying and political expenditures (see instructions) 5 Part IV Supplemental Information 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	3						
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 5 Part IV Supplemental Information 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 1, Also, complete this part for any additional information							
Part IV Supplemental Information 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 1, Also, complete this part for any additional information	•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	4				
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	5	Taxable amount of lobbying and political expenditures (see instructions)	5				
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	Pa	art IV Supplemental Information					
	Со	mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and	l Part	II-B, lın	e 1ı		
	Als		_				

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DLN: 93493042015011

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

ernal F	Revenue Service	► Attach to Fo	orm 990. 🟲 See separate instructions.		Inspecti	on
	e of the organ			Emp	loyer identification number	
ROBE	RTS WESLEYAN C	OLLEGE		16-0	0743126	
Par	t I Organ	izations Maintaining Donor Ac	dvised Funds or Other Similar F			e if the
		zation answered "Yes" to Form 99	0, Part IV, line 6.	1	·	
			(a) Donor advised funds	((b) Funds and other accoun	ts
	Total number a	·				
		tributions to (during year)				
		nts from (during year)				
	Aggregate valu	e at end of year				
	_		sors in writing that the assets held in don organization's exclusive legal control?	or advı	sed Yes	∏ No
	used only for c	<u>-</u> , , , , , , , , , , , , , , , , , , ,	donor advisors in writing that grant funds efit of the donor or donor advisor, or for ai			∏ No
ar	Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes" t	o Forn	n 990, Part IV, line 7.	
	Preservati Protection Preservati	of natural habitat	on or pleasure) Preservation of an	certified	d historic structure	
	easement on tl	he last day of the tax year	ı		Г	
	T - b - 1 b	6			Held at the End of the	rear
_		of conservation easements		2a		
	_	restricted by conservation easements		2b		
_		servation easements on a certified his	, ,	2c		
d	Number of con	servation easements included in (c) ac	equired after 8/1//06	2d		
		servation easements modified, transfe ar 🛌	rred, released, extinguished, or terminate	d by th	ne organization during	
ļ	Number of stat	es where property subject to conserva	ition easement is located ►			
i		nization have a written policy regarding f the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of	violations, and Yes	┌ No
,	Staff and volun	iteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents du	uring the year 🟲	
•	A mount of exp	enses incurred in monitoring, inspectii	ng, and enforcing conservation easements	s during	g the year ► \$	
		servation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	☐ Yes	┌ No
	balance sheet,	- · · · · · · · · · · · · · · · · · · ·	onservation easements in its revenue and he footnote to the organization's financial nents	•	•	
art			ns of Art, Historical Treasures, Yes" to Form 990, Part IV, line 8.	or Otl	her Similar Assets.	
	art, historical t	reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researd ancial statements that describes these it	ch in fu		
_	historical treas	,	116, to report in its revenue statement a public exhibition, education, or research i		•	
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1			▶ \$	
	(ii) Assats inc	luded in Form 990, Part X				
		·	orical treasures, or other similar assets fo	or finan		
	_	nts required to be reported under SFA	· · · · · · · · · · · · · · · · · · ·		ga, p. 0 . 100 tilo	
а	Revenues incli	uded in Form 990, Part VIII, line 1			▶ \$	

b Assets included in Form 990, Part X

3	Using the organization's accession and othe					•					ontinued)
	items (check all that apply)				-	-					
а	Public exhibition		d	J L	oan or ex	change progr	ams				
b	Scholarly research		e	Г о	ther						
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	w they fu	ırther the	e organization	's e>	cempt purpo	se in		
5	During the year, did the organization solicit							nılar	_		 .
Dar	assets to be sold to raise funds rather than to the transfer transfer transfer transfer transfer to be sold to raise funds rather than to the transfer transfer transfer to be sold to raise funds rather than to the transfer trans				_			'oc" to For		Yes	No
Fell	Part IV, line 9, or reported an an					uli aliswelet	и I	es to roii	11 990	, 	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					s or other ass	ets	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ing tabl	е	Г		I	A mou	ınt.	
_	B					-	1c		Amot	inc	
c d	Beginning balance						1d				
	Additions during the year					 					
e •	Distributions during the year						1e				
.'	Ending balance					L	1f				
2a	Did the organization include an amount on Fo		e 217						J	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV				"\\ " +-	- Faura 000	D	-t T) / 1			
Рa	rt V Endowment Funds. Complete	(a)Current Year		Nerea Prior Ye) FORM 990, :)Two Years Back				N Egur Y	ears Back
1a	Beginning of year balance	13,319,345	(1	•	52,619	.jiwo ieais back	10	Jimee rears L	ack (e	yr our r	ears back
ь	Contributions	233,368		•	3,408		+				
c	Investment earnings or losses	1,498,189			38,368		+				
d	Grants or scholarships	701,950			28,828		+				
e	Other expenditures for facilities	126,610			99,486						
	and programs										
f	Administrative expenses	0			0						
g	End of year balance	14,222,342		13,31	19,345						
2	Provide the estimated percentage of the yea	r end balance held a	as								
а	Board designated or quasi-endowment 🕨	50 % %									
b	Permanent endowment ► 50 % %										
С	Term endowment ► 0 % %										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	that are	held and	l admınıstered	l for	the			
	organization by							F		Yes	No
	(i) unrelated organizations						٠	-	3a(i)		No
	(ii) related organizations						•		3a(ii)	<u> </u>	N o
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second or the secon	•					•		3b		<u> </u>
	t VI Investments—Land, Buildings					Dart V June	10				
ı (c	TWI Investments—Land, Buildings	s, and Equipme	III. 3		st or other			(a) Assumula	tad		
	Description of investment				ivestment)			(c) Accumula depreciatio		(d) Bo	ok value
1a	Land			0 2,007,409							2,007,409
						. 1	834	10.22	7 020 1		
b	Buildings		•		(60,216,	,054	18,237	,036	4	1,979,796
	Buildings					0 60,216,	0	18,23	0	4	
c	•		•		(0	10,04:	0		1,979,796 0 4,081,052
c d	Leasehold improvements				(0	0 ,898	10,04	0		0

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
Financial derivatives	3,272,017	
Closely-held equity interests	13,000	С
Other Cash surrender value of life insurance	789,847	F
	122,211	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	.,,	
Part VIII Investments—Program Related. See	Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation
	· ·	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, lin	ne 15.	_
(a) Descrip	tion	(b) Book value
Contributions receivable split int agrmts		252,599
Due from Northeastern Seminary		675,739
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		928,338
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	0	
PV of annuities payable	1,978,802	
Interest rate swap liability	841,830	
Asset retirement obligation	1,167,937	
ı		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	46,560,627
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	44,570,968
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,989,659
4	Net unrealized gains (losses) on investments	4	1,395,37
5	Donated services and use of facilities	5	(
6	Investment expenses	6	(
7	Prior period adjustments	7	(
8	Other (Describe in Part XIV)	8	286,217
9	Total adjustments (net) Add lines 4 - 8	9	1,681,590
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,671,249
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Retu	ırn
1	Total revenue, gains, and other support per audited financial statements	1	38,087,66
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-8,516,68
3	Subtract line 2e from line 1	3	46,604,344
4	A mounts 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 0		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-43,717
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	46,560,627
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	34,416,412
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities]	
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d -10,154,556	1 1	
e	Add lines 2a through 2d	2e	-10,154,556
3	Subtract line 2e from line 1	3	44,570,968
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 0	1 1	
b	Other (Describe in Part XIV)]	
С	Add lines 4a and 4b	4c	(
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	44,570,968

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

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.

additional information		
Ident if ier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The College's endowment funds are used to fund scholarships to our students according to the terms of each individual endowed fund agreement. The college uses a five percent spending rate on a three year moving average of the endowment market value.
SchD_P10_S00_L00	Schedule D, Part X	Roberts Wesleyan College is a not-for-profit corporation exempt from income taxes as an organization qualified under Section 501(c)(3) of the Internal Revenue Code Roberts Wesleyan College has also been classified as an organization that is not a private foundation CGRI is a for-profit corporation organized under Section 402 of the New York State Business Corporation Law The College has adopted ASC Section 740, which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. For tax-exempt entities, their tax-exempt status itself is deemed to be an uncertainty, since events could potentially occur to jeopardize their tax-exempt status. ASC Section 740 provides guidance on derecognition, classification, interest and penalties, accounting in interim periods, disclosures, and transition. The College adopted the provisions of ASC Section 740 on July 1, 2009 and there was no impact on the consolidated financial statements. At the date of adoption and as of June 30, 2010, the College did not have a liability for unrecognized tax benefits. The College files tax returns in the U.S. federal jurisdiction. The College is no longer subject to U.S. federal tax examinations by tax authorities for years through 2006.
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Change in value to split interest agreements \$286,217
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Institutional aid netted against gross tuition revenues
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Transfer to 501(c)(3) affiliate \$242,500, change value of split interest agreements -\$286,217, Institutional student aid netted against tuition income -\$9,912,056
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Institutional aid netted against gross tuition income in financial statements and \$242,500 transferred to Northeastern Seminary

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

ROBERTS WESLEYAN COLLEGE

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

	16-0/43126			
			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	
	Roberts Wesleyan College complies with all applicable non-discrimination laws and is committed to the enhancement of human dignity and workplace diversity. This is advertised in employment related ads and on our website at www roberts edu			
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	
С	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		No
b	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	o 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
62	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	,	No
7	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 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form	7	Yes	
	ann	'	l i es	

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General Information on Grants and Assistance

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

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

Attach to Form 990

OMB No 1545-0047

2009

DLN: 93493042015011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Name of the organization
ROBERTS WESLEYAN COLLEGE

Attach to Form 990 Inspection
Employer identification number

16-0743126

Does the organization mathe selection criteria useDescribe in Part IV the o	d to award the grants o	rassistance?		·	•	•	✓ Yes N
Form 990, Part 1	V, line 21 for any re	Governments and ecipient that received) if additional space	d more than \$5,000.	. Check this box if n	o one recipient rece	ived more than \$5,0	000. 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
Northeastern Seminary2265 Westside Drive Rochester, NY 14624	161554414	501(c)(3)	242,500				O perating support for Northeastern Seminary per Roberts Wesleyan Board of Trustees

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

 ______1

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
Scholarships	1950		1 9912056	Determined by date of enrollment	Scholarship assistance to students which reduce net amount payable to the College
See Additional Data Table					

Part IV Supple	emental Information. Comp	lete this part to provide the information required in Part I, line 2, and any other additional information.
Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	The college offers scholarship assistance to students based on financial need, academic merit, or a combination thereof Some of these scholarships are funded via endowed funds or annual gift income. Need based awards are based on expected family contribution towards the cost of education as determined by the FAFSA for each year.
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efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information**

DLN: 93493042015011

OMB No 1545-0047

Employer identification number

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

ROE	ERTS WESLEYAN COLLEGE	16-0743126				
Pa	rt I Questions Regarding Compensation		10-0743120			
					Yes	Νο
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to		•			
	First-class or charter travel	~	Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	~	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement orprovision of all the expenses describ			1b	Yes	
2	Did the organization require substantiation prior to reli officers, directors, trustees, and the CEO/Executive D			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee Independent compensation consultant Form 990 of other organizations		ly Written employment contract			
4	During the year, did any person listed in Form 990, Pa or a related organization	rt V I	I, Section A, line $f 1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	ymeı	nt?	4a		No
Ь	Participate in, or receive payment from, a supplementa	ıl nor	nqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-base	ed co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde tl	he applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of					
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, lin compensation contingent on the net earnings of	ie 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	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 A, lippayments not described in lines 5 and 6? If "Yes," des			7		No
8	Were any amounts reported in Form 990, Part VII, pai subject to the initial contract exception described in R in Part III		•	8		No
9	If "Yes" to line 8, did the organization also follow the re	ebutt	able presumption procedure described in Regulations			

section 53 4958-6(c)?

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 (i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(I) (II)	211,888 0	0		9,890 0	79,529 0	301,307 0	0
	(ı) (ıı)	139,569 0	0	0	7,283 0	24,303 0	171,155 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	Return Reference	Explanation
	Part I, Line 1a	The College President's spouse is considered a key representative of the college and therefore travel costs related to certain official college related meetings are covered for her. The College President resides in college provided housing which also serves as a place for meeting with college guest, student, donors, and alumni at various times. Also, the college does pay dues for the President for one major club in the Rochester, New York area to provide quality, off-campus meeting venues. Only individuals, not organizations, are allowed to join this club. The President uses this membership entirely for college related business.
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	Individual cabinet members are eligible to participate in a non-qualified salary deferral plan under section 457(b) of the IRS code

Schedule J (Form 990) 2009

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DLN: 93493042015011

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Open to Public Inspection

Name of the organization **Employer identification number** ROBERTS WESLEYAN COLLEGE 16-0743126 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 No 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 (b) Loan to (e) In Approved (g)Written or from the (a) Name of interested person and (c)Original default? by board or agreement? (d)Balance due organization? principal amount purpose committee? Yes From Yes Tο Yes Nο No

Total									•	\$,			- 1	
	_											ㅗ	_	

Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person

(b) Relationship between interested person

(c)A mount of grant or type of assistance

and the organization

Scholarship aid is given to all employee dependents who are academically qualified

Various Employees

Business Transactions Involving Interested Persons.

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

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) A mount of transaction

(d) Description of transaction

(e) Sharing of organization's revenues?

No Yes

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DLN: 93493042015011

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

2009

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

Open to Public Inspection

Name of the organization
ROBERTS WESLEYAN COLLEGE

16-0743126

Employer identification number

ldentifier	Return Reference	Explanation
F990_P01_S00_L05	Form 990, Part I, Line 5	This number reflects W-2 issued, which overstates the number of employee for the College Total employee headcount for FY 2009-10 was 470 plus an additional 350 student workers for an employee count of about 820
F990_P01_S00_L09	Form 990, Part I, Line 9	Institutional aid had been netted against gross tuition in previous year reports. Our auditors had suggested that this should be shown as an expense. Accordingly, program revenues and expenses appear to be higher on a year over year basis.
F990_P01_S00_L13	Form 990, Part I, Line 13	Institutional aid had been netted against gross tuition in previous year reports. Our auditors had suggested that this should be shown as an expense. Accordingly, program revenues and expenses appear to be higher on a year over year basis.
F990_P01_S00_L18	Form 990, Part I, Line 18	Institutional aid had been netted against gross tuition in previous year reports. Our auditors had suggested that this should be shown as an expense. Accordingly, program revenues and expenses appear to be higher on a year over year basis.
F990_P05_S00_L07g	Form 990, Part V, Line 7g	No contributions of qualified intellectual property were received by the organization
F990_P05_S00_L07h	Form 990, Part V, Line 7h	No contributions of cars, boats, or other vehicles were received by the organization
F990_P06_S0A_L02	Form 990, Part VI, Section A, Line 2	David Hoselton owns Hoselton Auto Mall and may, from time to time, sell vehicles with a great number of individuals, including board members of the College Also, Mary Perna works as an independent contractor for another Trustee
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	A draft copy of the form 990 is reviewed by local members of the Business Affairs Committee The full Board receives a copy of the 990 in PDF format prior to filigh with time allowed for questions, if applicable

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	, , ,	The SVP & Treasurer solicits conflicts of interest statement from Board members and key employees on an annual basis

F990_P06_S0B_L13 Form 990, Part VI, Section B, Line 13 The college had a draft whistle-blower policy, however there were some minor revisions in process such that an approved "Final" policy was not in place at the end of the reporting period F990 P06 S0B L15 Form 990, Part VI, Section B, Line 15 The Board's compensation committee reviews all key employee salary in conjunction with the VP of Administration and using benchmarking data from both local and national pay databases F990 P06 S0C L19 Form 990, Part VI, Section C, Line 19 Such documents are currently available upon request Financial Statements are also available via College website and NACUBO's website F990 P09 S00 L02 Form 990, Part IX, Line 2 In previous years, institutional aid was netted against gross tuition income. Our auditors had suggested that more typically, colleges show institutional aid as an expense. This accounts for the significant jump in both income and expense shown this year F990 P10 S00 L25 Form 990, Part X, Line 25 Liabilities related to CRUT's held by another entity but for which Roberts Wesleyan was the plan trustee had been moved to reflect the correct balances for the prior year. These resulted in an increase in the net liability, offset by a decrease to the temporarily and permanently restricted net assets F990 P10 S00 L28 Form 990, Part X, Line 28 Liabilities related to CRUT's held by another entity but for which Roberts Wesleyan was the plan trustee had been moved to reflect the correct balances for the prior year These resulted in an increase in the net liability, offset by a decrease to the temporarily and permanently restricted net assets F990 P10 S00 L29 Form 990, Part X, Line 29 Liabilities related to CRUT's held by another entity but for which Roberts Weslevan was the plan trustee had been moved to reflect the correct balances for the prior year. These resulted in an increase in the net liability, offset by a decrease to the temporarily and permanently restricted net assets Cat No 51056K Schedule O (Form 990) 2009

For Paperwork Reduction Act Notice, see the Instructions for Form 990

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DLN: 93493042015011

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Rochester, NY 14624 16-1583317

Related Organizations and Unrelated Partnerships

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

Name of the organization ROBERTS WESLEYAN COLLEGE

Employer identification number

16-0743126

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

(a)
Name, address, and EIN of disregarded entity

Primary activity

Legal domicile (state or foreign country)

Total income

End-of-year assets

(f) Direct controlling entity

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

(a) Name, address, and EIN of related	(b) I organization Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Northeastern Seminary					
2265 Westside Drive	Seminary-graduate or programs in Divinity	ourse NY	501(c)(3)	2	N/A
Rochester, NY 14624 16-1554414	programs in Divinity				
Housing Development Foundation Inc					
2301 Westside Drive	Housing for college students	NY	501(c)(3)	9	N/A

(c)

(j)

Yes

No

(h)

Yes

No

(i)

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	e 3
	because it had one or more related organizations treated as a partnership during the tax year.)	

(e) (d) Direct controlling **(f)** Share of total income Disproprtionate Code V-UBI (b) Legal General or (a) (g) Predominant income Primary activity allocations? amount in box 20 of managing Name, address, and EIN of domicile Share of end-of-year (related, unrelated, related organization (state or entity assets Schedule K-1 partner? excluded from tax (Form 1065) foreign under sections 512country) 514)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
College Greene Residences Inc 2301 Westside Drive Rochester, NY14624 16-1360689	Retirement community	NY	N/A	С	23,015	325,019	1 00 %

Yes

Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)	
Note.	omplete line 1 if any entity is listed in Parts II, III or IV	

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

- Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to other organization(s)
- **c** Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- **f** Sale of assets to other organization(s)
- Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- Reimbursement paid by other organization for expenses
- **q** Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

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

(b) (c) Transaction Name of other organization Amount involved type(a-r) (1) College Greene Residences Inc 16,500 a-ı

- (1) See Additional Data Table
- (2)
- (3) (4)
- (5)
- (6)

1a	Yes	
1b	Yes	
1 c		No
1 d	Yes	
1e		No
1f		No
1 g		No
1h		No
1i	Yes	
1j	Yes	
1k	Yes	
11		No
1m	Yes	
1n	Yes	
10	Yes	
1p	Yes	
1q	Yes	
1r	Yes	
_		

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Software ID: Software Version:

EIN: 16-0743126

Name: ROBERTS WESLEYAN COLLEGE

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

Compensated Employees, and	Independ	Jeni C	Onti	acı	.013			ı		
(A) Name and Title	(B) Average hours		(C tion (hat a	ched				(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
Allen Hawn Board Member	2	X						0	0	0
Caryl Wenzke Board Member	2	X						0	0	0
Chung Kım Board Member	2	X						0	0	0
Daniel Wolfe Board Member	2	X						0	0	0
David Rinker Board Member	2	X						0	0	0
David Hoselton Board Member	2	X						0	0	0
David Lascell Board Member	2	Х						0	0	0
Deborah Schmidt Board Member	2	X						0	0	0
Duncan O Dwyer Board Member	2	X						0	0	0
George Grace Board Member	2	x						0	0	0
Gılbert Chang Board Member	2	X						0	0	0
John Cooke Board Member	2	X						0	0	0
Joshua Bouk Board Member	2	X						0	0	0
Lesley Perry Board Member	2	X						0	0	0
Lorne Jackson Chair	2	X		Х				0	0	0
Mary Richards Board Member	2	X						0	0	0
Mary Perna Board Member	2	X						0	0	0
Norman Leenhouts Board Member	2	Χ						0	0	0
Paul Lysander Board Member	2	X						0	0	0
Paul Crowell Secretary	2	X		X				0	0	0
Randolph Henderson Jr Board Member	2	X						0	0	0
Richard Snyder Board Member	2	X						0	0	0
Robert Smith Board Member	2	X						0	0	0
Roy King Board Member	2	X						0	0	0
Stephen Pelton Board Member	2	Х						0	0	0

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

SVP- Advancement

Compensated Employee	s, and independ	uent v	COIIC	acı	.013					
(A) Name and Title	(B) A verage hours		(tion (that a			II		(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
Steven von Berg Board Member	2	Х						0	0	0
Terry Taber Vice Chair	2	X						0	0	0
John Martin President	40			Х				211,888	0	20,344
James Cuthbert Sr VP & Treasurer	40			Х				140,550	0	7,158
Robert Zwier Provost	40					X		139,569	0	34,586
Nelson Hill Academic Dean	40					X		102,657	0	5,063
Gary Walsh SVP- Advancement	40					Х		136,757	0	5,356