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# Short Form

## Return of Organization Exempt From Income Tax

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

OMB No 1545-1150

2010

Open to Public  
Inspection

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form  
► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable	C Name of organization <b>GREATER ROCHESTER ADVOCATES FOR UNIVERSITIES &amp; COLLEGES</b>		D Employer identification number <b>36-3517407</b>
<input type="checkbox"/> Address change	Number and street (or P.O. box, if mail is not delivered to street address) <b>851 30TH AVE SE</b>		E Room/suite <b>507-281-7786</b>
<input type="checkbox"/> Name change	City or town, state or country, and ZIP + 4 <b>ROCHESTER, MN 55904</b>		F Group Exemption Number ►
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

G Accounting Method:  Cash  Accrual Other (specify) ►

I Website: ► [WWW.GRAUC.ORG](http://WWW.GRAUC.ORG)

J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **32,259.**

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

Check if the organization used Schedule O to respond to any question in this Part I

	Revenue	Expenses	Net Assets
1 Contributions, gifts, grants, and similar amounts received			1 <b>31,597.</b>
2 Program service revenue including government fees and contracts			2
3 Membership dues and assessments			3
4 Investment income			4
5a Gross amount from sale of assets other than inventory	5a		
b Less: cost or other basis and sales expenses	5b		
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c
6 Gaming and fundraising events			
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		of contributions	
c Less: direct expenses from gaming and fundraising events	6b		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c
8 Other revenue (describe in Schedule O)			8 <b>662.</b>
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9 <b>32,259.</b>
10 Grants and similar amounts paid (list in Schedule O)			10
11 Benefits paid to or for members			11
12 Salaries, other compensation, and employee benefits			12 <b>17,822.</b>
13 Professional fees and other payments to independent contractors			13 <b>18,113.</b>
14 Occupancy, rent, utilities, and maintenance			14 <b>104.</b>
15 Printing, publications, postage, and shipping			15
16 Other expenses (describe in Schedule O)			16 <b>5,701.</b>
17 Total expenses. Add lines 10 through 16			17 <b>41,740.</b>
18 Excess or (deficit) for the year (Subtract line 17 from line 9)			18 <b>&lt;9,481. &gt;</b>
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19 <b>183,946.</b>
20 Other changes in net assets or fund balances (explain in Schedule O)			20 <b>0.</b>
21 Net assets or fund balances at end of year. Combine lines 18 through 20			21 <b>174,465.</b>

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

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02-02-11

G8  
21

11430511 133334 2734761

1 2010.03050 GREATER ROCHESTER ADVOCATES 27347611

**GREATER ROCHESTER ADVOCATES FOR  
UNIVERSITIES & COLLEGES**

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**Part II Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	183,824.	22 173,621.
23	Land and buildings		23
24	Other assets (describe in Schedule O)	136.	24 1,034.
25	Total assets	183,960.	25 174,655.
26	Total liabilities (describe in Schedule O)	14.	26 190.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	183,946.	27 174,465.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses  
(Required for section  
501(c)(3) and 501(c)(4)  
organizations and section  
4947(a)(1) trusts; optional  
for others.)

**28 SEE SCHEDULE O**

(Grants \$  ) If this amount includes foreign grants, check here ►  28a 11,414.

**29 SEE SCHEDULE O**

(Grants \$  ) If this amount includes foreign grants, check here ►  29a 8,969.

**30 SEE SCHEDULE O**

(Grants \$  ) If this amount includes foreign grants, check here ►  30a 4,620.

**31 Other program services (describe in Schedule O) SEE SCHEDULE O**

(Grants \$  ) If this amount includes foreign grants, check here ►  31a 2,174.

**32 Total program service expenses (add lines 28a through 31a)**

► 32 27,177.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MONA PERMANN 851 30TH AVE SE, ROCHESTER, MN 55904	EXECUTIVE ASSISTANT 20.00	17,822.	0.	0.
JIM CLAUSEN 851 30TH AVE SE, ROCHESTER, MN 55904	EXECUTIVE DIRECTOR 1.00	0.	0.	0.
GARY SMITH 851 30TH AVE SE, ROCHESTER, MN 55904	PAST CHAIR 1.00	0.	0.	0.
DAN CHRISTIANSON, JD 851 30TH AVE SE, ROCHESTER, MN 55904	CHAIR 1.00	0.	0.	0.
TIM WEIR 851 30TH AVE SE, ROCHESTER, MN 55904	VICE CHAIR 1.00	0.	0.	0.
MIKE GOOD 851 30TH AVE SE, ROCHESTER, MN 55904	SECRETARY-TREASURER 1.00	0.	0.	0.
AARON BENIKE 851 30TH AVE SE, ROCHESTER, MN 55904	BOARD MEMBER 0.25	0.	0.	0.
GAIL DENNISON 851 30TH AVE SE, ROCHESTER, MN 55904	BOARD MEMBER 0.25	0.	0.	0.
GUY FINNE 851 30TH AVE SE, ROCHESTER, MN 55904	BOARD MEMBER 0.25	0.	0.	0.
DENNIS HANSON 851 30TH AVE SE, ROCHESTER, MN 55904	BOARD MEMBER 0.25	0.	0.	0.
JAY HESLEY 851 30TH AVE SE, ROCHESTER, MN 55904	BOARD MEMBER 0.25	0.	0.	0.
LEIGH JOHNSON 851 30TH AVE SE, ROCHESTER, MN 55904	BOARD MEMBER 0.25	0.	0.	0.

032172  
02-02-11

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**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O Yes  No   
33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) Yes  No   
34 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. Yes  No a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? Yes  No   
35a b If "Yes," has it filed a tax return on Form 990-T for this year? Yes  No   
35b 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Yes  No   
36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0. Yes  No b Did the organization file Form 1120-POL for this year? Yes  No   
37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Yes  No   
38a b If "Yes," complete Schedule L, Part II and enter the total amount involved Yes  No 39 Section 501(c)(7) organizations. Enter: Yes  No a Initiation fees and capital contributions included on line 9 Yes  No   
39a b Gross receipts, included on line 9, for public use of club facilities Yes  No   
39b 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: Yes  No section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0. Yes  No b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Yes  No   
40b c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Yes  No   
40c d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization Yes  No   
40d e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Yes  No   
40e 

41 List the states with which a copy of this return is filed. ► MN

42a The organization's books are in care of ► MONA PERMANN Telephone no. ► 507-280-5512  
Located at ► 851 30TH AVE SE, ROCHESTER, MN ZIP + 4 ► 55904b 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)? Yes  No   
42b 

If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► Yes  No   
42c 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes  No   
43  N/A44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes  No   
44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes  No   
44b c Did the organization receive any payments for indoor tanning services during the year? Yes  No   
44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Yes  No   
44d

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3)

organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI 

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

	Yes	No
47		X
48		X
49a		X
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

►  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

► *Yvonne Permann, Executive Assistant* 5/13/11  
Signature of officer

► Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name DAN EDWARDS	Preparer's signature Dan Edwards	Date 5/12/11	Check <input type="checkbox"/> if self-employed	PTIN P00043974
	Firm's name ► RSM MCGLADREY, INC.			Firm's EIN ► 41-1944416	
	Firm's address ► 310 BROADWAY AVENUE S, SUITE 300 ROCHESTER, MN 55904			Phone no. 507.288.5363	

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No032174  
03-04-11

Form 990-EZ (2010)

**SCHEDULE A**  
(Form 990 or 990-EZ)

## Public Charity Status and Public Support

OMB No 1545-0047

2010

**Open to Public  
Inspection**

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.**

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

TER, ROCHESTER, ADVOCATES, FOR

Name of the organization	GREATER ROCHESTER ADVOCATES FOR UNIVERSITIES & COLLEGES	Employer identification number
		36-3517407

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

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

3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)

6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

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

**h** Provide the following information about the supported organization(s).

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

I H A F

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

**Schedule A (Form 990 or 990-EZ) 2010**

## GREATER ROCHESTER ADVOCATES FOR

Schedule A (Form 990 or 990-EZ) 2010 UNIVERSITIES &amp; COLLEGES

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	73,056.	93,184.	88,950.	73,800.	31,597.	360,587.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	73,056.	93,184.	88,950.	73,800.	31,597.	360,587.
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)						199,516.
6 Public support. Subtract line 5 from line 4						161,071.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	73,056.	93,184.	88,950.	73,800.	31,597.	360,587.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	303.	464.	2,804.	1,579.	662.	5,812.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						366,399.
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	43.96	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	24.29	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	16	%

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

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

►

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

►

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization **GREATER ROCHESTER ADVOCATES FOR  
UNIVERSITIES & COLLEGES** Employer identification number **36-3517407**

### FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

<u>DESCRIPTION OF OTHER REVENUE:</u>	<u>AMOUNT:</u>
<u>INTEREST INCOME</u>	<u>662.</u>

### FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:

<u>DESCRIPTION OF EXPENSES:</u>	<u>AMOUNT:</u>
<u>DEPRECIATION</u>	<u>104.</u>

### FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

<u>DESCRIPTION OF OTHER EXPENSES:</u>	<u>AMOUNT:</u>
<u>LICENSES AND PERMITS</u>	<u>25.</u>
<u>INSURANCE</u>	<u>310.</u>
<u>BANK CHARGES</u>	<u>179.</u>
<u>MEMBERSHIP FEES AND DUES</u>	<u>939.</u>
<u>OFFICE OPERATIONS</u>	<u>1,186.</u>
<u>OUTREACH</u>	<u>728.</u>
<u>PAYROLL TAXES</u>	<u>1,481.</u>
<u>PUBLIC INFO &amp; COMMUNICATIONS</u>	<u>25.</u>
<u>TRAVEL</u>	<u>128.</u>
<u>ADVERTISING</u>	<u>600.</u>
<u>MEALS</u>	<u>100.</u>
<u>TOTAL TO FORM 990-EZ, LINE 16</u>	<u>5,701.</u>

### FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
<u>OTHER DEPRECIABLE ASSETS</u>	<u>136.</u>	<u>1,034.</u>

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization	GREATER ROCHESTER ADVOCATES FOR UNIVERSITIES & COLLEGES	Employer identification number 36-3517407
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### FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
<u>ACCOUNTS PAYABLE AND ACCRUED EXPENSES</u>	<u>14.</u>	<u>190.</u>

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO OPERATE EXCLUSIVELY FOR  
CHARITABLE AND EDUCATIONAL PURPOSES AND SPECIFICALLY, TO ADVANCE  
POST-SECONDARY EDUCATION IN OLMSTED COUNTY.

### FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

COLLABORATED WITH PUBLIC HIGHER EDUCATION INSTITUTIONS TO  
ENSURE THE FACILITIES MEET COMMUNITY PROGRAM NEEDS.  
CONTRIBUTED TO DEVELOPMENT OF THE STRATEGIC PLANS OF THESE  
PUBLIC HIGHER EDUCATION INSTITUTIONS: RCTC, WINONA STATE UNIVERSITY,  
UNIVERSITY OF MINNESOTA.

### FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

CONTINUED ADVOCACY FOR THE IMPLEMENTATION OF THE  
RECOMMENDATIONS AND THE VISION OF THE ROCHESTER HIGHER  
EDUCATION DEVELOPMENT COMMITTEE REPORT. SUPPORTED THE  
DEVELOPMENT OF AN INNOVATIVE REWARD SYSTEM BASED ON ENTREPRENEURIAL  
DEVELOPMENT AND AN INNOVATIVE INTELLECTUAL PROPERTY MANAGEMENT SYSTEM  
THAT DRIVES ECONOMIC GROWTH.

### FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

PARTICIPATED IN PUBLIC PROCESSES FOR HIGHER EDUCATION

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
032211  
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**GREATER ROCHESTER ADVOCATES FOR  
UNIVERSITIES & COLLEGES**

Employer identification number  
**36-3517407**

LEADERSHIP APPOINTMENTS. MAINTAINED HIGHER EDUCATION

LEADERSHIP IN THE ROCHESTER LEGISLATIVE DELEGATION.

SECURED LEGISLATIVE SUPPORT FOR FACILITIES AND PROGRAMMING AT THE  
PUBLIC HIGHER EDUCATION INSTITUTIONS.

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

ADDITIONAL OUTREACH SERVICES. SECURED FUNDING FOR GRAUC. REVIEWED THE  
STRUCTURE OF THE ORGANIZATION AND BROUGHT APPROPRIATE DIVERSE EXPERTISE  
TO THE BOARD.

GRANTS \$ 0. EXPENSES \$ 2,174.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization	GREATER ROCHESTER ADVOCATES FOR UNIVERSITIES & COLLEGES	Employer identification number 36-3517407
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**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)

Depreciation and Amortization 990-EZ  
(Including Information on Listed Property)

2010

Attachment  
Sequence No 67

Name(s) shown on return

GREATER ROCHESTER ADVOCATES FOR  
UNIVERSITIES & COLLEGES

Business or activity to which this form relates

FORM 990-EZ PAGE 1

Identifying number

36-3517407

## Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V.

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

## Part III MACRS Depreciation (Do not include listed property) (See instructions)

## Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2010	17	54.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► <input type="checkbox"/>		

## Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		1,002.	5 YRS.	MQ	200DB	50.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

## Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

## Part IV Summary (See instructions)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr.	22	104.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**GREATER ROCHESTER ADVOCATES FOR  
UNIVERSITIES & COLLEGES**

Form 4562 (2010)

36-3517407 Page 2

**Part V**

**Listed Property** (include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles )**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first )	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

**26** Property used more than 50% in a qualified business use:

		%						
		%						
		%						

**27** Property used 50% or less in a qualified business use:

		%			S/L -			
		%			S/L -			
		%			S/L -			

**28** Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1

28

**29** Add amounts in column (i), line 26 Enter here and on line 7, page 1

29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle				
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)										
31 Total commuting miles driven during the year										
32 Total other personal (noncommuting) miles driven										
33 Total miles driven during the year Add lines 30 through 32										
34 Was the vehicle available for personal use during off-duty hours?										
35 Was the vehicle used primarily by a more than 5% owner or related person?										
36 Is another vehicle available for personal use?										

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI** Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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**42** Amortization of costs that begins during your 2010 tax year


**43** Amortization of costs that began before your 2010 tax year

43

**44** Total. Add amounts in column (f). See the instructions for where to report

44