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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
KEUKA COLLEGE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
141 CENTRAL AVENUE

City or town, state or country, and ZIP + 4
KEUKA PARK, NY 14478

D Employer identification number
16-6054295

E Telephone number
(315) 279-5244

G Gross receipts $ 49,258,196

F Name and address of principal officer
JERRY HILLER
141 CENTRAL AVENUE
KEUKA PARK,NY 14478

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

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW KEUKA EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1939 | **M** State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO CREATE EXEMPLARY CITIZENS AND LEADERS TO SERVE THE NATION AND THE WORLD OF THE 21ST CENTURY WE PROVIDE A TRANSFORMATIONAL LIBERAL-ARTS BASED EDUCATION, STRENGTHENED BY EXPERIENTIAL LEARNING, WHICH CHALLENGES STUDENTS TO DEVELOP THEIR INTELLECTUAL CURIOSITY AND TO REALIZE, WITH PURPOSE AND INTEGRITY, THEIR FULL PERSONAL AND PROFESSIONAL POTENTIAL

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	29
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	28
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	1,132
6	Total number of volunteers (estimate if necessary)	**6**	678
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	477,971
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,933,464	1,739,633
9	Program service revenue (Part VIII, line 2g)	42,496,320	46,535,405
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	82,316	175,948
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,071,858	323,279
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	46,583,958	48,774,265
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,578,345	12,122,804
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	19,309,823	20,341,605
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶612,236		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	15,997,097	16,611,166
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	45,885,265	49,075,575
19	Revenue less expenses Subtract line 18 from line 12	698,693	-301,310

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	47,544,687	48,116,596
21	Total liabilities (Part X, line 26)	20,604,517	21,313,994
22	Net assets or fund balances Subtract line 21 from line 20	26,940,170	26,802,602

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

****** | 2013-05-09
Signature of officer | Date

JERRY HILLER VP OF FINANCE & ADMIN
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: JENNIFER ARBORE	Date 2013-05-09	Check if self-employed ☐	Preparer's taxpayer identification number (see instructions) P00893012
Firm's name (or yours if self-employed), address, and ZIP + 4: EFP ROTENBERG LLP, 25 NORTH STREET, CANANDAIGUA, NY 14424			EIN ▶ 26-4298079; Phone no ▶ (585) 340-5100

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO CREATE EXEMPLARY CITIZENS AND LEADERS TO SERVE THE NATION AND THE WORLD OF THE 21ST CENTURY WE PROVIDE A TRANSFORMATIONAL LIBERAL-ARTS BASED EDUCATION, STRENGTHENED BY EXPERIENTIAL LEARNING, WHICH CHALLENGES STUDENTS TO DEVELOP THEIR INTELLECTUAL CURIOSITY AND TO REALIZE, WITH PURPOSE AND INTEGRITY, THEIR FULL PERSONAL AND PROFESSIONAL POTENTIAL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 36,837,079 including grants of $ 12,002,179) (Revenue $ 46,392,042)

KEUKA COLLEGE WAS FOUNDED IN 1890 AND IS LOCATED ON THE SHORE OF KEUKA LAKE IN NEW YORK STATE'S FINGER LAKES REGION, KEUKA IS A PRIVATE, UNDERGRADUATE AND GRADUATE, RESIDENTIAL COLLEGE THAT ALSO OFFERS BACHELOR'S DEGREE COMPLETION AND MASTER'S DEGREE PROGRAMS THROUGH ITS ACCELERATED STUDIES FOR ADULTS PROGRAM (ASAP) AND INTERNATIONAL PROGRAMS IN CHINA AND VIETNAM ENROLLMENT ON THE HOME CAMPUS AT THE ADVENT OF THE 2012-13 ACADEMIC YEAR WAS 1,873 THAT INCLUDES 921 IN ASAP REGARDLESS OF DEGREE OR LOCATION, KEUKA GRADUATES BOAST SIGNIFICANT, REAL-WORLD EXPERIENCE THAT IMPRESSES EMPLOYERS AND GRADUATE SCHOOLS AND THAT'S BECAUSE EXPERIENTIAL LEARNING HAS LONG BEEN THE CORNERSTONE OF THE KEUKA EXPERIENCE A NUMBER OF HIGHLY RESPECTED, NATIONAL SOURCES HAVE PRAISED THE KEUKA EXPERIENCE, INCLUDING THE PRINT MEDIA (U S NEWS & WORLD REPORT, THE NEW YORK TIMES, WASHINGTON MONTHLY), EDUCATIONAL FOUNDATIONS (CARNEGIE FOUNDATION FOR THE ADVANCEMENT OF TEACHING), AND EVEN THE WHITE HOUSE (PRESIDENT'S HIGHER EDUCATION COMMUNITY SERVICE HONOR ROLL) AT THE HEART OF KEUKA'S COMMITMENT TO EXPERIENTIAL LEARNING IS FIELD PERIOD, A REQUIRED INTERNSHIP PROGRAM FOR OUR HOME CAMPUS UNDERGRADUATE STUDENTS EACH YEAR, THEY GARNER 140 HOURS OF HAND-ON EXPERIENCE, PUTTING INTO PRACTICE WHAT THEY LEARNED IN THE CLASSROOM STUDENTS MAY ELECT TO PURSUE INTERNATIONAL FIELD PERIODS WITH THE COLLEGE'S PARTNER UNIVERSITIES OR ON THEIR OWN KEUKA OFFERS 31 BACHELOR'S DEGREE PROGRAMS ON ITS HOME CAMPUS, MANY WITH SPECIALIZED CONCENTRATIONS, 27 MINORS, AND SELF-DESIGNED MAJORS KEUKA ALSO OFFERS SEVEN MASTER'S DEGREE PROGRAMS AND PRE-PROFESSIONAL PROGRAMS IN DENTISTRY, LAW, MEDICINE, VETERINARY MEDICINE, OPTOMETRY, PHARMACY, AND PHYSICAL THERAPY COMMUNITY SERVICE HAS BEEN PART AND PARCEL OF THE KEUKA EXPERIENCE SINCE IT WAS FOUNDED AND TODAY, ALL OF THE 40-PLUS CLUBS ON THE HOME CAMPUS ARE REQUIRED TO CONDUCT AT LEAST ONE COMMUNITY SERVICE PROJECT EACH SEMESTER KEUKA OFFERS 16 INTERCOLLEGIATE SPORTS AND A VARIETY OF INTRAMURAL SPORTS ON ITS HOME CAMPUS THROUGH ITS ACCELERATED STUDIES FOR ADULTS PROGRAM (ASAP), THE COLLEGE OFFERS BACHELOR'S DEGREE COMPLETION PROGRAMS IN ORGANIZATIONAL MANAGEMENT, CRIMINAL JUSTICE SYSTEMS, SOCIAL WORK, AND NURSING, AS WELL AS MASTER'S DEGREES IN MANAGEMENT, CRIMINAL JUSTICE ADMINISTRATION, AND NURSING AT LOCATIONS AROUND NEW YORK STATE THE COLLEGE ALSO EXTENDS EDUCATIONAL OPPORTUNITIES VIA THE INTERNET THROUGH ITS WERTMAN OFFICE OF DISTANCE EDUCATION KEUKA IS ALSO A MAJOR EDUCATIONAL PLAYER IN THE PACIFIC RIM, WITH 2,680 CHINESE STUDENTS PURSUING KEUKA DEGREES AT FOUR PARTNER UNIVERSITIES, ONE OF THE LARGEST ENROLLMENTS OF ANY U S COLLEGE OPERATING IN THE COUNTRY ANOTHER 505 VIETNAMESE STUDENTS ARE DOING LIKEWISE AT TWO UNIVERSITIES IN VIETNAM MORE THAN 110 INTERNATIONAL STUDENTS STUDY ON THE HOME CAMPUS

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 36,837,079

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16	Yes	
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *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**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *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**	Yes	
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
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**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "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**		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
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 Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	145		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**		
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	**2a**	1,132		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	29		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	28		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

CONTROLLER
141 CENTRAL AVENUE
KEUKA PARK, NY 144780098
(315) 279-5252

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

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

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

- 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, if any 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								1,420,984	0	214,683

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 10

			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**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
LECESSE CONSTRUCTION SERVICES LLC 75 THRUWAY PARK DR WEST HENRIETTA, NY 14586	CONSTRUCTION	347,798
SIMPLEX GRINNELL LP 631 FIELD ST JOHNSON CITY, NY 13790	SECURITY SYSTEMS	143,521
MIKE FITZGERALD PO BOX 221 GENEVA, NY 14456	BUSING	136,457

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 3

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	358,911			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,380,722			
	g	Noncash contributions included in lines 1a-1f $ 125,443					
	h	**Total.** Add lines 1a-1f		1,739,633			
Program Service Revenue			Business Code				
	2a	TUITION & FEES	900099	35,976,470	35,976,470		
	b	ROOM & BOARD	900099	8,574,715	8,574,715		
	c	INTERNATIONAL EXPANSIO	900099	1,340,172	1,340,172		
	d	AUXILIARY ENTERPRISES	531190	644,048	166,077	477,971	
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		46,535,405			
	3	Investment income (including dividends, interest and other similar amounts)		185,789			185,789
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					

		(i) Real	(ii) Personal				
	6a Gross rents	95,575					
	b Less rental expenses	85,154					
	c Rental income or (loss)	10,421					
	d Net rental income or (loss)			10,421	10,421		

		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	350,936	20,500				
	b Less cost or other basis and sales expenses	349,951	31,326				
	c Gain or (loss)	985	-10,826				
	d Net gain or (loss)			-9,841			-9,841
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a		29,288				
	b Less direct expenses b		17,500				
	c Net income or (loss) from fundraising events			11,788			11,788
	9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b						
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b						
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue		Business Code				
	11a MISCELLANEOUS FEES		900099	404,531	404,531		
	b DEFERRED GIVING ARRANG		900099	-103,461	-103,461		
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d			301,070			
	12 **Total revenue.** See Instructions			48,774,265	46,368,925	477,971	187,736

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	37,006	37,006		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	10,754,906	10,754,906		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	1,330,892	1,330,892		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	510,893		510,893	
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	15,994,417	11,527,137	4,101,482	365,798
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	654,594		654,594	
9	Other employee benefits	1,894,754	1,279,435	511,942	103,377
10	Payroll taxes	1,286,947		1,286,947	
11	Fees for services (non-employees)				
a	Management				
b	Legal	78,422	4,044	74,378	
c	Accounting	43,400		43,400	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	2,717,188	1,979,080	727,241	10,867
12	Advertising and promotion	379,294	58,355	320,939	
13	Office expenses	3,344,975	2,060,962	1,226,309	57,704
14	Information technology	105,762		105,762	
15	Royalties . .				
16	Occupancy	3,447,136	3,208,631	238,505	
17	Travel	754,393	500,829	226,877	26,687
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	137,428	35,682	101,746	
20	Interest	631,110	580,549	50,561	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,376,241	2,185,869	190,372	
23	Insurance	413,645		413,645	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MISCELLANEOUS EXPENSES	926,269	505,596	387,210	33,463
b	MINOR CAPITAL PURCHASES	736,960	645,019	91,941	
c	BAD DEBTS EXPENSE	163,172		163,172	
d	DUES/MEMBERSHIPS	141,255	59,382	67,533	14,340
e					
f	All other expenses	214,516	83,705	130,811	
25	**Total functional expenses.** Add lines 1 through 24f	49,075,575	36,837,079	11,626,260	612,236
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,545,191	1	2,115,539
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		1,495,302	3	882,773
	4	Accounts receivable, net		1,178,824	4	1,219,589
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		1,440,290	7	1,445,435
	8	Inventories for sale or use		8,222	8	9,101
	9	Prepaid expenses and deferred charges		895,253	9	501,370
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 55,631,897			
	b	Less accumulated depreciation	10b 25,404,224	30,365,237	10c	30,227,673
	11	Investments—publicly traded securities		8,856,544	11	10,029,828
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,759,824	15	1,685,288
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		47,544,687	16	48,116,596
Liabilities	17	Accounts payable and accrued expenses		1,901,162	17	2,183,690
	18	Grants payable			18	
	19	Deferred revenue		2,891,205	19	2,168,954
	20	Tax-exempt bond liabilities		8,922,307	20	10,000,192
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		2,798,244	23	2,979,890
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		4,091,599	25	3,981,268
	26	**Total liabilities.** Add lines 17 through 25		20,604,517	26	21,313,994
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		17,882,857	27	17,403,711
	28	Temporarily restricted net assets		2,453,123	28	1,753,911
	29	Permanently restricted net assets		6,604,190	29	7,644,980
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		26,940,170	33	26,802,602
	34	Total liabilities and net assets/fund balances		47,544,687	34	48,116,596

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	48,774,265
2	Total expenses (must equal Part IX, column (A), line 25)	2	49,075,575
3	Revenue less expenses Subtract line 2 from line 1	3	-301,310
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	26,940,170
5	Other changes in net assets or fund balances (explain in Schedule O)	5	163,742
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	26,802,602

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	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 separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
KEUKA COLLEGE

Employer identification number
16-6054295

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated 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 through 10)						

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 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

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

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
KEUKA COLLEGE

Employer identification number
16-6054295

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☑ Public exhibition
- b ☑ Scholarly research
- c ☑ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	9,560,800	7,536,409	5,813,684	6,336,937	
b Contributions	328,295	1,197,181	548,155	186,898	
c Investment earnings or losses	163,351	1,105,125	1,626,383	-637,335	
d Grants or scholarships					
e Other expenditures for facilities and programs	29,499	277,915	451,813	72,816	
f Administrative expenses					
g End of year balance	10,022,947	9,560,800	7,536,409	5,813,684	

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

- a Board designated or quasi-endowment ▶ 8 000 %
- b Permanent endowment ▶ 76 000 %
- c Term endowment ▶ 16 000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	41,850			41,850
b Buildings	1,768,900	42,557,071	20,413,063	23,912,908
c Leasehold improvements				
d Equipment		7,887,148	3,350,761	4,536,387
e Other		3,376,928	1,640,400	1,736,528
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				30,227,673

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(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, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
457B PLAN LIABILITIES	323,248
ASSET RETIREMENT OBLIGATION	1,139,609
DEFERRED GIVING OBLIGATIONS	869,845
REFUNDABLE GOVERNMENT LOAN FUNDS	1,497,888
UNREALIZED LOSS ON INTEREST RATE SWAP	150,678
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	3,981,268

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	48,774,265
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	49,075,575
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-301,310
4	Net unrealized gains (losses) on investments	4	-13,762
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	177,504
9	Total adjustments (net) Add lines 4 - 8	9	163,742
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-137,568

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	37,038,483
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-13,762		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	280,159		
e	Add lines **2a** through **2d**			2e	266,397
3	Subtract line **2e** from line **1**			3	36,772,086
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	12,002,179		
c	Add lines **4a** and **4b**			4c	12,002,179
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	48,774,265

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	37,176,051
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	102,654		
e	Add lines **2a** through **2d**			2e	102,654
3	Subtract line **2e** from line **1**			3	37,073,397
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	12,002,179		
c	Add lines **4a** and **4b**			4c	12,002,179
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	49,075,576

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
	PART III, LINE 1A	THE COLLEGES COLLECTIONS INCLUDE WORKS OF ART, SCULPTURES AND OTHER ITEMS OF COLLECTIBLE SIGNIFICANCE THAT ARE MAINTAINED IN THE COLLEGES LIBRARY ART GALLERY AND IN VARIOUS LOCATIONS ACROSS CAMPUS THESE COLLECTIONS ARE PROTECTED AND PRESERVED FOR PUBLIC EXHIBITION AND EDUCATION EACH OF THE ITEMS IS CATALOGED, PRESERVED AND CARED FOR CONTINUOUSLY THE COLLECTIONS ARE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM THEIR SALES TO BE USED TO ACQUIRE OTHER ITEMS OR COLLECTIONS THE COLLEGE HAS NO PLANS TO SELL THESE COLLECTIONS THE COLLECTIONS, WHICH WERE ACQUIRED THROUGH CONTRIBUTIONS, ARE NOT RECOGNIZED AS ASSETS IN THE STATEMENT OF FINANCIAL POSITION CONTRIBUTED COLLECTION ITEMS ARE NOT RECORDED IN THE FINANCIAL STATEMENTS
	PART III, LINE 4	THE WORKS OF ART, SCULPTURES AND OTHER ITEMS OF COLLECTIBLE SIGNIFICANCE ARE ON EXHIBITION FOR STUDENTS IN AN EFFORT TO ENHANCE STUDENTS KNOWLEDGE AND APPRECIATION OF ART TO FOSTER PERSONAL AND ACADEMIC DEVELOPMENT WHILE VALUING CULTURE AND DIVERSITY
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE COLLEGES ENDOWMENT CONSISTS OF APPROXIMATELY 100 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES ITS TOTAL ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE TRUSTEES TO FUNCTION AS ENDOWMENTS THE COLLEGE HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN PURCHASING POWER OF THE ENDOWMENT ASSETS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	INCOME TAXES - THE COLLEGE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)3 OF THE INTERNAL REVENUE CODE HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE COLLEGE'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME IN ACCORDANCE WITH ASC 740-10-50, THE COLLEGE WOULD RECOGNIZE TAX BENEFITS FROM UNCERTAIN TAX POSITIONS ONLY IF IT MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES MANAGEMENT BELIEVES THAT THE COLLEGE IS CURRENTLY OPERATING IN COMPLIANCE WITH THE APPLICABLE REQUIREMENTS OF THE INTERNAL REVENUE CODE THEREFORE, NO LIABILITY FOR UNRECOGNIZED TAX BENEFITS HAS BEEN INCLUDED ON THE COLLEGE'S FINANCIAL STATEMENTS THE EXEMPT COLLEGE'S INFORMATION RETURNS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES AND ITS OPEN AUDIT PERIODS ARE 2008 THROUGH 2011
PART XI, LINE 8 - OTHER ADJUSTMENTS		UNREALIZED GAIN ON INTEREST RATE SWAP 177,504
PART XII, LINE 2D - OTHER ADJUSTMENTS		UNREALIZED GAIN ON INTEREST RATE SWAP 177,505 RENTAL EXPENSES 85,154 GOLF TOURNAMENT EXPENSES 17,500
PART XII, LINE 4B - OTHER ADJUSTMENTS		FUNDED & UNFUNDED STUDENT AID 12,002,179
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 85,154 GOLF TOURNAMENT EXPENSE 17,500
PART XIII, LINE 4B - OTHER ADJUSTMENTS		FUNDED & UNFUNDED STUDENT AID 12,002,179

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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization
KEUKA COLLEGE

Employer identification number
16-6054295

Part I

			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 If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	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 Part II	7	Yes	

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also complete this part to provide any other additional information (see instructions)

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	INCLUDED IN VARIOUS COLLEGE BROCHURES AND ON COLLEGE WEBSITE
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	34A THE COLLEGE RECEIVES FINANCIAL AID FROM STATE AND FEDERAL AGENCIES THAT IS PASSED TO THE COLLEGE'S STUDENTS THE COLLEGE FILES THE APPROPRIATE REPORTS WITH THE FEDERAL AUDIT CLEARINGHOUSE AND THE DEPARTMENT OF EDUCATION REVENUES AND EXPENSES FROM THIS AID ARE CONSIDERED AGENCY FUNDS AND ARE NOT RECORDED AS REVENUES AND EXPENSES OF THE COLLEGE

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
KEUKA COLLEGE

Employer identification number
16-6054295

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
EAST ASIA & THE PACIFIC	5	1	PROGRAM SERVICES	RECRUITING	33,008
SOUTH ASIA	0	2	PROGRAM SERVICES	RECRUITING	4,472
SUB-SAHARAN AFRICA	0	1	PROGRAM SERVICES	RECRUITING	16,926
EUROPE	0	1	PROGRAM SERVICES	RECRUITING	11,484
EAST ASIA & THE PACIFIC	8	6	PROGRAM SERVICES	PAYMENT TO AGENT RECRUITING	90,625
EAST ASIA & THE PACIFIC	5	1	PROGRAM SERVICES	PAYMENT TO AGENT STUDENT SUPPORT FEES	30,000
NORTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL	2,376
MIDDLE EAST	0	1	PROGRAM SERVICES	TRAVEL	2,787
3a Sub-total	18	13			191,678
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	18	13			191,678

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☑
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA & THE PACIFIC	RECRUITING	90,625	WIRE			FMV
		EAST ASIA & THE PACIFIC	STUDENT SUPPORT	30,000	WIRE			FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 0

3 Enter total number of other organizations or entities . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
QUALIFIED TUITION SCHOLARSHIP	EAST ASIA & THE PACIFIC	87	1,113,858	APPLIED TO ACCOUNT			FMV
QUALIFIED TUITION SCHOLARSHIP	MIDDLE EAST	2	27,409	APPLIED TO ACCOUNT			FMV
QUALIFIED TUITION SCHOLARSHIP	SUB-SAHARAN AFRICA	4	61,000	APPLIED TO ACCOUNT			FMV
QUALIFIED TUITION SCHOLARSHIP	NORTH AMERICA	1	8,000	APPLIED TO ACCOUNT			FMV

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 GRANTS ARE AWARDED TO FOREIGN PERSONS THAT ARE IN THE UNITED STATES ATTENDING KEUKA COLLEGE. GRANTS ARE APPLIED TO THE STUDENT'S ACCOUNT AS A REDUCTION TO TUITION GRANTS ARE MONITORED TO DETERMINE TAXABILITY KEUKA DOES NOT GRANT AWARDS FOR ANYTHING OTHER THAN TUITION

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
KEUKA COLLEGE

Employer identification number
16-6054295

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

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

a ☐ Mail solicitations
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

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

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

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

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

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	29,288			29,288
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	29,288			29,288
Direct Expenses	4 Cash prizes	950			950
	5 Non-cash prizes	4,034			4,034
	6 Rent/facility costs	4,841			4,841
	7 Food and beverages	6,651			6,651
	8 Entertainment				
	9 Other direct expenses	1,024			1,024
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(17,500)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				11,788

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

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

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

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

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

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

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

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
KEUKA COLLEGE

Employer identification number
16-6054295

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CORNING COMMUNITY COLLEGE1 ACADEMIC DRIVE CORNING,NY 14830	16-0820515		8,165				SCHOLARSHIPS
(2) FINGER LAKES COMMUNITY COLLEGE 3325 MARVIN SANDS DRIVE CANANDAIGUA,NY 14424	16-1336514		9,474				SCHOLARSHIPS
(3) ONONDAGA COMMUNITY COLLEGE 4585 WEST SENENCA TURNPIK SYRACUSE,NY 13215	16-0973001		9,493				SCHOLARSHIPS
(4) CAYUGA COMMUNITY COLLEGE197 FRANKLIN STREET AUBURN,NY 13021	16-0902570		5,188				SCHOLARSHIPS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) KEUKA GRANTS	1049	10,754,906		BOOK	

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 AWARDING OF INSTITUTIONAL AID IS DRIVEN BY THE AWARD THE STUDENT RECEIVES UPON ENTRANCE TO KEUKA COLLEGE COMING IN AS A NEW STUDENT, THE ADMISSIONS AND FINANCIAL AID SCHOLARSHIP COMMITTEE FIRST DETERMINES IF THE STUDENT IS ELIGIBLE FOR MERIT BASED AWARDS THESE AWARDS ARE BASED ON ACADEMIC AND CO-CURRICULAR ACTIVITIES EACH STUDENT IS THEN COMPARED TO A FINANCIAL AID AWARDING MATRIX WHICH IS COMPRISED OF VARYING NEED LEVELS FOR GRANT FUNDING, CAMPUS BASED AID AND CAMPUS EMPLOYMENT STUDENTS ARE PLACED ON THIS GRID BY USING THE ADMISSIONS SCHOLARSHIP CRITERIA TO DETERMINE THEIR RATING AND THEN THEIR FINANCIAL NEED FACTOR AS DETERMINED BY THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) FOR THAT ACADEMIC YEAR STUDENT AWARDS ARE REVIEWED ON A YEARLY BASIS TO DETERMINE THEIR ELIGIBILITY TYPICALLY A STUDENT AWARD WILL NOT CHANGE UNLESS FINANCIAL NEED OR ACADEMIC PROGRESS CHANGES TUITION BASED AWARDS WILL INCREASE/DECREASE WITH THE VALUE OF TUITION EACH YEAR INSTITUTIONAL AID IS PLACED ON THE STUDENTS ACCOUNT TYPICALLY IN TWO EQUAL DISBURSEMENTS (FALL AND SPRING) THESE DISBURSEMENTS ARE NOT RELEASED UNTIL ALL REQUIRED DOCUMENTATION IS COMPLETE IN THE STUDENT'S FILE DISBURSEMENTS ARE MADE 10 DAYS PRIOR TO THE START OF CLASSES EACH SEMESTER INSTITUTIONAL GRANTS ARE AWARDED TO TRADITIONAL UNDERGRADUATE, INTERNATIONAL STUDENTS AND A LIMITED NUMBER OF STUDENTS IN THE GRADUATE AND ACCELERATED STUDY PROGRAM

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
KEUKA COLLEGE

Employer identification number
16-6054295

Part I Questions Regarding Compensation

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

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR JORGE L DIAZ-HERRERA	(i)	111,155	0	5,318	0	33,258	149,731	0
	(ii)	0	0	0	0	0	0	0
(2) JERRY HILLER	(i)	124,540	0	0	7,634	8,854	141,028	0
	(ii)	0	0	0	0	0	0	0
(3) GARY SMITH	(i)	174,778	0	16,500	12,000	16,856	220,134	0
	(ii)	0	0	0	0	0	0	0
(4) ANNE WEED	(i)	148,450	0	0	8,700	310	157,460	0
	(ii)	0	0	0	0	0	0	0
(5) JAMES BLACKBURN	(i)	106,126	0	8,500	6,895	16,969	138,490	0
	(ii)	0	0	0	0	0	0	0
(6) VICKIE SMITH	(i)	115,938	0	0	6,722	310	122,970	0
	(ii)	0	0	0	0	0	0	0
(7) MARLAINE MANGELS	(i)	100,931	0	0	6,075	7,181	114,187	0
	(ii)	0	0	0	0	0	0	0
(8) DR JOSEPH G BURKE	(i)	158,608	0	18,804	9,690	25,228	212,330	0
	(ii)	0	0	0	0	0	0	0
(9) CAROL ANNE MARQUIS	(i)	226,322	0	427	13,479	16,408	256,636	0
	(ii)	0	0	0	0	0	0	0
(10) TIM PIERSON	(i)	100,267	0	3,170	0	18,114	121,551	0
	(ii)	0	0	0	0	0	0	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

Identifier	Return Reference	Explanation
	PART I, LINE 4A	CAROLANNE MARQUIS RECEIVED SEVERANCE OF $27,817

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
KEUKA COLLEGE

Employer identification number
16-6054295

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	YATES COUNTY CAPITAL RESOURCE CORPORATION (YATES COUNTY CRC)	16-1130714		09-02-2010	10,500,000	REFINANCE EXISTING DEBT, NEW SPENDING, AND CLOSING COSTS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds defeased				
3	Total proceeds of issue	10,500,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	210,000			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds	218,480			
10	Capital expenditures from proceeds	1,339,057			
11	Other spent proceeds	8,732,463			
12	Other unspent proceeds				
13	Year of substantial completion	2012			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		3 280 %						
6	Total of lines 4 and 5		3 280 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?	X							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

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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

2011

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Name of the organization
KEUKA COLLEGE

Employer identification number
16-6054295

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

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

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

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

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
(1) JOSEPH BURKE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN PREMIUMS		X	150,000	158,155		No	Yes		Yes	
Total . . . . . ▶ $				158,155						

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
(1) REIS CUNNINGHAM	STUDENT TRUSTEE AND SCHOLARSHIP RECIPIENT	16,785
(2) MOLLY FLANAGAN	STUDENT TRUSTEE AND SCHOLARSHIP RECIPIENT	14,500

Part IV **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) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JOYCE COHEN	TRUSTEE AND PROFESSOR	1,150	ADJUNCT PROFESSOR		No

Part V **Supplemental Information**

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

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
KEUKA COLLEGE

Employer identification number
16-6054295

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		3	ESTIMATED FMV
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	10	92,906	FMV AT DATE OF DONATION
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▸ (BEVERAGES/WINE)	X	3	12,801	ESTIMATED FAIR MARKET VALUE
26	Other ▸ (GOLF ITEMS)	X	7	885	ESTIMATED FAIR MARKET VALUE
27	Other ▸ (MUSICAL EQUIPMENT)	X	1	1	ESTIMATED FAIR MARKET VALUE
28	Other ▸ (INAUGURATION DINNER)	X	1	18,847	ESTIMATED FAIR MARKET VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29**

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

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

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	BANK'S WEALTH STRATEGIES GROUP TO ACCEPT AND SELL STOCKS GIVEN TO THE COLLEGE THROUGH THEIR DTC SYSTEM

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
KEUKA COLLEGE

Employer identification number
16-6054295

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	THE FORMER PRESIDENT AND THE FORMER CHAIR OF THE DIVISION OF EDUCATION ARE MARRIED TO EACH OTHER BOTH RETIRED FROM THE COLLEGE DURING THE PRIOR FISCAL YEAR BUT DUE TO CALENDAR YEAR COMPENSATION REPORTING, THE FORMER PRESIDENT IS STILL PRESENTED AND THEREFORE, THE RELATIONSHIP IS STILL DISCLOSED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	THE COLLEGES BYLAWS WERE UPDATED IN OCTOBER OF 2011 AND APPROVED JUNE 16, 2012 CHANGES WERE MADE TO THE SECTION FOR COMMITTEES THE AUTHORITY TO APPOINT OR REMOVE AND RENEW THE PRESIDENT'S CONTRACT SHALL BE RESERVED FOR THE FULL BOARD THE EXECUTIVE COMMITTEE SHALL APPOINT A PRESIDENTIAL DEVELOPMENT SUBCOMMITTEE THAT WILL DEVELOP ANNUAL PERFORMANCE CRITERIA AND DETERMINE WHAT EXPECTATIONS THE PRESIDENT MUST PERSONALLY ACHIEVE AS PART OF HIS/HER DEVELOPMENT AS PRESIDENT OR WHAT NEEDS THE PRESIDENT HAS FOR DEVELOPING THE COLLEGE THE SUBCOMMITTEE MEETS WITH THE PRESIDENT AT LEAST QUARTERLY TO REVIEW AND REVISE GOALS AND DEVELOPMENT NEEDS OF THE PRESIDENT AS APPROPRIATE THE SUBCOMMITTEE SHALL REVIEW AND EVALUATE THE PRESIDENT'S PERFORMANCE ANNUALLY AND REPORT SUCH FINDINGS TO THE EXECUTIVE COMMITTEE AND THE EXECUTIVE COMPENSATION COMMITTEE THE EXECUTIVE COMMITTEE SHALL APPOINT AND EXECUTIVE COMPENSATION SUBCOMMITTEE SHALL MAKE RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE REGARDING THE PRESIDENT'S COMPENSATION THE EXECUTIVE COMPENSATION SUBCOMMITTEE SHALL APPROVE THE SALARIES OF OFFICERS, OTHER THAN THE PRESIDENT, IF THE AMOUNT IS OUTSIDE OF THE POLICY RANGE ADDITIONALLY, CHANGES WERE MADE IN THE DECISION TREE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE CONTROLLER VERIFIES THE ACCURACY OF THE 990 IN DETAIL IT IS THEN REVIEWED IN DETAIL WITH THE ENTIRE AUDIT COMMITTEE ALL INDIVIDUALS ARE PROVIDED WITH COPIES OF THE FORM 990 IN ADDITION, THE FULL BOARD REVIEWS THE SALARY DISCLOSURES AND ARE PROVIDED WITH A FINAL COPY OF THE 990

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	FOR THE BOARD OF TRUSTEES, WRITTEN CONFLICT OF INTEREST FORMS ARE SUBMITTED ANNUALLY AND REVIEWED BY THE EXECUTIVE COMMITTEE, THE VP OF FINANCE & ADMINISTRATION AND WHEN NEEDED, THE COLLEGE ATTORNEY FOR EMPLOYEES AND STAFF, THE BUSINESS OFFICE, WITH LEADERSHIP BY THE VP OF FINANCE & ADMINISTRATION AND THE SUPPORT OF HUMAN RESOURCES, MONITORS ALL BUSINESS RELATIONSHIPS BETWEEN THE COLLEGE AND EMPLOYEES IN ADDITION, THE PROVOST ASSISTS IN MONITORING ACADEMIC ACTIVITIES FOR POSSIBLE CONFLICTS OF INTEREST THE COLLEGE HAS ADOPTED A "WHISTLEBLOWER" POLICY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	AS RELATES TO FORMER PRESIDENT DR JOSEPH BURKE, RENEWAL CONTRACT FOR THE PRESIDENT WAS REVIEWED AND APPROVED BY THE COLLEGE BOARD THE CONTRACT HAS A BASE SALARY THE BOARD REVIEWED THE SUM OF BASED AND COMPARED WITH COMPARABLE EXECUTIVE SALARY, AND FOUND THE SALARY TO BE WITHIN THE RANGE ESTABLISHED BY PRIOR BOARD POLICY THE REVIEW AND AWARD OF SALARY WERE RECORDED IN THE CONTEMPORANEOUS RECORDS OF THE SUBJECT COMMITTEES AND BOARD, THE MEMBERS OF WHICH WERE INDEPENDENT AND UNRELATED TO THE PRESIDENT AS RELATES TO CURRENT PRESIDENT DR JORGE DIAZ-HERRERA, THE PRESIDENTIAL DEVELOPMENT COMMITTEE(PDC) OF THE BOARD EVALUATED THE PRESIDENT BASED ON 6 KEY AREAS THAT THE COMMITTEE AND THE PRESIDENT AGREED UPON THE PDC THEN RECOMMENDED THE PRESIDENT'S SALARY ADJUSTMENT TO THE EXECUTIVE COMMITTEE WHO IN-TURN FURTHERED IT TO THE FULL BOARD ALSO, DURING THE FISCAL YEAR 2009-10, THE COLLEGE LOANED $50,000 TO THE FORMER PRESIDENT OF THE COLLEGE TO COVER THE PREMIUMS ON A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) DURING THE FISCAL YEAR 2010-11, THE COLLEGE LOANED AN ADDITIONAL $100,000 TO THE FORMER PRESIDENT OF THE COLLEGE TO COVER THESE PREMIUMS UNDER THE TERMS OF THE AGREEMENT, THE COLLEGE WILL RECEIVE THE PRINCIPAL AMOUNT, PLUS INTEREST AFTER THE DEATHS OF BOTH THE FORMER PRESIDENT AND HIS SPOUSE THE LOAN IS SECURED BY THE INSURANCE POLICY OF THE FORMER PRESIDENT THE PRESIDENT ANNUALLY REVIEWS THE PERFORMANCE OF THE VICE PRESIDENTS ANY SALARY ADJUSTMENTS OF THE VICE PRESIDENTS ARE GRANTED AFTER A COMPARISON WITH COMPARABLE EXECUTIVE SALARIES OF PEER COLLEGES, WITHIN AN ESTABLISHED RANGE THE PRESIDENT DETERMINES THE SALARY ADJUSTMENTS AND REPORTS THEM TO THE COMPENSATION COMMITTEE WHO IN TURN INFORMS THE EXECUTIVE COMMITTEE ANY SALARY ADJUSTMENTS OUTSIDE OF THE COMPARABILITY RANGE MUST BE APPROVED BY THE COMPENSATION AND EXECUTIVE COMMITTEE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THESE DOCUMENTS ARE AVAILABLE BY REQUEST IN THE COLLEGE BUSINESS OFFICE

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -13,762 UNREALIZED GAIN ON INTEREST RATE SWAP 177,504 TOTAL TO FORM 990, PART XI, LINE 5 163,742

Identifier	Return Reference	Explanation
		THE PROCESS FOR THE REVIEW OF THE AUDIT REPORT HAS NOT CHANGED FROM THE PRIOR YEAR

Additional Data

Software ID:
Software Version:
EIN: 16-6054295
Name: KEUKA COLLEGE

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR JORGE L DIAZ-HERRERA PRESIDENT	40 00	X		X				116,473	0	33,258
DR BARBARA ALLARDICE BOARD OF TRUSTEES	1 00	X						0	0	0
A PAUL BRADLEY JR BOARD OF TRUSTEES	1 00	X						0	0	0
DR MELISSA MOORE BROWN BOARD OF TRUSTEES	1 00	X						0	0	0
REV ELIZABETH C BUESCHEL BOARD OF TRUSTEES	1 00	X						0	0	0
JOYCE COHEN BOARD OF TRUSTEES	1 00	X						1,150	0	0
REIS CUNNINGHAM STUDENT TRUSTEE	1 00	X						0	0	0
NANCY F FEINSTEIN BOARD OF TRUSTEES	1 00	X						0	0	0
KEITH H FAGAN BOARD OF TRUSTEES	1 00	X						0	0	0
MOLLY FLANAGAN BOARD OF TRUSTEES	1 00	X						0	0	0
CRYSTAL J GIPS BOARD OF TRUSTEES	1 00	X						0	0	0
WILLIAM H GOODRICH BOARD OF TRUSTEES	1 00	X						0	0	0
LUANNE B GRAULICH BOARD OF TRUSTEES	1 00	X						0	0	0
JILL S GREGORY BOARD OF TRUSTEES	1 00	X						0	0	0
G JEAN HOWARD BOARD OF TRUSTEES	1 00	X						0	0	0
DR CAROLYN KLINGE BOARD OF TRUSTEES	1 00	X						0	0	0
DR BETTY LOU KOFFEL BOARD OF TRUSTEES	1 00	X						0	0	0
KATHERENE T MEISCH BOARD OF TRUSTEES	1 00	X						0	0	0
PETER PARTS BOARD OF TRUSTEES	1 00	X						0	0	0
WANDA POLISSENI BOARD OF TRUSTEES	1 00	X						0	0	0
AQUA Y PORTER BOARD OF TRUSTEES	1 00	X						0	0	0
ROBERT A SCHICK BOARD OF TRUSTEES	1 00	X						0	0	0
ROBERT D TAISEY BOARD OF TRUSTEES	1 00	X						0	0	0
DR DANIEL TESSONI BOARD OF TRUSTEES	1 00	X						0	0	0
DONALD P WERTMAN BOARD OF TRUSTEES	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHARINE FOOTE WILHELM BOARD OF TRUSTEES	1 00	X						0	0	0
AUDREY S WOLCOTT BOARD OF TRUSTEES	1 00	X						0	0	0
ESTHER A YODER BOARD OF TRUSTEES	1 00	X						0	0	0
BARBARA E YUNIS BOARD OF TRUSTEES	1 00	X						0	0	0
JERRY HILLER VP OF FINANCE & ADMIN	40 00			X				124,540	0	16,488
GARY SMITH VP OF ENROLLMENT MGMT	40 00				X			191,278	0	28,856
ANNE WEED VP OF ACA	40 00					X		148,450	0	9,010
JAMES BLACKBURN DEAN OF STUDENTS	40 00					X		114,626	0	23,864
VICKIE SMITH CHAIR - OT	40 00					X		115,938	0	7,032
MARLAINE MANGELS ASSOCIATE PROFESSOR	40 00					X		100,931	0	13,256
DR JOSEPH G BURKE FORMER PRESIDENT	40 00						X	177,412	0	34,918
CAROL ANNE MARQUIS FORMER EXECUTIVE VICE-PRESIDENT	40 00						X	226,749	0	29,887
TIM PIERSON FORMER DIRECTOR OF IT SERVICES	40 00						X	103,437	0	18,114

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2011

Attachment Sequence No **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
KEUKA COLLEGE	FORM 990 PAGE 10	16-6054295

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 (see instructions)	**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 2010 Form 4562	**10**		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**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 2012 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 **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**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 2011	**17**	2,276,766
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 ▶ ☐		

Section B—Assets Placed in Service During 2011 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		6,400	3 0	HY	S/L	1,067
b 5-year property		276,532	5 0	HY	S/L	27,653
c 7-year property		79,448	7 0	HY	S/L	5,675
d 10-year property		699,260	10 0	HY	S/L	34,963
e 15-year property		75,758	15 0	HY	S/L	2,525
f 20-year property		1,230,402	20 0	HY	S/L	27,593
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 2011 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 instructions	**22**	2,376,242
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**	

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
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 (see instructions)						**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 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
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												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
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 (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
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? (See instructions)		
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
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	