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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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

A Fo	r the	2013 cal	endar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2	2014			
B Ch	eck ıf a	pplicable	C Name of organization THE COLLEGE OF SAINT ROSE		D Emplo	yer ider	ntification number
Add	dress ch	nange	Doing Business As		14-13	338371	l
∏ Na	me cha	nge	Duling Business As				
_	ial retu		Number and street (or P O box if mail is not delivered to street address) Room/suite 432 WESTERN AVENUE		E Teleph	one num	ber
	mınate				(518)	454-2	066
_	ended		City or town, state or province, country, and ZIP or foreign postal code ALBANY, NY 12203				
J Apı	olication	n pending					5 159,339,478
			F Name and address of principal officer DR CAROLYN J STEFANCO 432 WESTERN AVENUE	H(a) Is the sub-	his a group ordinates?	return	for
			ALRANY NY 12203		all subord	nates	┌ Yes ┌ No
I Ta	x-exem	npt status	▼ 501(c)(3)	If"N	No," attach	a list	(see instructions)
J W	ebsite	e: F WV	/W STROSE EDU	H(c) Gro	oup exempt	ion nur	mber ►
		ganızatıon	✓ Corporation Trust Association Other ►	L Year of f	formation 19	20 M	State of legal domicile NY
Pa	rt I	Sum	mary				
e.			escribe the organization's mission or most significant activities VIDE HIGHER EDUCATIONAL OPPORTUNITIES				
alle alle	-						
Activities & Governance	2	Check th	nis box 📭 if the organization discontinued its operations or disposed of m	nore than	25% of its	net as	sets
<u> </u>			, , , , , , , , , , , , , , , , , , , ,				
2 5	3	Number	of voting members of the governing body (Part VI, line 1a)			3	36
<u>ie</u> s			of independent voting members of the governing body (Part VI, line 1b) .			4	36
₫			mber of individuals employed in calendar year 2013 (Part V, line 2a) .			5	2,390
¥			mber of volunteers (estimate if necessary)			6	585
	I		related business revenue from Part VIII, column (C), line 12			7a	0
	Ь	Net unre	lated business taxable income from Form 990-T, line 34			7b	0
		C t	Library and analy (Bart VIII line 4 la)	Pri	or Year	0.2.0	Current Year
ā	8		butions and grants (Part VIII, line 1h)		11,483,		9,927,247
Revenue	10	-	tment income (Part VIII, olumn (A), lines 3, 4, and 7d)		1,192,		1,145,945
歪	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		748,	_	1,243,718
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		710,	0,0	1,213,710
		12) .			117,863,		117,208,760
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)		33,948,	392	36,563,579
	14		ts paid to or for members (Part IX, column (A), line 4)			0	0
\$?	15	Saları 5–10	es, other compensation, employee benefits (Part IX, column (A), lines		50,274,	633	51,899,170
Expenses	16a		' sional fundraising fees (Part IX, column (A), line 11e)			298	25,300
9	ь		ndraising expenses (Part IX, column (D), line 25) ▶1,429,129		,		
Э	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		32,745,	489	32,829,301
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		117,010,		121,317,350
	19		ue less expenses Subtract line 18 from line 12		852,		-4,108,590
Net Assets or Fund Balances					ng of Curre Year		End of Year
9.53 18.95 18.95	20	Total	assets (Part X, line 16)		209,104,	302	209,026,275
4 E	21	Total	liabilities (Part X, line 26)		80,350,	373	79,438,901
	22		ssets or fund balances Subtract line 21 from line 20		128,753,	929	129,587,374
Unde my k	nowled	alties of dge and	perjury, I declare that I have examined this return, including accompanyin belief, it is true, correct, and complete Declaration of preparer (other than nowledge				
		****	**	1.	2015 05 12		
Sigr	1		ature of officer		2015-05-12 Date		
Her		DEBF	ra lee polley treasurer				
			or print name and title				
	_	F	Print/Type preparer's name Preparer's signature Date MARILYN A PENDERGAST		neck If	PTIN P01342	414
Paid		F	Firm's name ► UHY ADVISORS NY INC		lf-employed m's EIN 🟲 1		
Pre	pare	r		ı			

Use Only

Firm's address ▶ 66 SOUTH PEARL STREET SUITE 400

ALBANY, NY 12207

May the IRS discuss this return with the preparer shown above? (see instructions)

Phone no (518) 449-3166

✓ Yes ☐ No

Par		nent of Program Service A Schedule O contains a response	Accomplishments or note to any line in this Part III		٦
1	Briefly describe	e the organization's mission			
RIGO CAR DEV SPIR RESF INSF	OROUS EDUCAT ONDELET, WE W ELOPING THEIR SITUAL GIFTS IN PECT THE COLL PIRE OUR GRAD AGEMENT WITH	IONAL EXPERIENCES IN THE VELCOME MEN AND WOMEN FR RINTELLECTUAL CAPACITIES NA DIVERSE LEARNING COMM EGE DELIVERS DISTINCTIVE A UATES TO BE PRODUCTIVE AI THE URBAN ENVIRONMENT E	GES HIGHLY MOTIVATED UND PROGRESSIVE TRADITION OF OM ALL RELIGIOUS AND CULTU STUDENTS HAVE THE OPPORT UNITY THAT FOSTERS INTEGR AND COMPREHENSIVE LIBERAL DULTS, CRITICAL THINKERS, A XPANDS THE SETTING FOR EDU DLVEMENT AND EFFECTIVE LEA	THE FOUNDING SISTERS OF JRAL BACKGROUNDS IN A FUNITY TO CULTIVATE THE LITY, INTERDEPENDENCE, A RTS AND PROFESSIONA NO MOTIVATED, CARING OUCATIONAL OPPORTUNIT	OF ST JOSEPH OF DDITION TO EIR CREATIVE AND AND MUTUAL L PROGRAMS THAT CITIZENS OUR
2	the prior Form 9		ogram services during the year w 		┌ Yes ┌ No
3	services? .		significant changes in how it cond · · · · · · · · · · · · ·		┌ Yes ┌ No
4	Describe the or expenses Sect	ganızatıon's program service acc	omplishments for each of its three anizations are required to report th program service reported		
4a	(Code THE COLLEGE PRO	, , ,	7,946,604 including grants of \$ TO BOTH UNDERGRADUATE AND GRADUA	36,563,579) (Revenue \$ TE STUDENTS	90,173,721)
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program (Expenses \$	n services (Describe in Schedule including	O) grants of \$) (Revenue \$)
40	Total program	service expenses It 107	946 604		

Part IV	Checklist of	Rec	uired	Sche	dules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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 1	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 for escrow or custodial account liability, 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^{\square}	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
l1	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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	Yes	
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
е	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 and XII	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 and XII is optional	12b		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Parts I and IV	14b	Yes	
L 5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
L 6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
L7	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 (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
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, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2013)

Ċ	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	.) No
la	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 189			110
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1 }		
	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	,		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		No
h	account)?			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			
	See instructions for fining requirements for Form 10 F 90-22 1, Report of Foreign Bank and Financial Accounts			
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
ā	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions?			
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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	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			
_	71 Too, maleute the number of forms of 202 med during the year 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
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	7 9		
2	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		
_)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
_	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
•	year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	Į Į		
a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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

Se	ction 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			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
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		No
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
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
ь	more members of the governing body?	7a 7b		No No
	or persons other than the governing body?			
	year by the following			1
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			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		
		10b 11a	Yes	
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing		Yes	
11a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	
11a b 12a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
11a b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
11a b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	11a 12a 12b	Yes Yes Yes	
11a b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	11a 12a 12b	Yes	
11a b 12a b c	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13	Yes Yes Yes	
11a b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes	
11a b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
11a b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	11a 12a 12b 12c 13 14	Yes Yes Yes Yes	
11a b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	
11a b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
11a b 12a c 13 14 15 a b 16a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
11a b 12a c 13 14 15 a b 16a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b 16a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No

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

►DEBRA LEE POLLEY 432 WESTERN AVE ALBANY, NY 12203 (518) 454-2066

Form 990	(2013)	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line 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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(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

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

	(A) Name and Title	(B) A verage hours per week (list any hours	Average Position (do not check ours per more than one box, unless eek (list person is both an officer ony hours and a director/trustee) Position (do not check organization (worganization (Worganizations) (Worganization) (Worganization) (Worganization)									,_	(F) Estima imount of compens from t	ted fother ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-	MISC)	2/1099-MISC)		rganizati relate organiza	ed
1b	Sub-Total			•				, T						
c d	Total from continuation sheet Total (add lines 1b and 1c).	s to Part VII, S	ection A		•	•	•	•		2,069,337		0		309,428
2	Total number of individuals (in	cluding but not					d abov	e) w			an			
	\$100,000 of reportable compe	ensation from th	e organ	ızatıc	n ► 2	27								
											F		Yes	No
3	Did the organization list any fc on line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee, •	or highest	compen:	sated employee	3	Vac	
4	For any individual listed on line	e 1a, is the sum	of repo	rtable	есо							<u> </u>	Yes	
	organization and related organ	ızatıons greater	than \$1	150,0	000	? If '	"Yes," d	omp	lete Schedu	le J for su	ıch	4	Yes	
5	Did any person listed on line 1	a receive or acc	rue cor	npen:	satı	on fr	om any	unr	elated orga	anızatıon	or individual for		162	
	services rendered to the organ	iization? <i>If "Ye</i> s,	." compl	ete S	ched	ule J	for su	ch pe	erson .		[5		No
Se	ction B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization	e highest comp											tay yosr	
	compensation nom the organiz	(A)	mpens	acion	101	iie C	arenda	ıı ye	ar enumy v	vicii Of WI	(B)	10115	tax year (C	

(A) Name and business address	(B) Description of services	(C) Compensation
ARAMARK CORPORATION PO BOX 198532 ATLANTA GA 30384	FOOD SERVICE	3,557,256
WAINSCHAF ASSOCIATES INC 65 WASHINGTON ST RENSSELAER NY 12144	CARPENTRY	556,158
ROYALL & COMPANY 1001 PATTERSON AVE RICHMOND VA 23238	STUDENT SEARCH SERVICES	506,434
TURNER CONSTRUCTION 22 CORPORATE WOODS BLVD FL4 ALBANY NY 12211	CONSTRUCTION SERVICES	482,611
USHERWOOD OFFICE TECHNOLOGY 1005 W FAYETTE STREET SYRACUSE NY 13204	MAIL PRINTING SERVICES	453,473

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 ►26

Form 99								Page 9
Part V	/	Statement o Check if Schedu	o f Revenue ule O contains a respor	nse or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 £	1a	Federated cam	paigns 1a					
ran	b	Membership du	es 1b					
s, G Am	С	Fundraising eve	ents 1c					
Gift	d	Related organiz	zations 1d					
ns, C	е	Government grants	s (contributions) 1e	5,901,598				
Contributions, Giffs, Grants and Other Similar Amounts	f	sımılar amounts no		4,025,649				
	g h	1a-1f \$ Total. Add lines	ons included in lines	393,777	9,927,247			
	<u>.</u>	Totali / (dd iii) c.		► Business Code	, ,			
me	2a	TUITION AND FEES	6	611710	90,173,721	90,173,721		
ek ek	ь	AUXILIARY SERVIC	ES	900099	14,718,129	, ,		14,718,129
93	С							
že. Že	d							
Ē	е							
Program Service Revenue	f	All other progra	am service revenue					
	g	Total. Add lines			104,891,850			
	3		ome (including dividendar amounts)		559,449			559,449
	4		stment of tax-exempt bond	proceeds 🕨				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	(i) iccui	(II) I CISOIIII				
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	• •	me or (loss)					
		Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of assets other than inventory	42,717,214					
	b	Less cost or other basis and	42,130,718					
	c	sales expenses Gain or (loss)	586,496					
	d		ss)		586,496			586,496
e =	8a	Gross income f events (not inc	_					
Other Revenue		\$of contributions See Part IV, lin	s reported on line 1c)					
<u>-</u>			a					
₹	b c		penses b (loss) from fundraising	events				
	9a		rom gaming activities	-				
			a					
	b		penses b (loss) from gamıng actı	vities				
		Gross sales of returns and allo	ınventory, less	-				
	١.		a					
	b		oods sold . . b (loss) from sales of inve	entory				
		Miscellaneous		Business Code				
	11a	OTHER REVEN	IUE	900099	1,243,718			1,243,718
	b							
	c	• • • • • • • • • • • • • • • • • • • •						
	d e	All other revenue Total. Add lines		▶				
				. }	1,243,718			
	12	lotal revenue.	See Instructions .		117,208,760	90,173,721	0	17,107,792

Grants and other assistance to individuals in the

Compensation of current officers, directors, trustees, and

Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .

and 403(b) employer contributions)

Professional fundraising services See Part IV, line 17

Investment management fees

state, or local public officials

Payments to affiliates

Conferences, conventions, and meetings

Depreciation, depletion, and amortization

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [if following SOP 98-2 (ASC 958-720)

Other expenses Itemize expenses not covered above (List

miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)

Payments of travel or entertainment expenses for any federal,

Schedule O) Advertising and promotion . . .

Office expenses

Information technology . . .

Royalties . .

a EDUCATIONAL

c UTILITIES

d RECRUITING

e All other expenses

OTHER CONTRACTUAL SERVI

Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on

Other employee benefits

Fees for services (non-employees) Management

Legal

Pension plan accruals and contributions (include section 401(k)

Grants and other assistance to governments, organizations, and individuals outside the United

United States See Part IV, line 22

States See Part IV, lines 15 and 16

Benefits paid to or for members

key employees .

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

Other salaries and wages

835,040

52,181

152,347

67,437

25,300

39,054

40,565

5,446

13,197

16,336

39,697

102,505

12,874

27,150

Form 990 (2013)				Page 10
Part IX Statement of Functional Expenses				
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns A	ll other organizat	ıons must comp	lete column (A)	
Check if Schedule O contains a response or note to any line in th	s Part IX			<u> </u>
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				

36,040,691

522,888

674,316

38,394,399

2,635,871

7,383,617

2,810,967

415,523

145,742

114,710

25,300

242,039

3,557,256

1,173,791

1,894,067

938,252

909,638

668,537

2,527,942

7,295,369

3,889,732

2,523,080

2,250,773

2,507,776

121,317,350

955,251

819,823

36,040,691

522,888

33,364,409

2,210,155

6,114,718

2,381,826

415,523

3,557,256

252,431

860,841

786,168

550,431

2,156,542

6,235,605

3,889,732

1,890,293

1,996,762

1,420,718

107,946,604

955,251

699,376

1,644,988

674,316

4,194,950

373,535

361,704

145,742

114,710

242,039

882,306

208,514

71,965

110,273

101,770

331,703

957,259

107,573

632,787

226,861

1,116,552

Part X Balance Sheet

	rt X	Check if Schedule O contains a response or note to any line in	this	Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			beginning of year	1	Elia di yeai
	2	Savings and temporary cash investments			16.368.194	2	12,611,240
	3				3,054,740		1,458,865
	_	Pledges and grants receivable, net			4,886,978		· · ·
	4	Accounts receivable, net			4,880,978	4	4,086,218
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete P Schedule L	art II	of		5	
ts	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	ibuting employers		6		
Assets	7	Notes and loans receivable, net				7	
4	8	Inventories for sale or use			889.862	8	1,070,444
	9	Prepaid expenses and deferred charges			000,002	9	1,0,0,111
	10a	Land, buildings, and equipment cost or other basis		229.310.513			
	١.	Complete Part VI of Schedule D	10a	, ,		.	422.250.070
	b	Less accumulated depreciation	10b		135,188,397		132,356,978
	11	Investments—publicly traded securities			30,015,040	11	37,689,121
	12	Investments—other securities See Part IV, line 11			16,172,304	12	17,285,034
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			2,528,787	15	2,468,375
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			209,104,302	16	209,026,275
	17	Accounts payable and accrued expenses			11,079,623	17	11,873,729
	18	Grants payable				18	
	19	Deferred revenue			900,951	19	883,235
	20	Tax-exempt bond liabilities			58,210,000	20	56,945,000
\mathcal{Q}	21	Escrow or custodial account liability Complete Part IV of Sch	edule	D		21	
Liabilitie	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqual		rustees,			
ge		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	es .		1,199,723	23	782,368
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	art X	of Schedule			
		D			8,960,076		8,954,569
	26	Total liabilities. Add lines 17 through 25			80,350,373	26	79,438,901
8		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	▼ ar	ıd complete			
ä	27	Unrestricted net assets			109,290,631	27	107,406,529
က က	28	Temporarily restricted net assets			7,059,275	28	9,081,611
Fund Balance	29	Permanently restricted net assets			12,404,023	29	13,099,234
Ē		Organizations that do not follow SFAS 117 (ASC 958), check h	ere Þ	⊦ ┌─ and			
٥. ٩		complete lines 30 through 34.		,			
8	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Ą	32	Retained earnings, endowment, accumulated income, or other	funds			32	
Ř	33	Total net assets or fund balances			128,753,929	33	129,587,374
_	34	Total liabilities and net assets/fund balances			209,104,302	34	209,026,275

Par	t XI Reconcilliation of Net Assets			<u> </u>	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI	•	• •		▽
1	Total revenue (must equal Part VIII, column (A), line 12)	1		117,2	208,760
2	Total expenses (must equal Part IX, column (A), line 25)	2		121,3	317,350
3	Revenue less expenses Subtract line 2 from line 1	3		-4,1	.08,590
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		128,7	753,929
5	Net unrealized gains (losses) on investments	5		4,9	27,858
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			14,177
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		129,5	
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed or	1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	า			
3 a	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?	e	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	

Software ID: **Software Version:**

EIN: 14-1338371

Name: THE COLLEGE OF SAINT ROSE

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers,	Direct	ors,	Tru	ste	es, I	(ey	Employees, High	hest		
(A) Name and Title	(A) (B)		(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	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former			related organizations	
MR MICHAEL MILLER TRUSTEE	50	х						0	0	0	
MS JUDITH CALOGERO	50	х						0	0	0	
TRUSTEE MS RITA B CROTTY TRUSTEE	50	х						0	0	0	
MS RITA F DILLON TRUSTEE	50	х						0	0	0	
SR MARY LOU DOLAN CSJ TRUSTEE	50	х						0	0	0	
MR JOHN DUNNE	50	х						0	0	0	
TRUSTEE SR KATHLEEN EAGAN CSJ TRUSTEE	50	х						0	0	0	
SR MARGARET M EDIC CSJ TRUSTEE	50	х						0	0	0	
MS JOANNE ESPOSITO TRUSTEE	50	х						0	0	0	
SR ELIZABETH GIARRUSSO CSJ	50	Х						0	0	0	
TRUSTEE SR KATHERINE HANLEY CSJ TRUSTEE	50	х						0	0	0	
MR RYAN P HALLIDAY TRUSTEE	50	х						0	0	0	
GEORGE R HEARST III TRUSTEE	50	х						0	0	0	
SR MARY ANNE HEENAN CSJ TRUSTEE	50	х						0	0	0	
MR RICHARD J HUETHER TRUSTEE	50	х						0	0	0	
SR JOAN LESCINSKI CSJ TRUSTEE	50	х						0	0	0	
MR I NORMAN MASSRY TRUSTEE	50	х						0	0	0	
MR MATTHEW H MATARASO TRUSTEE	50	х						0	0	0	
DR LEE A MCELROY JR TRUSTEE	50	х						0	0	0	
MS TONITA MCKONE TRUSTEE	50	х						0	0	0	
MR DANIEL P NOLAN TRUSTEE	50	х						0	0	0	
MR KEVIN O'CONNOR TRUSTEE	50	х						0	0	0	
DR KATHLEEN S RICKER TRUSTEE	50	х						0	0	0	
MR JEFFREY B SCOTT TRUSTEE	50	х						0	0	0	
MR GREGORY V SERIO TRUSTEE	50	х						0	0	0	
	_				1	1	•	1			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors (A) (B) (C) (D) (F) Name and Title Position (do not check Average Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Former Highest compensated employee Individual trustee or director organizations Institutional Trustee related below organizations employee dotted line) MS ELIZABETH A SIMCOE 50 Χ 0 0 TRUSTEE SR ANNE BRYAN SMOLLIN CSJ 50 Χ 0 0 0 SR PATRICIA ST JOHN CSJ 50 0 0 0 Χ TRUSTEE MR JEFFREY STONE 50 Χ 0 0 0 TRUSTEE MR CHARLES TOUHEY 50 Χ 0 0 0 TRUSTEE SR ELIZABETH VAN DEUSEN CSJ 50 0 0 Х 0 TRUSTEE HAROLD L WILLIAMS 50 Χ 0 0 0 **TRUSTEE** SR DIANE ZIGO CSJ 50 Χ 0 0 0 **TRUSTEE** MARTIN J BARRINGTEN 50 Χ 0 0 TRUSTEE ROBERT H BARLOW 50 Χ TRUSTEE MARCIA WHITE 50 Χ 0 0 0 TRUSTEE MARGARET KIRWIN 40 00 Χ 231,494 0 27,831 INTERIM PRESIDENT MARCUS BUCKLEY 40 00 Χ 247,552 36,910 0 CHIEF OPERATING OFFICER DEBRA LIBERATORE-LEBLANC 40 00 Χ 89,047 0 26,818 SECRETARY MARY GRONDAHL 40 00 0 Х 159,878 32,782 VP ADMINSSIONS DENNIS MCDONALD 40 00 127,051 Х 0 26,086 VP STUDENT AFFAIRS RICHARD PULICE 40 00 Х 131,107 0 8,091 **FACULTY** JEFFREY KNAPP 40 00 Χ 120,010 0 24,377 VP HUMAN RESOURCES MARY ANN MCLOUGHLIN 40 00 Χ 117,887 0 21,455 DAVID SZCZERBACKI 40 00 333,867 Χ 0 27,251 FORMER PRESIDENT (JULY 1, 2012-JUNE 30, 2013) MARK SULLIVAN 40 00 Χ 257,911 0 37,213 FORMER PRESIDENT, CURRENT FACULTY SEVERIN CARLSON 40 00 Χ 131,059 0 25,306 FORMER DEAN KARIN PATRICELLI 40 00 Χ 122,474 0 15,308 FORMER VP INSTITUTIONAL ADVANCEMENT

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135034005

Employer identification number

OMB No 1545-0047

Public Charity Status and Public Support

2013

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization THE COLLEGE OF SAINT ROSE

14-1338371

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

	rt I			blic Charity Sta						<u>ıstruct</u>	ions.		
The	organı	zatıon ıs	not a privat	te foundation becaus	eitis (Forl	ınes 1 throu	ıgh 11, check	only one bo	ox)				
1	\sqcap	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	<u>~</u>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	ation descr	ıbed ın sectio	n 170(b)(1)	(A)(iii).				
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the											
	_			ty, and state									_
5	ı	_	•	erated for the benefi	_	or universi	ty owned or o	perated by a	a government	al unit	describ	ed in	
	_	section 170(b)(1)(A)(iv). (Complete Part II)											
6	<u> </u>			local government or	=								
7		_		at normally receives		•	support from	a governme	ntal unit or fr	om the	genera	public	:
8	\vdash			on 170(b)(1)(A)(vi). : described in sectior			nnlete Part II						
9	<u>'</u>		· ·	at normally receives			*	-	utions meml	hershin	fees a	nd arns	: c
_	,	_		ities related to its e	` '		• • •		•	•	•		
				oss investment inco									
		•		ganızatıon after June				•		cux, no	iii basiii	03303	
10	\vdash	•	,	ganized and operated	•			•	•				
11	<u>'</u>	-		ganized and operated	•		•			o carry	out the	nurnos	ses of
	,			ly supported organiz									
		the box	that descri	bes the type of supp	orting organ	ization and o	complete line	s 11e throu	gh 11h				
				b			· -				•	_	
e	Г		_	ox, I certify that the	_		-					-	
			han foundatı ı 509(a)(2)	on managers and ot	her than one	or more pub	olicly support	ed organizat	ions describe	ed in se	ection 5	09(a)(:	1) or
f			. , , ,	received a written de	etermination	from the IR	S that it is a	Type I. Type	e II. or Type	III sun	portina	organi	zation.
			this box	Todali da a militari d	ccommucion	mom end in	o that it is a	. , po 1, . , p	211, 01 1 , pc	Jup	porting	organn.	
g				2006, has the organi	ızatıon accep	ted any gift	or contributi	on from any	of the				
			ng persons?										
				rectly or indirectly o	•		-	persons des	scribed in (ii)		11~(:)	Yes	No
		•		governing body of th		_	11				11g(i)		
		` '	•	er of a person descri	` ,		ahaya?				11g(ii)		<u> </u>
		• •		lled entity of a perso ng information about							11g(iii)		<u> </u>
h		Provide	e the followin	ng miormation about	the supporte	eu organizat	1011(5)						
	i) Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is t	-he	(v) Did you	notify	(vi) Is t	the	10	vii) Δn	nount of
•	suppoi		(, 21.1	organization	organizati		the organiz		organizati		`	•	etary
	rganiz			(described on	col (i) list		ın col (i) o		col (i) orga				port
				lines 1- 9 above	your gove	rnıng	suppor	t۶	ın the U	S?			
				or IRC section	docume	nt?							
				(see									
				instructions))	Yes	No	Yes	No	Yes	No			
			i	i	i	i	1	i	1		-		

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do 10,961,111 13,262,537 12,453,369 11,483,838 9,927,247 58,088,102 not include any "unusual grants ") 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 10.961.111 13,262,537 12,453,369 11,483,838 9,927,247 58,088,102 Total. Add lines 1 through 3 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) Public support. Subtract line 5 58,088,102 from line 4 Section B. Total Support Calendar year (or fiscal year **(b)** 2010 **(e)** 2013 (f) Total (a) 2009 (c) 2011 (d) 2012 beginning in) 🟲 11,483,838 13,262,537 12,453,369 9,927,247 Amounts from line 4 10,961,111 58,088,102 Gross income from interest, dividends, payments received on securities loans, rents, royalties 1,385,333 926,064 931,082 493,507 559,449 4,295,435 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 565,076 667,567 825,999 748,670 1,243,718 4,051,030 capital assets (Explain in Part IV) 11 Total support (Add lines 7 66,434,567 through 10) 12 Gross receipts from related activities, etc (see instructions) 12 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 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 87 440 % Public support percentage for 2012 Schedule A, Part II, line 14 15 86 890 % 16a 33 1/3% support test—2013. 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—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this ►□ box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2013. 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 - 2012. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") 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						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6) ction B. Total Support						
	ndar year (or fiscal year beginning	() 2000	(1) 2010	() 2011	(1) 2012	() 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	(b) 2010	(6) 2011	(4) 2012	(5,232	
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization ic Support Performance (line 8, column (2 Schedule A, Paragraphic Performance) colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or 13, column (f)) ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the second of the secon	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or 13, column (f)) ge by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. 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 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. Provide the explanations required by Part II, line 10; Part II, line 17a or	
	17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	

	Facts And Circumstances Test
Return Reference	Explanation
STATILS AND SHODDER	THE COLLEGE QUALIFIES AS A PUBLIC CHARITY AS A SCHOOL DESCRIBED IN INTERNAL REVENUE CODE SECTION 170(B)(1)(A)(II) SCHEDULE A, PART II (SUPPORT SCHEDULE) HAS BEEN COMPLETED TO DEMOSTRATE ELIGIBILITY TO REPORT CONTRIBUTIONS ON SCHEDULE B UNDER THE APPLICABLE SPECIAL RULE

Schedule A (Form 990 or 990-EZ) 2013

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

DLN: 93493135034005

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

	e organization OF SAINT ROSE		Employer identific	ation number
			14-1338371	
	Organizations Maintaining Donor Adv organization answered "Yes" to Form 990,		unds or Account	s. Complete if the
		(a) Donor advised funds	(b) Funds and	other accounts
Total n	umber at end of year			
Aggreg	ate contributions to (during year)			
Aggreg	ate grants from (during year)			
Aggreg	ate value at end of year			
	e organization inform all donors and donor adviso ire the organization's property, subject to the or		nor advised	┌ Yes ┌ No
used o	e organization inform all grantees, donors, and do nly for charitable purposes and not for the benef ring impermissible private benefit?			┌ Yes ┌ No
	Conservation Easements. Complete if	the organization answered "Yes" t	to Form 990, Part I	V, line 7.
☐ Pre ☐ Pro ☐ Pre	e(s) of conservation easements held by the organservation of land for public use (e g , recreation etection of natural habitat eservation of open space ete lines 2a through 2d if the organization held a	or education) Preservation of ar Preservation of a	n historically importar certified historic structure the form of a conserva	cture
	ent on the last day of the tax year			
			Held at the	End of the Year
Total n	umber of conservation easements		2a	
	creage restricted by conservation easements		2b	
	r of conservation easements on a certified histo	. ,	2c	
historio	r of conservation easements included in (c) acq c structure listed in the National Register		2d	
	r of conservation easements modified, transferr year 🛌	ed, released, extinguished, or terminate	ed by the organizatior	during
Numbe	r of states where property subject to conservati	on easement is located ►		
	he organization have a written policy regarding t ement of the conservation easements it holds?	he periodic monitoring, inspection, han	dling of violations, an	d Yes No
Staff ar ►	nd volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation easer	ments during the year	
A moun ► \$	t of expenses incurred in monitoring, inspecting	, and enforcing conservation easement	s during the year	
Does e		I) above satisfy the requirements of sec	ction 170(h)(4)(B)(ı)	┌ Yes ┌ No
balance	: XIII, describe how the organization reports cor e sheet, and include, if applicable, the text of the lanization's accounting for conservation easeme	e footnote to the organization's financia		
	Organizations Maintaining Collections Complete if the organization answered "You		or Other Similar	Assets.
works	organization elected, as permitted under SFAS 1 of art, historical treasures, or other similar asse e, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or research in further	
works	organization elected, as permitted under SFAS 1 of art, historical treasures, or other similar asse e, provide the following amounts relating to these	ts held for public exhibition, education,		
(i) Rev	enues included in Form 990, Part VIII, line 1		► \$	
(ii) ∆ c o	sets included in Form 990, Part X		▶ ¢	172,982
If the o	organization received or held works of art, historing amounts required to be reported under SFAS		or financial gain, prov	
Revenu	ues included in Form 990, Part VIII, line 1		► \$	
A scats	uncluded in Form 990 Part V		b 4	

Part	•••• Organizations Maintaining Co	llections of Art, I	Historica	l Treas	ures, or Ot	<u>her Similar As</u>	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	, check an	y of the fo	ollowing that ar	e a significant use	of its
а	Public exhibition		d l	oan or ex	change progra	ms	
b	Scholarly research		е Г	ther			
c	Preservation for future generations						
4	Provide a description of the organization's c Part XIII	ollections and explain	how they 1	urther the	e organızatıon's	s exempt purpose	ın
5	During the year, did the organization solicit						F., F.,
Dav	assets to be sold to raise funds rather than to the training to the training to the training assets to be sold to raise funds rather than to the training to the training assets to be sold to raise funds rather than the training training to the training assets to be sold to raise funds rather than the training trainin						Yes No
Fell	Part IV, line 9, or reported an ar				on answered	res to rollins	790,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				or other asse		┌ Yes ┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	llowing tab	le	_		
					<u> </u>		nount
c	Beginning balance					lc	
d	Additions during the year				<u> </u>	.d	
e f	Distributions during the year				-	.e	
f	Ending balance	000 D 137 1			L ₃	lf	
2a	Did the organization include an amount on F	orm 990, Part X, line 2	217				「Yes 「No
b	If "Yes," explain the arrangement in Part XI				-		<u></u>
Pa	rt V Endowment Funds. Complete		answered (b)Prior yea			Part IV, line 10. (d)Three years back	(e)Four years back
1a	Beginning of year balance	36,206,100	31,92		31,663,866	26,763,849	23,144,335
b	Contributions	617,120	1,13	5,376	1,073,734	1,182,636	292,767
c	Net investment earnings, gains, and losses	5,743,241	3,45	5,288	-376,777	4,609,637	2,042,632
d	Grants or scholarships						
е	Other expenditures for facilities and programs	-565,157	-31	,632	-435,755	-892,256	-1,284,115
f	Administrative expenses	42,001,304	36,20	100	21 025 060	21.662.066	26 762 040
g	End of year balance	, ,		<u> </u>	31,925,068	31,663,866	26,763,849
2	Provide the estimated percentage of the cur	·	(line 1g, c	olumn (a)) held as		
а	Board designated or quasi-endowment	52 000 %					
Ь	Permanent endowment ► 31 000 %						
C	remporarily restricted endowment	000 %					
_	The percentages in lines 2a, 2b, and 2c sho					6	
3a	Are there endowment funds not in the posse organization by	ssion of the organizati	on that are	neid and	administered	for the	Yes No
	(i) unrelated organizations					3a(
	(ii) related organizations					3a(ii) No
b	If "Yes" to 3a(II), are the related organizatio	•				31	b
4	Describe in Part XIII the intended uses of the					I. F 000 D.	
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line		e organiz	ation ans	swered Yes	to Form 990, Pa	art IV, line
	Description of property	101		st or other nvestment)	(b)Cost or other)		(d) Book value
	Land		 		1,974,5	545	1,974,545
	Buildings				191,556,4		
c	Leasehold improvements		.		,		
d	Equipment		. [33,115,0	31,532,468	3 1,582,596
	Other				2,664,4	1,786,046	878,431
	I. Add lines 1a through 1e <i>(Column (d) must e</i>		column (B)	line 10(c).)		132,356,978
						Schedule [) (Form 990) 2013

See Form 990, Part X, line 12.		inswered Yes to Form 990, Part IV, line 11b.
(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		
(3)Other (A)CERTIFICATES OF DEPOSIT	1,896,315	F
(B) PRIVATE HEDGE FUND	9,668,232	F
(C) PRIVATE EQUITY FUND	742,244	F
(D) REAL ESTATE	1,907,303	F
(E) LIMITED PARTNERSHIP	683,566	F
(F) BOND FUND	2,387,374	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	1 7,285,034	
Part VIII Investments—Program Related. Co	-	answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
	, ,	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. Complete if the organization		
(a) Descr	iption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25.	anization answered 'Yes' to	Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes	7.627.427	
US GOVERNMENT ADVANCES	7,627,137 1,327,432	
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide	.,,.	organization's financial statements that

the organization answered 'Yes' to Form 990, Part IV, line 12a. Tevenue, gains, and other support per audited financial statements		2e 3 4c 5 per Re	91,841,770 4,942,034 86,899,736 30,309,024 117,208,760 e turn. Complete
realized gains on investments	14,176	3 4c 5	30,309,024 117,208,760
celd services and use of facilities	14,176	3 4c 5	30,309,024 117,208,760
eries of prior year grants	30,309,024	3 4c 5	30,309,024 117,208,760
(Describe in Part XIII)	30,309,024	3 4c 5	30,309,024 117,208,760
ct line 2e from line 1	30,309,024	3 4c 5	30,309,024 117,208,760
ct line 2e from line 1		3 4c 5	30,309,024 117,208,760
the included on Form 990, Part VIII, line 12, but not on line 1 Imment expenses not included on Form 990, Part VIII, line 7b . 4a (Describe in Part XIII)		4c 5	30,309,024 117,208,760
ment expenses not included on Form 990, Part VIII, line 7b . 4a (Describe in Part XIII)		5	117,208,760
(Describe in Part XIII)		5	117,208,760
nes 4a and 4b		5	117,208,760
revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	117,208,760
Reconciliation of Expenses per Audited Financial Statements With f the organization answered 'Yes' to Form 990, Part IV, line 12a.			
f the organization answered 'Yes' to Form 990, Part IV, line 12a.	Expenses	per Re	turn. Complete
		1	91,008,326
nts included on line 1 but not on Form 990, Part IX, line 25			
ed services and use of facilities			
ear adjustments			
losses			
(Describe in Part XIII)............. <mark>2d</mark>			
nes 2a through 2d		2e	C
ct line 2e from line 1		3	91,008,326
nts included on Form 990, Part IX, line 25, but not on line 1:			
ment expenses not included on Form 990, Part VIII, line 7b 4a			
(Describe in Part XIII)............. <mark>4b</mark>	30,309,024		
nes 4a and 4b		4c	30,309,024
expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	121,317,350
e e lo (I lo control o lo contr	d services and use of facilities	d services and use of facilities	d services and use of facilities

Return Reference	Explanation
PART III, LINE 4	COLLECTIONS OF ART AND HISTORICAL MATERIALS ARE USED TO ENRICH THE LIBERAL ARTS EDUCATION PROVIDED BY THE COLLEGE
PART V, LINE 4	THE PRIMARY USES OF THE ENDOWMENT ARE SCHOLARSHIPS AND AWARDS (BASED ON THE AGREEMENT WITH THE DONOR), TO FUND NECESSARY CAPITAL PROJECTS, AND TO ADDRESS OTHER NEEDS OF THE COLLEGE AS APPROVED BY THE BOARD OF TRUSTEES
PART X, LINE 2	THE COLLEGE BELIEVES THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS THE COLLEGE HAS NO FEDERAL OR STATE INFORMATIONAL RETURNS THAT ARE CURRENTLY UNDER EXAMINATION BY THE INTERNAL REVENUE SERVICE ("IRS") OR STATE AUTHORITIES HOWEVER, FISCAL YEARS 2011 AND LATER REMAIN SUBJECT TO EXAMINATION BY THE IRS AND NEW YORK STATE
PART XI, LINE 2D - OTHER ADJUSTMENTS	SWAP ADJUSTMENT 14,176
PART XI, LINE 4B - OTHER ADJUSTMENTS	INSTITUTIONAL AID 30,309,024
PART XII, LINE 4B - OTHER ADJUSTMENTS	INSTITUTIONAL AID 30,309,024
•	

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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DLN: 93493135034005

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

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.

Department of the Treasury ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service

Open to Public Inspection

Name of the organization **Employer identification number** THE COLLEGE OF SAINT ROSE 14-1338371 Part I YES NO 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? Yes 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? Yes 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 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? **4**c Yes 4d d Copies of all material used by the organization or on its behalf to solicit contributions? 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 Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5c** Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo 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? Νo 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

Yes

Part II Supplemental Information. 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)

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	POLICY IS PUBLISHED IN STUDENT HANDBOOK AND OTHER COLLEGE PUBLICATIONS, AS WELL AS THE COLLEGE'S WEBSITE
SCHEDULE E, PART I, LINE 6	THE COLLEGE RECEIVES GRANTS FROM THE FEDERAL GOVERNMENT TO HELP ACHIEVE AND FURTHER ITS EDUCATIONAL MISSION THE COLLEGE ALSO RECEIVES FEDERAL AND NEW YORK STATE FUNDS THROUGH ITS STUDENTS IN THE FORM OF FEDERAL AND STATE STUDENT FINANCIAL AID AND ASSISTANCE

Schedule E (Form 990 or 990-EZ) 2013

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DLN: 93493135034005

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.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public **Inspection**

	e of the organization COLLEGE OF SAINT ROSE				Employer identi	fication number
					14-1338371	
Pa	rt I General Information "Yes" to Form 990, Par	on Activitio t IV, line 14b.	es Outside tl	ne United States. C	omplete if the organiza	ation answered
1	d ▽ Yes 					
2	For grantmakers. Describe in assistance outside the United	n Part V the or				,
3	Activites per Region (The follow	ing Part I, line 3	3 table can be d	uplicated if additional sp	ace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
(1)) EUROPE	0		FACULTY AND STUDY ABROAD PROGRAMS	EDUCATIONAL	468,789
(2)) SOUTH AMERICA	0		STUDY ABROAD PROGRAMS	EDUCATIONAL	12,127
(3)) EAST ASIA AND PACIFIC	0		FACULTY AND STUDY ABROAD PROGRAMS	EDUCATIONAL	16,989
(4)	CARIBBEAN	0		STUDY ABROAD PROGRAMS	EDUCATIONAL	24,983
(5)						
	Sub-total	0	0			522,888
	Total from continuation sheets to Part I	0	0			0
•	Totals (add lines 3a and 3b)	0	0			522,888

Pa						ited States. Compl duplicated if additior			to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(:	1)								
(:	2)								
(:	3)								
(4	4)								
2						ies by the foreign co (c)(3) equivalency l			
3	Enter total nur	nber of other or	ganizations or ent	rities					

Schedule F (Form 990) 2013

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. Part III can be duplicated if additional space is needed. (a) Type of grant or (b) Region (c) Number of (d) A mount of (e) Manner of cash (f) A mount of (g) Description (h) Method of cash grant disbursement of non-cash valuation assistance recipients non-cash (book, FMV, assistance assistance appraisal, other) (1) STUDY ABROAD EUROPE 22 259,455 APPLIED TO STUDENTS ACCOUNTS PROGRAM FOR STUDENTS (2) STUDY ABROAD SOUTH AMERICA 2 12,127 APPLIED TO STUDENTS ACCOUNTS PROGRAM FOR STUDENTS (3) STUDY ABROAD CENTRALAMERICA 2 24.983 APPLIED TO STUDENTS ACCOUNTS PROGRAM FOR AND CARIBBEAN STUDENTS (4) STUDY ABROAD EAST ASIA AND 11,489 APPLIED TO 1 PROGRAM FOR PACIFIC STUDENTS ACCOUNTS STUDENTS (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

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, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	₽	- 1	Νo
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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Г	Yes	Þ	- 1	Νo
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)	Г	Yes	Į✓	- 1	Νo
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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	F	- 1	Νo
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)	Г	Yes	F	- 1	Νo
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).	Г	Yes	⊽	- 1	Νo

Schedule F (Form 990) 2013

Additional Data

Software ID: Software Version:

EIN: 14-1338371

Name: THE COLLEGE OF SAINT ROSE

Schedule F (Form 990) 2013

Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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DLN: 93493135034005

OMB No 1545-0047

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.

Open to Public

	e of the organization	-			e2) and its instructions is at w			tification number
нЕ	COLLEGE OF SAINT ROS	E					14-1338371	
Pa		tivities. Complete s are not required			on answered "Yes" t part.	to Form !	990, Part IV,	line 17.
1	Indicate whether the organ	•	•		•	eck all tha	t apply	
а	Mail solicitations	nearlon raibea railab e	oug.i ui	e	Solicitation of non			
b	Internet and email sol	ıcıtatıons		f	Solicitation of gov	_	=	
c	Phone solicitations			а	Special fundraising		9	
d	In-person solicitations	5			, -, -, -, -, -, -, -, -, -, -, -, -, -,	J		
2a	Did the organization have a or key employees listed in							Ves
b	If "Yes," list the ten higher to be compensated at leas	st paid individuals or t t \$5,000 by the orgai	entities (f nization	undraisei	rs) pursuant to agreeme	ents unde	r which the fur	ndraiser is
((i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or irol of outions?	(iv) Gross receipts from activity	(or re fundrais	ount paid to tained by) ser listed in ol (i)	(vi) A mount paid to (or retained by) organization
			Yes	No				
1	WASHBURN AND MCGOLDRICK INC 910 NEW LOUDON RD	CONSULTATION		No	0		25,300	0
	STE 210				, and the second		23,300	5
	LATHAM, NY 12110							
2								
3								
4								
5								
6								
7								
8								
9								
10								
ota	ı			.			25,300	
3	List all states in which the registration or licensing	organization is regist	ered or lic	ensed to	solicit contributions o	r has bee	n notified it is	exempt from

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribut	ion answered "Yes" to tions and gross income	Form 990, Part IV, li on Form 990-EZ, lin	ne 18, or reported es 1 and 6b. List
			(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	(-),
Revenue	1	Gross receipts				
eVe	2	Less Contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
မှာ	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ă	7	Food and beverages .				
Direct	8	Entertainment				
ā	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 ın colum	n (d)		()
	11	Net income summary Subtract li	ne 10 from line 3, colum	n (d)		
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
<u>Ф</u>		\$13,000 OH FORM 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col (a) through col (c)
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
Direct B	4	Rent/facility costs				
<u>ā</u>	5	Other direct expenses				
	6	Volunteer labor	✓ Yes % ✓ No %	Г Yes% Г Nо	☐ Yes	
	7	Direct expense summary Add lines	s 2 through 5 in column	(d)		
	8	Net gaming income summary Subt	ract line 7 from line 1, c	olumn (d)		
9	Ent	er the state(s) in which the organiza	ition operates gaming ac	ctivities		
а		the organization licensed to operate				. Fyes Fno
b	If"	No," explain				
10a b		re any of the organization's gaming l Yes," explain				

						1:
Does	s the organization operate gaming activi	ties with nonmember	rs?		T Yes T No	
12	Is the organization a grantor, beneficia					
	formed to administer charitable gaming	g [,]			· Fyes [– No
13	Indicate the percentage of gaming act	ıvıty operated ın				
а	The organization's facility					%
b	An outside facility			13b		%
14	Enter the name and address of the per	son who prepares the	e organization's gaming/special e	vents books and reco	ords	
	Name ▶					
	Address 🟲					
15a b	Does the organization have a contract revenue?	evenue received by t	the organization 🟲 \$		· · 「Yes「	– No
	amount of gaming revenue retained by	the third party 🟲 \$ _				
C	If "Yes," enter name and address of th	e thırd party				
	Name ▶					
	Address ►					
16	Gaming manager information					
	Name 🕨					
	Gaming manager compensation ► \$					
	Description of services provided					
	Director/officer	T Employee	☐ Independent cor	ntractor		
17	Mandatory distributions					
а	Is the organization required under stat	e law to make charit	able distributions from the gaming	g proceeds to		
	retain the state gaming license?				┌ Yes 「	— No
b	Enter the amount of distributions requi	red under state law (distributed to other exempt organi	ızatıons or spent		
	ın the organızatıon's own exempt actıv	ities during the tax y	∕ear ⊳ \$			
Pai		5b, 15c, 16, and 1	xplanations required by Part I 7b, as applicable. Also compl			and
	Return Reference		Explanat	ıon		
		<u>I</u>	<u> </u>		rm 990 or 990-	7) 2012

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DLN: 93493135034005

Schedule I (Form 990)

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

OMB No 1545-0047

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

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

lame of the organization						Employer identification	on number
THE COLLEGE OF SAINT ROSE						14-1338371	
Part I General Information	n on Grants and	l Assistance				•	
 Does the organization maintain rethe selection criteria used to aw Describe in Part IV the organiza Part II Grants and Other As 	ard the grants or assistion's procedures for ssistance to Gov	sistance? r monitoring the use overnments and O	f grant funds in the Unite		nplete if the organ		F Yes □ I
Form 990, Part IV, line	e 21, for any recip	pient that received i	more than \$5,000. Pa	rt II can be duplicate	ed if additional spa	ce is needed.	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grader or assistance
2 Enter total number of section 50		=					
3 Enter total number of other organ						<u> • </u>	
D	Ala - Tarakan aki fa a f			C-4 N- FOOFFD		C - L J I	- T /F 000\ 2042

(a)Type of grant or assistance

(f)Description of non-cash assistance

Grants and Other Assistance to Individuals in the United States	. Complete if the organization answered	"Yes" to Form 990,	Part IV, line 22
Part III can be duplicated if additional space is needed.	,	•	•

(d)A mount of

(e)Method of valuation (book,

(c)A mount of

(b)Number of

GUIDELINES AS PROVIDED TO STUDENTS

	recipients	cash grant	non-cash assistance	FMV, appraisal, other)				
(1) SCHOLARSHIPS	3018	36,040,691						
Part IV Supplemental	Information. Provide the in	formation required in P	art I, line 2, Part III,	column (b), and any other	addıtıonal ınformatıon.			
Return Reference	Explanation							
PART I, LINE 2	SCHOLARSHIPS ARE AWARD	HOLARSHIPS ARE AWARDED BASED ON NEED AND MONITORED ANNUALLY BASED ON STUDENTS' ACADEMIC PROFILES AND						

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DLN: 93493135034005

OMB No 1545-0047

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, line 23. ► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization THE COLLEGE OF SAINT ROSE

Employer identification number

14-1338371

Pai	TEX Questions Regarding Compensation	1				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	<u> </u>	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> - - - - - - - - - -</u>	Health or social club dues or initiation fees			
	✓ Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses de			1b		No
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec				V	
	directors, trustees, officers, filefulling the GEO/Exec	utive D	rector, regarding the reems effected in fine 14.	2	Yes	
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all th used by a related organization to establish compens	at appl	y Do not check any boxes for methods			
	Compensation committee	<u>~</u>	Written employment contract			
	☐ Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	ᅜ	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, For a related organization	art VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	nt?	4a		No
b	Participate in, or receive payment from, a supplement	ntal non	qualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	st comp	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of					
a	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			7		No
8	Were any amounts reported in Form 990, Part VII, p	aıd or a	accured pursuant to a contract that was			
	subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$?	rebutt	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	FW-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation			other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)MARGARET KIRWIN INTERIM PRESIDENT	(i) (ii)	231,494 0	0	0	20,855 0	6,976 0	259,325 0	0
(2)MARCUS BUCKLEY CHIEF OPERATING OFFICER	(i) (ii)	247,552 0	0	0	22,638 0	14,272 0	284,462	0
(3)MARY GRONDAHL VP ADMINSSIONS	(i) (ii)	159,878 0	0	0	14,369 0	18,413 0	192,660 0	0
(4)DENNIS MCDONALD VP STUDENT AFFAIRS	(i) (ii)	127,051	0	0	11,81 4 0	14,272 0	153,137 0	0
(5)DAVID SZCZERBACKI FORMER PRESIDENT (JULY 1, 2012-JUNE	(i) (ii)	333,867 0	0	0	13,500	13,751 0	361,118 0	0 0
(6)MARK SULLIVAN FORMER PRESIDENT, CURRENT FACULTY	(i) (ii)	257,911 0	0	0	22,950 0	14,263 0	295,124 0	0
(7)SEVERIN CARLSON FORMER DEAN	(i) (ii)	131,059 0	0	0	11,317 0	13,989 0	156,365 0	0
(8)KARIN PATRICELLI FORMER VP INSTITUTIONAL ADVANCEMENT	(i) (ii)	122,474	0	0	10,869 0	4,439 0	137,782	0

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
	THE OFFICIAL RESIDENCE OF THE PRESIDENT IS OWNED AND MAINTAINED BY THE COLLEGE AND IS SITUATED IN CLOSE PROXIMITY TO THE COLLEGE'S URBAN CAMPUS THE PRESIDENT RESIDES IN HIS OFFICIAL RESIDENCE AS A CONDITION OF EMPLOYMENT AND FOR THE
	CONVENIENCE OF THE COLLEGE AND CERTAIN FUNDRAISING AND OTHER COLLEGE FUNCTIONS ARE HOSTED BY THE PRESIDENT IN HIS OFFICIAL RESIDENCE UNDER STIPULATION IN HIS EMPLOYMENT CONTRACT

Schedule J (Form 990) 2013

DLN: 93493135034005

OMB No 1545-0047

Schedule K (Form 990)

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 Part VI.

► Attach to Form 990. ► See separate instructions. ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

	COLLEGE OF SAINT ROSE								= ""	Employer Identification number					
	. College of SAINT ROSE									14	-13383	71			
P	art I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	: price	(f)	f) Description	n of purpose	(g) De	(g) Defeased		On alf of uer		Pool ncing
		<u> </u>					<u> </u>			Yes	No	Yes	No	Yes	No
A	CITY OF ALBANY INDUSTRIAL DEVELOPMENT AGENCY	14-6002058	012440LU5	06-28-2007	34,0	00,000	CAPI	FINANCE VA PITAL PROJE LLEGE	ARIOUS ECTS AT THE		х		x		х
В	CITY OF ALBANY INDUSTRIAL DEVELOPMENT AGENCY	14-6002058	012440LV3	06-28-2007	6,61	00,000	CAPI	FINANCE VA PITAL PROJE LLEGE	ARIOUS ECTS AT THE		х		х		Х
c	CITY OF ALBANY CAPITAL RESOURCE CORPORATION	27-3467899	012432AN0	07-01-2011	21,2	35,000	CAPI	FINANCE VA PITAL PROJE LLEGE	ARIOUS ECTS AT THE		Х		×		х
Pa	Proceeds														
	^				A	<u> </u>	\dashv	В		С			D		
1	A mount of bonds retired				 		\dashv					\longrightarrow			
2	A mount of bonds legally defeas Total proceeds of issue	<u></u>			 						24.22				
3	Gross proceeds in reserve fund			!		34,000,0	-		6,600,000		21,23				
4	Capitalized interest from proce					864,4	448					6,293			
5	Proceeds in refunding escrows				 		11.5		5.536.640		1,0/	9,918			
6	Issuance costs from proceeds			!		15,816,4		<u> </u>		571 611					
7	Credit enhancement from proce			!					136,542	571,611					
8	Working capital expenditures fr			!	 	613,0	000		115,000			\longrightarrow			
9 10	Capital expenditures from proc	·		!	 	16.069	205								
11	Other spent proceeds					16,068,8	895				17,95	1,540			
11	O ther unspent proceeds						-+					\longrightarrow			
13	Year of substantial completion				201	10	\dashv	2007		2012		\longrightarrow			
	· · · · · · · · · · · · · · · · · · ·				Yes	No.	\dashv	Yes	No	Yes		lo	Yes	ı	No
14	Were the bonds issued as part	of a current refundir	ng issue?	!	X			X			+	<u> </u>		\top	
	Were the bonds issued as part	of an advance refur	nding issue?			Х			х		 	$\overline{}$		\top	
16	Has the final allocation of proce				X		\dashv	х		X				\top	
17	Does the organization maintain		nd records to suppr	ort the final	X		\top					\neg		+	
	allocation of proceeds?							Х		Х					
Pa	rt IIII Private Business Us	<u>se</u>			A		$\neg \vdash$	В			С			D	
					Yes	No	-+	Yes	No	Yes	-	lo	Yes	Ť	No
1							-+				+			+	

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Χ

Χ

Χ

Part III Private Business Use (Continued)

Fair	Private Business Use (Continued)								
			Α		В		С		D
			No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		х		х		×		
ь	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?								
С	Are there any research agreements that may result in private business use of bond-financed property?		Х		х		Х		
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								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		Х		Х		Х		
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		х		×		х		
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	Х			×		×		

Part IV Arbitrage

						,			
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		Х		Х		Х		
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?		Х		Х		Х		
b	Exception to rebate?		Х		Х		Х		
С	No rebate due?		Х		Х		Х		
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		Х			X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		Х			X		
b	Name of provider	BANKOFAM	ERICA	BANKOFAM	ERICA				
С	Term of hedge	30 00000	0000000	20 00000	0000000				
d	Was the hedge superintegrated?		Х		Х				
е	Was the hedge terminated?		Х		Х				
							Scl	hedule K (Forn	n 990) 2013

Par	art IV Arbitrage (Continued)								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		×		X		X		
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		x		x		x		
7	Has the organization established written procedures to monitor the requirements of section 148?		X		x		x		

Part V Procedures To Undertake Corrective Action

Has 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?

Α		В		C		D		
Yes	No	Yes	No	Yes	No	Yes	No	
Х		х		Х				

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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DLN: 93493135034005

OMB No 1545-0047

(Form 990)

SCHEDULE M

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

Noncash Contributions

Inspection

14-1338371

Department of the Treasury Internal Revenue Service

THE COLLEGE OF SAINT ROSE

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number**

Part I Types of Property (d) (a) (b) (c) Number of contributions Check Noncash contribution Method of determining ıf or items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, applicable line 1 g 1 Art—Works of art . . . 2 Art—Historical treasures 3 Art—Fractional interests . . 4 Books and publications Clothing and household Cars and other vehicles . . 7 Boats and planes 8 Intellectual property . . . 9 Securities—Publicly traded . Χ 351,142 MARKET QUOTE 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Oualified 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 . . . 42,635 FAIR VALUE 25 Other ► (30 VARIOUS IN KI) Other►(__ Other ►(__ 27 28 Other ► (Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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 Νo **b** If "Yes," describe the arrangement in Part II 31 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? Nο 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Νo **b** If "Yes," describe in Part II 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2013)

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DLN: 93493135034005

Employer identification number

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

2013

Open to Public Inspection

THE COLLEGE OF SAINT ROSE	
	14-1338371

990 Schedule O, Supplemental Information

Return Reference	Explanation						
FORM 990, PART VI, SECTION B, LINE 11							
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY PROCEDURES ANNUAL CERTIFICATION OF COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS REQUIRED OF ALL MEMBERS OF THE GOVERNING BODY AND OFFICERS IN FEBRUARY EACH YEAR, AND OF NEWLY-APPOINTED INDIVIDUALS AT THE TIME OF APPOINTMENT APPLICABLE CONFLICTS OF INTEREST ARE REPORTED TO THE AUDIT COMMITTEE AND INDIVIDUALS SUBJECT RECUSE THEMSELVES FROM THE DELIBERATIVE AND DECISION-MAKING PROCESSES WITH RESPECT TO MATTERS WHE RE CONFLICT MAY EXIST						
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION PROCEDURES PERFORMANCE AND COMPARABILITY DATA RELATED TO OFFICERS' COMPENSAT ION IS REVIEWED BY INDEPENDENT MEMBERS OF THE EXECUTIVE COMMITTEE, WHOSE DELIBERATIONS AND DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED						
FORM 990, PART VI, SECTION C, LINE 19	AVAILABILITY TO THE PUBLIC OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS THESE ARE PROVIDED UPON REQUEST						
FORM 990, PART XI, LINE 9	INTEREST RATE SWAP ADJUSTMENT 14,177						