DLN: 93493131043137

OMB No 1545-0047

Department of the Treasury Internal Revenue S

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
 ▶ Information about Form 990 and its instructions is at <u>www IRS qov/foim990</u>

Open to Public Inspection

			nning 07-01-2015 , and ending 06	5-30-2016		٦		
_	eck if applicable		STER			D Emplo	yer iae	entification number
_	-					16-07	74308	8
_	nitial return	Doing business as						
F		Number and street (or D.O. boy	if mail is not dolivered to street address.	Poom/custo		E Teleph	one num	nber
_	/terminated	4245 EAST AVENUE	ii iiiali is not delivered to street address)	Koomy suite		(585)	389-2	2525
_		masted ded return at the company of				- (333)		
1 / 4	phodelon ponding					G Gross	eceipts	\$ 117,013,845
		F Name and address of prin	ncıpal officer		H(a) Is t	his a group	returr	n for
						ordinates?		T Yes ✓
					No No		natas	
I Ta	x-exempt status		◄ (insert no.)			all subord uded?	nates	□Yes □ No
1 VA	leheite: N/		, , , , , , , , , , , , , , , , , , , ,		If"N	No," attach	a lıst	(see instructions)
	repsite. P W	WW NAZ EDO				up exempt		mber ▶
K For	m of organizatio	n 🔽 Corporation 🗆 Trust 🗀 Ass	ociation Other ►		L Year of f	ormation 19	24 M	State of legal domicile N'
Da	rt I Sun	nmarv						
	<u> </u>		ion or most significant activities					
	NAZÁRE	TH COLLEGE OF ROCHESTE	R IS A COEDUCATIONAL, INDE					
ψ.		,	OVATIVE CURRICULUM THAT A	DUKESS	STHEC	URRENIA	NDEN	MERGING NEEDS OF
anc								
Ë								
Governance	Charlet	h.a. h.a h.				250/ -5:5:		
	2 Check t	nis box P II the organization	a discontinued its operations of dis	sposed of	more than	25% 01113	песа	ssets
Activities &	3 Number	of voting members of the gove	erning body (Part VI, line 1a) .				3	32
Ĭ	4 Number	of independent voting membe	rs of the governing body (Part VI, I	line 1b)			4	31
Act	5 Total nu	ımber of ındıvıduals employed	ın calendar year 2015 (Part V, lıne	e 2a) .			5	2,231
•	6 Total nu	imber of volunteers (estimate	ıfnecessary)				6	335
	7a Total un	related business revenue from	n Part VIII, column (C), line 12 .				7a	79,382
	b Net unre	lated business taxable income	from Form 990-T, line 34				7b	49,760
					Pri	or Year		Current Year
•	8 Cont	ributions and grants (Part VIII	[,line 1h)			6,612,	096	5,010,879
Ĕ	1	•				91,569,		98,065,750
Ravenue		,				7,283,		2,509,394
		, , , , ,		·		952,	845	1,071,536
		revenue—add lines 8 through	11 (must equal Part VIII, column	(A), line		106,417,	627	106,657,559
	<u> </u>	ts and similar amounts paid (P	art IX, column (A), lines 1-3).			23,324,	536	25,323,239
							0	(
	15 Salar	ries, other compensation, emp	oyee benefits (Part IX, column (A)), lines		41,369,	405	43,201,132
Š		•					_	
Expenses		•				116,	708	103,500
ਕੁ		- ' ' '	' '' '					
						31,398,		33,446,981
		•		•		96,209,		102,074,852
<u></u>	19 Reve	ilue less expenses Subtract n	ne 18 nom me 12			10,208,		4,582,707
Net Assets or Fund Balances					Beginning ———	of Current	Year	End of Year
SS & Bala	20 Total	assets (Part X, line 16) .				245,220,	493	237,477,075
절절	21 Total	liabilities (Part X, line 26) .				71,195,	832	65,351,320
<u> </u>	22 Net a	ssets or fund balances Subtra	act line 21 from line 20			174,024,	661	172,125,755
	•				-			•
			,			0 011		
	.	ks k				2017.05.11		
c:~-	Sign S					2017-05-11 Date		
Sig: Her	1 '		ADMINISTRATIO					
	M :		POPERITY					
	<u></u>			Date	; C	neck [if	PTIN	1004.2
Pai	d L		RICHARD LEICHT		se	lf-employed	P0137	
		Firm's name BONADIO & CO LLF				m's EIN ► 1		
	- 1	Firm's address ► 171 SULLYS TRAIL :	DUTTE ZUI		Ph	one no (585) 381-1	LUUU
US	e Only 📗	PITTSFORD, NY 14			- 1			

✓Yes No

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? ${\bf 2}$	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 J	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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
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	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕲	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	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	
	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 2	11 c		No
	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 2	11 d	1	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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12 a	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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? <i>If "Yes," complete Schedule F, Parts I and IV </i>	14b	Yes	
15	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
16	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	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more 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		

Part	IV	Checklist	of Required	Schedules	s (continued)
				+ = 0.00	

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part

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? If "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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

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24a

24b

24c

24d

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25b

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28c

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Yes

Form 990 (2015)

Yes

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Yes

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Nο

- - Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance		.,			
		Check if Schedule O contains a response or note to any line in this	Part	<u>V</u>		Yes	· No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	4,049		165	110
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		ne organization comply with backup withholding rules for reportable payments t		dors and reportable			
٠		ng (gambling) winnings to prize winners?		· · · · · ·	1 c		No
2a		the number of employees reported on Form W-3, Transmittal of Wage and					
		Statements, filed for the calendar year ending with or within the year covered is return	2a	2,231			
b	•	east one is reported on line 2a, did the organization file all required federal emi		·	2b	Yes	
	Note.	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file	(see	instructions)			
3а	Did th	ne organization have unrelated business gross income of \$1,000 or more durin	g the	year [?]	3a	Yes	
		s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i>			3b	Yes	
4a		y time during the calendar year, did the organization have an interest in, or a s a financial account in a foreign country (such as a bank account, securities ac					
		unt)?	count	, or other infaherar	4a	Yes	
b	If"Ye	es," enter the name of the foreign country FR , SP					
	Seeır	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Ban	k and	Financial Accounts			
F-	(FBAF	•	.a +b.	+24.46253			N.o.
		the organization a party to a prohibited tax shelter transaction at any time durii ny taxable party notify the organization that it was or is a party to a prohibited	-	•	5a		No No
			Lax SI	ierter transactioni	5b		NO
С	тт "Үе	es," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a		the organization have annual gross receipts that are normally greater than \$1			6a		No
	-	itzation solicit any contributions that were not tax deductible as charitable con					
D		es," did the organization include with every solicitation an express statement the not tax deductible?	iat su		6b		
7	Organ	nizations that may receive deductible contributions under section 170(c).					
а		ne organization receive a payment in excess of \$75 made partly as a contribut		d partly for goods and	7a	Yes	
b		ces provided to the payor?		ed?	7b	Yes	
		ne organization sell, exchange, or otherwise dispose of tangible personal prope					
		orm 82827			7 c		No
d	If "Ye	es," indicate the number of Forms 8282 filed during the year	7d				
е	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	ersor	nal benefit contract?	7e		No
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		No
g	Ifthe	organization received a contribution of qualified intellectual property, did the c	rganı	zatıon file Form 8899 as			
	requir	red?		the organization file a	7g		
"	Form	1098-C?	•	· · · · · ·	7h		
8	Did a	soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bu	sınes	s holdings at any time			
	during	g the year?			8		
		ne sponsoring organization make any taxable distributions under section 4966			9a		
		ne sponsoring organization make a distribution to a donor, donor advisor, or rel	ated p	erson'	9b		
LO a		on 501(c)(7) organizations. Enter tion fees and capital contributions included on Part VIII, line 12	10a				
		s receipts, included on Form 990, Part VIII, line 12, for public use of club	10a				
	facılıt			L		ļ	<u> </u>
		on 501(c)(12) organizations. Enter		1			
		s income from members or shareholders	11a				
D		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
L2a	Section	on 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990) in lie	eu of Form 1041?	12 a		
b		es," enter the amount of tax-exempt interest received or accrued during the	12b				
L3	year Sectio	on 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>			
а		e organization licensed to issue qualified health plans in more than one state? N ional information the organization must report on Schedule O	lote. S	See the instructions for	13a		
b	Enter	the amount of reserves the organization is required to maintain by the states	.				
		ch the organization is licensed to issue qualified health plans	13b				
		the amount of reserves on hand	13c				
		ne organization receive any payments for indoor tanning services during the tax es," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	•		14a 14b		No
ע	11 16	33, has it med a form 720 to report these payments it. Ivo, provide all explana	icion II	, Sericuare U	74D		

) nee iiiic	2015)
Part VI	Governance, Management, and Disclosure
	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below
	describe the circumstances, processes, or changes in Schedule O. See instructions.
	Check if Schedule O contains a response or note to any line in this Part VI

Sa	ection A. Governing Body and Management	•	<u> </u>	🗸
36	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 1a 32			
	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 1b 31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		No
4	supervision of officers, directors or trustees, or key employees to a management company or other person? . 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
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	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
So	ection B. Policies (This Section B requests information about policies not required by the Internal R		ue Cod	
36	Ction B. Foncies (This Section & requests information about policies not required by the Internal K	CVCIII	Yes	No.
LOa	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		110
L1a	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	
	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	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14		No
L5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16 a		No
D	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?	16 b		
Se	ction C. Disclosure			
L7	List the States with which a copy of this Form 990 is required to be filed▶			
L8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
L9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of			

interest policy, and financial statements available to the public during the tax year

▶PATRICK E RICHEY 4245 EAST AVENUE ROCHESTER, NY 14618 (585) 389-2525

State the name, address, and telephone number of the person who possesses the organization's books and records

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	more to	than o	one I both ector	box, an d	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	
See Additional Data Table										

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Position and individual trustee or director	tion (han d n is l	one b both ctor	oox, an c	unless officer stee)	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
See Additional Data Table						_				
1b Sub-Total						•				
c Total from continuation sheet	s to Part VII, S	ection A				. •				
d Total (add lines 1b and 1c) .				•	•	•		1,926,729	0	253,434

- Total number of individuals (including but not limited to those listed above) who received more than 2
- \$100,000 of reportable compensation from the organization ▶ 98

\$100,000 of reportable compensation from the organization i	. 30

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
1			
on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
Individual	4	Yes	
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for	_		No
	ndividual	A Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for	ndividual

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HARTER SECREST & EMERY LLC	LEGAL SERVICES	388,078
1600 BAUSH LOMB PL ROCHESTER, NY 14604		
		·
<u> </u>		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \blacktriangleright 1

Form 99								Page 9
Part V	* + + •	Statement o						
		Check if Sched	ule O contains a respoi	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
~ ×	1a	Federated cam	paigns 1a					
ons, Gifts, Grants Similar Amounts	ь	Membership du	ıes 1b					
Gr.	С	Fundraising ev	ents 1c	43,240				
fts. ⊏A	d	Related organiz	zations 1d					
ni Gi	e	Government grant		1,967,189				
Sin Sin		_						
Contributions, Gifts, Grants and Other Similar Amounts	f	similar amounts no	ons, gifts, grants, and 1f ot included above	3,000,450				
를 출	g	Noncash contributi 1a-1f \$	ons included in lines	486,571		ĺ		
Cont	h	Total. Add lines	s 1a-1f		5,010,879			
				Business Code				
Program Service Revenue	2a	TUITION AND FEES	S	611310	81,507,040	81,507,040		
₹ .×	ь	ROOM AND BOARD)	611310	15,590,168	15,590,168		
э. П	С	OTHER AUXILIARY	INCOME	611310	586,153	574,953	11,200	
₽. X	d	PUBLIC SERVICES	_	611310	382,389	340,390	41,999	
א א	е							
grar	f	All other progra	am service revenue					
Ě	g	Total. Add line:	s 2a-2f	>	98,065,750			
	3		ome (including dividen					
			aramounts)	<u>-</u>	1,091,280			1,091,280
	4 5		stment of tax-exempt bond	proceeds P				
		Royalties .	(ı) Real	(II) Personal				
	6a	Gross rents	101,890	(11)				
	h	Less rental	0					
		expenses Rental income	101,890					
	C	or (loss)	,		404.000			101 000
	d	Net rental inco	me or (loss)	· · · · ▶ (II) O ther	101,890			101,890
	7a	Gross amount from sales of assets other	11,753,667	301				
	ь	than inventory Less cost or other basis and	10,320,861	14,993				
		sales expenses Gain or (loss)	1,432,806	-14,692				
	d	· ·	(ss)	·	1,418,114			1,418,114
ne		Gross income f	from fundraising luding		, ,			, ,
Other Revenue		Ÿ						
er	 	Loca direction	a	23,735				
₽ O	b c		penses b (loss) from fundraising	20,432 events >	3,303			3,303
		Gross income f	from gaming activities ne 19					
	ь	Lace direct av	apenses b					
			(loss) from gaming acti	vities				
	10a	Gross sales of returns and allo		•				
	ь		oods sold b					
	С		(loss) from sales of inv	Business Code				
	11a	Miscellaneou INDIRECT CO REIMBURSEMI	ST RATE	900099	37,368			37,368
	ь							
	c							
	d	All other reven			928,975	902,792	26,183	
	12	Total revenue	s 11a-11d	•	966,343			
		Total leveliue.	Sec maductions .	• • • •	106,657,559	98,915,343	79,382	2,651,955

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

	h indude announts arounds don't live a 50		(B)	(C)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	24,926,568	24,926,568		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	396,671	396,671		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,525,377	592,190	679,402	253,785
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	32,273,554	27,818,319	3,923,717	531,518
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	2,343,747	1,970,093	319,198	54,456
9	Other employee benefits	4,591,836	3,859,779	625,368	106,689
10	Payroll taxes	2 455 540	2 072 275	225.022	F7 244
4.4	Fees for services (non-employees)	2,466,618	2,073,375	335,932	57,311
11	Management				
a b	Legal	414,549		414,549	
c	Accounting	52,600		52,600	
d	Lobbying	32,000		32,000	
e	Professional fundraising services See Part IV, line 17	103,500			103,500
f	Investment management fees	348,166		348,166	103,300
g g	Other (If line 11g amount exceeds 10% of line 25, column (A)	310,100		3.0,100	
,	amount, list line 11g expenses on Schedule O)	1,080,979	794,298	208,257	78,424
12	Advertising and promotion	1,427,557	929,920	497,637	
13	Office expenses	3,182,526	2,113,177	961,207	108,142
14	Information technology	1,203,881	1,103,514	95,489	4,878
15	Royalties	20,083	20,083		
16	Occupancy	6,199,452	5,823,589	375,846	17
17	Travel	1,063,428	957,354	70,831	35,243
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	160,295	56,131	97,469	6,695
20	Interest	1,972,130	1,867,916	104,214	
21	Payments to affiliates	0.455.55	77.5	44 - 1 - 2	
22	Depreciation, depletion, and amortization	8,158,976	7,742,868	416,108	
23 24	Insurance	604,829	579,124	25,705	
а	FOOD SERVICE	3,928,582	3,777,241	124,091	27,250
b	OTHER	2,915,877	2,900,596	5,049	10,232
c	ACADEMIC COURSE WAIVERS	713,071	692,497	19,293	1,281
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	102,074,852	90,995,303	9,700,128	1,379,421
26	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)				
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Net Assets or Fund Balances

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X

> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

Cash-non-interest-bearing

Notes and loans receivable, net

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D . .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Total liabilities.Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

Savings and temporary cash investments

Pledges and grants receivable, net .

Accounts receivable, net . .

Schedule L . . .

II of Schedule L

Grants payable

Deferred revenue

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets

Form 990 (2015)

Page **11**

(B)

End of year

22,386,069

3,762,670

2,990,032

1,685,829

653,375

136,218,978

30,482,281

35,603,565

3,694,276

6,758,559

1,137,858

42.266.521

15.188.382

65,351,320

145,558,818

9.105.541

17,461,396

172,125,755

237,477,075 Form 990 (2015)

237,477,075

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(A)

Beginning of year

1,613,344

27,292,411

6.032.378

2,427,903

1,561,984

1,097,994

136,120,808

43,533,741

22,406,654

3,133,276

245,220,493

10,215,725

1,901,951

44.797.039

14,281,117

71,195,832

143,562,111

13.801.923

16.660.627

174.024.661

245.220.493

n

0 14

0 18

239,308,815

103,089,837

10a 10b 1

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22 0

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Total revenue (must equal Part VIII, column (A), line 12)	
Total expenses (must equal Part IX, column (A), line 25)	

Revenue less expenses Subtract line 2 from line 1 . .

Other changes in net assets or fund balances (explain in Schedule O) .

Net unrealized gains (losses) on investments .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Donated services and use of facilities .

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

Check if Schedule O contains a response or note to any line in this Part XII

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

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4,582,707

Page 12

106,657,559

102,074,852

- 174,024,661 -5,227,672
- -1,253,941 172,125,755

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

2a

2b

2c

3a

3b

 $\overline{\mathbf{v}}$

No

Νo

Additional Data

10 - 1-

Software ID:

Software Version:

EIN: 16-0743088

Name: NAZARETH COLLEGE OF ROCHESTER

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

(Coae) (Expenses \$	19,631,652	including grants of \$) (Revenue \$	1,260,1//)
ALL OTHER PROG	RAM EXPENSES, INCLUDES ST	UDENT SE	RVICES, ACADEMIC	SUPPORT AND ARTS CENTER S	TUDENT
SERVICES PERTA:	INS TO OFFICES SERVING ST	UDENTS IN	CLUDING REGISTAR	, STUDENT DEVELOPMENT, CEN	TER FOR CIVIC
ENGAGEMENT, CA	REER SERVICES, ENROLLMEN	IT MANAGE	MENT AND CENTER	FOR STUDENT SUCCESS ATHLE	TIC EXPENSES
ARE ALSO REFLEC	TED IN THIS CATEGORY ACA	ADEMIC SU	PPORT PERTAINS TO	D LIBRARY SERVICES, ACADEMI	C ADVISEMENT,
THE CENTER FOR	INTERNATIONAL EDUCATION	NANDTHE	OFFICES OF THE DE	ANS, AMONG OTHERS THE ART	S CENTER IS A
PREMIER PRESEN	TER OF WORLD-CLASS DANCE	MUSIC, C	HILDREN'S AND FAM	ILY THEATRE, AND INTERNATION	DNAL
ENTERTAINMENT	(2,642 TOTAL STUDENT FTE	'S)			

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

Compensated Employees, and Inde					rus	stees	5, K	tey Employee	ss, Hignest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos mo unles	sition nore tl	(C) n (do than ersoi icer	not one on is and		.	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
JACKIE AAB TRUSTEE	2 00	х						0	0	0
JACK ALLOCCO TRUSTEE	2 00	x						0	0	С
YOLANDA BENITEZ TRUSTEE	2 00	x						0	0	С
STEPHEN BROWN TRUSTEE	2 00	х						0	0	C
JAMES COSTANZA CHAIR	2 00	x		×				0	0	(
JOHN DRAIN TRUSTEE	2 00	х						0	0	(
EMIL DUDA	2 00				\Box		\Box		1	1

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EMIL DUDA TRUSTEE

VICE CHAIR

TRUSTEE

ANDY GALLINA TRUSTEE

SERGIO ESTEBAN

TIMOTHY FOURNIER

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

Form 990, Part VII - Compensation Compensated Employees, and Inde					rus	stee ²	s, K	(ey Employee	es, Highest	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Pos mo unles	sition nore tl ss pe	(C) n (do than ersoi icer	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
		individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
KEN GLAZER	2 00		1					[[ſ
TRUSTEE		X	L_'	L'	L'			0	0	C
WARREN HERN TRUSTEE	2 00	x			'	'		0	o	
-	2 00	+-	—'	<u>—</u> '	 '	 	\vdash	 '		
BRIAN HICKEY TRUSTEE	2 55	x			'			0	o	
BRIDGETTE HOBART TRUSTEE	2 00	x						0	0	
RICHARD KAPLAN TRUSTEE	2 00	х						0	0	(
CLEVE KILLINGSWORTH TRUSTEE	2 00	×						0	0	(
GIGI LAMB	2 00				Г		\Box		<u> </u>	

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TRUSTEE

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TRUSTEE

KIM MCCLUSKI

JUDY LINEHAN

.....

ELIZABETH MCANARNEY

Form 990, Part VII - Compensation Compensated Employees, and Inde					(ru	stee	s, k	Key Employe	es, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos m	sition nore t	(C) n (do than erso icer	not one on is and trust	tee)	an	(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
MARY LOUISE MITCHELL	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			and related organizations
MARY LOUISE MITCHELL TRUSTEE	2 00	х						0	0	0
ROBERT MORGAN TRUSTEE	2 00	х						0	0	0
STEPHEN NATAPOW TRUSTEE	2 00	×						0	0	0
MITCH NUSBAUM TRUSTEE	2 00	х						0	0	0
SANDY PARKER TRUSTEE	2 00	x						0	0	C
LARRY PECKHAM TRUSTEE	2 00	x						0	0	C

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RICHARD PIERPONT

CYNTHIA REDDECK-LIDESTRI

.....

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

DAVID VIGREN

KEITH WILSON

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

Compensated Employees, and Inde	pendent Co	ntrac	ctor	s			•			
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	nore ti	than erso icer	o not n one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	- MISC)		
FRANK YORK TRUSTEE	2 00	х							0	C
DAAN BRAVEMAN PRESIDENT	50 00	х		x				398,676	0	60,477
IAN MORTIMER VICE PRESIDENT FOR ENROLLMENT MANAGEMENT	50 00			×				190,124	0	23,052
SARA VARHUS VICE PRESIDENT FOR ACADEMIC AFFAIRS	50 00			х				196,958	0	20,498
PATRICK RICHEY VICE PRESIDENT FOR FINANCE AND ADMINISTRATION	50 00			×				188,355	0	18,905
KELLY GAGAN	50 00			×				179,335	5 0	18,735

21,228

18,054

13,594

20,423

133,834

132,082

128,279

125,964

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50 00

50 00

50 00

50 00

VICE PRESIDENT FOR INSTITUTIONAL ADVANCEMENT

ASSOCIATE VICE PRESIDENT FOR HUMAN RESOURCES

ASSOCIATE VICE PRESIDENT FOR CAMPUS OPERATIONS

VICE PRESIDENT FOR STUDENT DEVELOPMENT

KEVIN WORTHEN

DEBORAH DOOLEY

JO ELLEN PINKHAM

TRINA MARQUEZ

DEAN OF ARTS AND SCIENCES

Compensated Employees, and Independent Contractors (A) Name and Title Position (do not check Reportable Reportable Estimated

(F)

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

•		1								
	hours per week (list	1				e box, both		compensation from the	compensation from related	amount of other
	any hours	officer and a					,	organization	organizations	compensation
	for related	1 ' ' 1					'	(W- 2/1099-	(W- 2/1099-	from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	101	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
RONALD NETSKY	50 00					<u> </u>				
DIRECTOR OF THE STUDIO ART PROGRAM IN ART		'		'		X	'	127,945	0)	18,207
CRAIG HILL	50 00							,	1	
		1 '	1 '	1 '	1 '	X	1 '	125,177	기 이	20,261

DEAN OF THE SCHOOL OF EDUCATION

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

SCHEDULE A

(Form 990 or

Internal Revenue Service Name of the organization

NAZARETH COLLEGE OF ROCHESTER

990EZ)

Treasury

Total

Department of the

DLN: 93493131043137 OMB No 1545-0047

Public Charity Status and Public Support

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

Inspection

Open to Public

Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

Employer identification number

16-0743088

www.irs.gov/form990.

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ)) 2 ⊽ 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other organization listed in your governing monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 2 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 (a)2011 (b)2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 8,732,903 5,607,734 13,051,546 6,612,096 5,010,879 39,015,158 membership fees received (Do not include any unusual grants) Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 8,732,903 5,607,734 13,051,546 6,612,096 5,010,879 39,015,158 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 from line 4 Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total 8,732,903 5,607,734 13,051,546 6,612,096 5,010,879 Amounts from line 4

39,015,158 (or fiscal year beginning in) ▶ 39,015,158 Gross income from interest, dividends, payments received on securities loans, rents, 995,205 1,040,037 895,381 1,095,795 1,205,501 5,231,919 royalties and income from similar sources Net income from unrelated business activities, whether or 48,072 79,375 82,321 87,294 79,382 376,444 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 1,348,224 1,450,902 1,912,572 832,512 1.049.707 6,593,917 capital assets (Explain in Part VI) 11 Total support. Add lines 7 51,217,438 through 10 **12** Gross receipts from related activities, etc. (see instructions.) 12 409.957.062 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

Section C. Computation of Public Support Percentage

Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 76 180 % Public support percentage for 2014 Schedule A, Part II, line 14 15 15 76 840 %

16a 33 1/3% support test - 2015. 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-2014. 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 - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□

b 10%-facts-and-circumstances test - 2014. 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 VI 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 instructions

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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
C	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0)(3) organization, ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · · · · · · · · · · · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	1 /		18	
19 a	33 1/3% support tests—2015. If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and stop here. T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	33 1/3% support tests—2014. If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation 🕨 🗍
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV	Supporting	Organizations	(continued

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Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
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			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in Part VI how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

1 Check here if the organization satisfied the Integral Part Test as a qualifying Type III non-functionally integrated supporting organizations must complete.	_		ructions. All other
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or collection gross income or for management, conservation, or maintenance of proper held for production of income (see instructions)			
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1 c		
d Total (add lines 1a, 1b, and 1c)	1 d		
Discount claimed for blockage or other factors (explain in detail in Part VI)	, _		
Acquisition indebtedness applicable to non-exempt use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
Check here if the current year is the organization's first as a non-functiona	ılly-ıntegrate	d Type III supporting	organization (see
instructions)			

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	anızatıons		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ıctions		
	200.0110		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6		110 2022	711110411111111111111111111111111111111
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a .			
b c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Calcadada A	(F 000 000 F7) (201 F

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10	OTHER INCOME CONSISTS OF GROSS INCOME FROM FUNDRAISING (NOT INCLUDING

DLN: 93493131043137

Employer identification number

16-0743088

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

2

NAZARETH COLLEGE OF ROCHESTER

Political expenditures

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

2015
Open to Public Inspection

Service

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

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization und	der section 4955	>	\$
2	Enter the amount of any excise	e tax incurred by organization manag	ers under section	n 4955 >	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 472	O for this year?		☐ Yes ☐ No
4 a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section 50:	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to ot	her organızatıons	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file F	form 1120-POL for this year?			Yes No
5	organization made payments amount of political contribution	nd employer identification number (E) For each organization listed, enter the ns received that were promptly and d political action committee (PAC) If	e amount paid fro irectly delivered	om the filing organization's fi to a separate political orgai	unds Also enter the nızatıon, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
For F	Paperwork Reduction Act Notice, s	ee the instructions for Form 990 or 990	-EZ. (Cat No 50084S Schedule C (F	orm 990 or 990-EZ) 2015

Grassroots nontaxable amount (enter 25% of line 1f)

g

ch	nedule C	(Fo	rm 990 or 990-E2) 2015			Page 2
P	art II-/	4	Complete if the organization is exempt under section 501(c)(3) and	file	ed Form 5768	(election
			under section 501(h)).			
١.	Check	•	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	gro	up member's nam	e, address, EIN
3	Check	\blacktriangleright	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lo	obb	ring expenditures to influence public opinion (grass roots			
La	lobbyır	ıg)				
	Total lo	obb	ying expenditures to influence a legislative body (direct lobbying)			

Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns The lobbying nontaxable amount is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five

columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014 (d)2015 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

	rt II-B	Complete if the organization is exempt under section 501(c)(3) and has followed form:	ТОИ				age 3
		filed Form 5768 (election under section 501(h)).		a)		(b)	
or e ctiv		esponse on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	,	No		A mour	
CLIV	rty		Yes	140	<u>'</u>	Amour	
1	legislatio	ne year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or referendum, the use of					
а	Voluntee	rs?		No			
b	Paid staf	for management (include compensation in expenses reported on lines 1c through 1i)?	Yes				
C	Media ad	vertisements?		No			
d		to members, legislators, or the public?		No			
е		ons, or published or broadcast statements?		No			
f		o other organizations for lobbying purposes?		No			
g		intact with legislators, their staffs, government officials, or a legislative body?	Yes				615
h	•	lemonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes	.			545
i	Otherac	_		No			
j \-		Id lines 1c through 1i		NI -			1,160
2a b		ctivities in line 1 cause the organization to be not described in section 501(c)(3)?		No	4		
		enter the amount of any tax incurred under section 4912 enter the amount of any tax incurred by organization managers under section 4912					
		ng organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A	Complete if the organization is exempt under section 501(c)(4), section 5	01/6	\/E\	<u> </u>	octio	<u> </u>
Ċ.	C IIII-A	501(c)(6).	01(0)(3),	01 3	ectio	
						Yes	No
1	Were sub	stantially all (90% or more) dues received nondeductible by members?			1		
2	Did the o	rganization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the o	rganization agree to carry over lobbying and political expenditures from the prior year?			3		
	rt III-B	Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$ and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" ()(5), DR (b)	or s) Pai	ectio t III	n -A,
1	•	sessments and similar amounts from members	1				
2		1.62(e) nondeductible lobbying and political expenditures (do not include amounts of political for which the section 527(f) tax was paid).					
a	Current		2a	<u> </u>			
b		er from last year	2b				
c	Total	CO22/-V4.VA.) where of a second of the secon	2c				
3	00 0	te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	does the	s were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	4				
5	Taxable	amount of lobbying and political expenditures (see instructions)	5				

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1	THE COLLEGE IS A MEMBER OF A REGIONAL CHAMBER OF COMMERCE WHEREAS 10% OF THEIR ACTIVITIES ENGAGE IN STATE AND FEDERAL LOBBYING IN ADDITION, THE PRESIDENT AS WELL AS AN ADDITIONAL STAFF MEMBER AVERAGED 6 HOURS IN FISCAL YEAR 2016 ENGAGED IN LOBBYING ACTIVITIES FOR THE COLLEGE THESE ACTIVITIES INCLUDED PHONE CONVERSATIONS AND MEETINGS WITH LEGISLATORS AND OTHER GOVERNMENT OFFICIALS, SEEKING FEDERAL AND STATE AID FOR NAZARETH COLLEGE INITIATIVES

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

DLN: 93493131043137

OMB No 1545-0047

Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990,

Department of the

Internal Revenue Service

(Form 990)

Treasury

SCHEDULE D

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

Supplemental Financial Statements

	ne of the organization ARETH COLLEGE OF ROCHESTER			Empl	oyer identification number
11/7/2	AKETH COLLEGE OF NOCHESTER			16-0	743088
Pa	rt I Organizations Maintaining Donor Complete if the organization answere	Advised Funds or Other S	Similar Fur	nds o	or Accounts.
	Complete if the organization answere	(a) Donor advised funds	, iiiic 0.	(b)	Funds and other accounts
L	Total number at end of year	(a) Bollot advised lands		(5)	and other decounts
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
1	Aggregate value at end of year				
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t			advis	ed Yes No
5	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advis	sor, or for any	other	purpose Yes No
261	t II Conservation Easements. Comple			Form	1 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by th	, , , , , , , , , , , , , , , , , , , ,	ly)		
	Preservation of land for public use (e.g., recreeducation)	_	rvation of an l	nıstorı	cally important land area
	Protection of natural habitat	<u>. </u>			d historic structure
	Preservation of open space	·			
2	Complete lines 2a through 2d if the organization leasement on the last day of the tax year	neld a qualified conservation conti	ribution in the	form	of a conservation
					Held at the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easeme	nts		2b	
c	Number of conservation easements on a certified	` '	_	2 c	
d	Number of conservation easements included in (c historic structure listed in the National Register) acquired after 8/17/06, and not	on a	2d	
3	Number of conservation easements modified, tran	nsferred, released, extinguished, o	or terminated	by the	e organization during the
	tax year ▶				
1	Number of states where property subject to cons	ervation easement is located >		_	
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		ection, handli	ng of	☐ Yes ☐ No
5	Staff and volunteer hours devoted to monitoring, year	nspecting, handling of violations,	and enforcing	g cons	ervation easements during the
	<u> </u>				
7	A mount of expenses incurred in monitoring, inspe	cting, handling of violations, and e	enforcing con	serva	tion easements during the year
	\$		_		
3	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)^7$				☐ Yes ☐ No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization			·
ar	t III Organizations Maintaining Collect Complete if the organization answere			r Oth	er Similar Assets.
La	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	AS 116 (ASC 958), not to report assets held for public exhibition,	in its revenu education, or	resea	arch in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar	AS 116 (ASC 958), to report in it assets held for public exhibition,	ts revenue st	ateme	ent and balance sheet
,	service, provide the following amounts relating to			_	
	i) Revenue included on Form 990, Part VIII, line 1				
(i	i) Assets included in Form 990, Part X				
2	If the organization received or held works of art, he following amounts required to be reported under S	•		financ	ial gain, provide the

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	Organizations Maintaining (continued)	g Collections of A	Art, His	itorio	al 1	Treasures, o	r Oth	ner Similar	Asset	S
3	Using the organization's acquisition, ac collection items (check all that apply)	cession, and other red	cords, ch	neck a	n y of	f the following th	nat are	e a significant i	ise of it	:s
а	Public exhibition		d	Г	Loa	ın or exchange	progra	ms		
b	Scholarly research		e	Γ	O th	ner				
с	Preservation for future generations									
4	Provide a description of the organization		nlain hoi	w thev	furth	ner the organiza	ition's	evemnt nurnos	e in	
•	Part XIII	rs confections and ex	piain no	withey	Turci	ier the organiza	icion 5	exempt purpos	CIII	
5	During the year, did the organization so assets to be sold to raise funds rather t								es	No
Par	TEXT Escrow and Custodial Arr Complete if the organization Part X, line 21.		n Form	990,	Part	IV, line 9, or	repo	rted an amou	ınt on	Form 990,
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	ıstodıan or other ınter	mediary	forco	ntrib	outions or other	asset	s not	es [No
b	If "Yes," explain the arrangement in	Part XIII and complet	e the fol	lowing	ı tabl	le	ſ	A	mount	
c	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1 f			
2 a	Did the organization include an amount	on Form 990, Part X,	lıne 21,	for es	crow	or custodial ac	count	liability? Y	es [No
h										
b Dat	If "Yes," explain the arrangement in Pairt V Endowment Funds. Compl									· ·
	Endownient i unus. Compi	(a)Current year	(b)Prio			b (c)Two years ba)Three years back		our years back
1a	Beginning of year balance	65,163,785	(57,836,	554	59,858,9	88	55,593,630		56,885,668
b	Contributions	1,134,883		937,	528	1,697,2	16	617,48	5	1,422,126
c	Net investment earnings, gains, and losses	-3,449,160		-490,	231	9,237,0	22	6,385,90		280,725
d	Grants or scholarships	954,091		978,	383	893,0	94	664,408	3	534,199
e	Other expenditures for facilities and programs	2,298,875		2,141,	283	2,063,4	78	2,073,620)	2,058,289
f	Administrative expenses	0			0		0	(402,401
g	End of year balance	59,596,542	6	55,163,	785	67,836,6	54	59,858,988	3	55,593,630
2	Provide the estimated percentage of the	current year end bal	ance (lır	ne 1g,	colur	mn (a)) held as			-	
а	Board designated or quasi-endowment i	64 630 %								
b	Permanent endowment ► 28 310 %									
c	Temporarily restricted endowment ►	7 060 %								
	The percentages on lines 2a, 2b, and 2	should equal 100%								
3a	Are there endowment funds not in the pe	ossession of the orgai	nızatıon	that a	re he	ld and administ	ered f	or the	г	
	organization by (i) unrelated organizations							Г	Ba(i)	Yes No
	(ii) related organizations				•				a(ii)	No
b	If "Yes" on 3a(II), are the related organi				ule R				3b	
4	Describe in Part XIII the intended uses	of the organization's	endowm	ent fu	nds			<u></u>	•	•
Par	t VI Land, Buildings, and Equi		Fa 0	00 0	T	W bee 115 C		000 David	م مرا	. 10
	Complete if the organization Description of property	answered Yes to	FORM 9	90, P (a)		(b)	ee Fo	Accumulated		d)Book value
				st or oth (ınvestr		sis Cost or other (other)	basis	(c)depreciation		
	Land		•			8,23	32,974		_	8,232,974
b l	Buildings · · · · · · · · · · · · · · · ·					109,10	01,811	35,513,5	72	73,588,239
c I	Leasehold improvements						35,189	8,7	96	26,393
d I	Equipment					42,76	55,547	30,265,2	48	12,500,299
e (Other					70 1	73,294	37,302,2	21	41,871,073
Tota	I. Add lines 1a through 1e (Column (d) mu		rt X, colu	mn (B)	, line					136,218,978

See Form 990, Part X, line 12.		swered 'Yes' o	
(a) Description of security or category	(b) Boo	k value	(c)Method of valuation
(including name of security)			Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		28,339,318 7,264,247	F
(3)O ther			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	•	35,603,565	
Complete if the organization answered " (a) Description of investment	(b) Boo		orm 990, Part X, line 13. (c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	>		
Part IX Other Assets. Complete if the organization		Part IV, line 11d	
(a) Descrip	tion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		. Þ
Part X Other Liabilities. Complete if the organ			
		 Form 990, Par	
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability	ization answered 'Yes' on		
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.	ization answered 'Yes' on		
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability	ization answered 'Yes' on	Form 990, Par	
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ACCRUED POSTRETIREMENT BENEFIT COSTS ASSET RETIREMENT OBLIGATION	(b) Book value	 Form 990, Par	
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ACCRUED POSTRETIREMENT BENEFIT COSTS	(b) Book value	<u>.</u> Form 990, Par	
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ACCRUED POSTRETIREMENT BENEFIT COSTS ASSET RETIREMENT OBLIGATION GOVERNMENT LOAN PROGRAM REFUNDABLE	(b) Book value 11,776,317 2,193,181	Form 990, Par	
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ACCRUED POSTRETIREMENT BENEFIT COSTS ASSET RETIREMENT OBLIGATION GOVERNMENT LOAN PROGRAM REFUNDABLE	(b) Book value 11,776,317 2,193,181	 Form 990, Par	
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ACCRUED POSTRETIREMENT BENEFIT COSTS ASSET RETIREMENT OBLIGATION GOVERNMENT LOAN PROGRAM REFUNDABLE	(b) Book value 11,776,317 2,193,181		
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ACCRUED POSTRETIREMENT BENEFIT COSTS ASSET RETIREMENT OBLIGATION GOVERNMENT LOAN PROGRAM REFUNDABLE	(b) Book value 11,776,317 2,193,181	 Form 990, Par	
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ACCRUED POSTRETIREMENT BENEFIT COSTS ASSET RETIREMENT OBLIGATION GOVERNMENT LOAN PROGRAM REFUNDABLE	(b) Book value 11,776,317 2,193,181	Form 990, Par	
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ACCRUED POSTRETIREMENT BENEFIT COSTS ASSET RETIREMENT OBLIGATION GOVERNMENT LOAN PROGRAM REFUNDABLE	(b) Book value 11,776,317 2,193,181		
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ACCRUED POSTRETIREMENT BENEFIT COSTS ASSET RETIREMENT OBLIGATION GOVERNMENT LOAN PROGRAM REFUNDABLE	(b) Book value 11,776,317 2,193,181	Form 990, Par	

1

2

3

2

b

d

3

а

Schedule D (Form 990) 2015

75,793,606

-30,550,911

106,344,517

51,206

76.403.447

25,671,405

102,074,852

Schedule D (Form 990) 2015

4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 348,166		
b	Other (Describe in Part XIII) 4b -35,124		
c	Add lines 4a and 4b	4c	313,04
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	106,657,55
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense: Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	76,454,65

2a

2b

2c

2d

2a 2b

2c

4b

-5.227.672

-25,323,239

2e

3

2e

3

4c

348,166

25,323,239

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on line 1 but not on Form 990, Part IX, line 25

Investment expenses not included on Form 990, Part VIII, line 7b.

Net unrealized gains (losses) on investments

Donated services and use of facilities . .

Recoveries of prior year grants

Other (Describe in Part XIII)

Subtract line 2e from line 1 .

Add lines 2a through 2d . . .

Donated services and use of facilities .

Add lines **4a** and **4b** c

Prior year adjustments . .

Other (Describe in Part XIII) Add lines 2a through 2d .

Subtract line 2e from line 1 . .

Amounts included on Form 990, Part IX, line 25, but not on line 1:

2d 51,206

Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Part XIII

Return Reference

PART XI. LINE 2D - OTHER

ADJUSTMENTS

SCHOLARSHIPS AND GRANTS -25,323,239

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Explanation

Schedule D (Form 990) 2015	Page 5
Part XIIII Supplemental	Information (continued)
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	LOSS ON DISPOSAL OF FIXED ASSETS 14,692 SPECIAL EVENT EXPENSES 20,432 CHANGE IN CHARITABLE GIFT ANNUITIES 16,082
PART XII, LINE 4B - OTHER ADJUSTMENTS	SCHOLARSHIPS AND GRANTS 25,323,239

Schedule D (Form 990) 2015

OMB No 1545-0047

Open to Public Inspection

Schools

SCHEDULE E (Form 990 or 990-EZ)

Department of the

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

▶ Attach to Form 990 or Form 990-EZ.

Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** NAZARETH COLLEGE OF ROCHESTER 16-0743088 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 3 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 basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c \mathbf{d} Copies of all material used by the organization or on its behalf to solicit contributions? Yes 4d If you answered "No" to any of the above, please explain If you need more space, use Part II 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? **5**c Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? 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? Yes 6a h Has the organization's right to such aid ever been revoked or suspended? 6b 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

Page 2

Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions) Return Reference Explanation

SCHEDULE E. PART I. LINE 3

SCHEDULE E. PART I. LINE 6

THE COLLEGE RECEIVES FUNDING FROM THE US DEPARTMENT OF

EDUCATION FOR THE FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT, FEDERAL WORK STUDY, FEDERAL PELL GRANT PROGRAM, AND TEACH GRANTS NEW YORK STATE FUNDS VARIOUS

FREQUENTED BY STUDENTS

PROGRAMS SUCH AS HIGHER EDUCATIONAL OPPORTUNITY PROGRAM. TEACHERS OPPORTUNITY CORP., EISENHOWER GRANT, NYS TAP, NYS

FORM OF BUNDY AID AND HIGH NEEDS NURSING AID

THE COLLEGE USES ITS WEBSITE AS A MEANS OF PUBLICIZING ITS NON-DISCRIMINATORY POLICY THE COLLEGE BELIEVES THAT NOTICES SUCH AS THIS. PREVIOUSLY PUBLISHED IN THE NEWSPAPER. ARE MORE EFFECTIVELY COMMUNICATED THROUGH THE USE OF ITS WEBSITE, HIGHLY VISIBLE AND

EXCELLENCE. AND NYS LOTTERY AND STATE APPROPRIATIONS IN THE

Schedule E (Form 990 or 990-EZ) (2015)

efile GRAPHIC print - DO NO	T PROCESS	As Filed Dat	ta -	DLN:	93493131043137
SCHEDULE F (Form 990)	tement of	Activities (Outside the Unite	ed States	OMB No 1545-0047
Denzitment of the Treasury	·	Part IV, line : ► Attach t	n answered "Yes" to Form 14b, 15, or 16. o Form 990. nd its instructions is at wi	·	2015 Open to Public Inspection
Name of the organization NAZARETH COLLEGE OF ROCHEST	ER			Employer ide 16-0743088	tification number
Part I General Information Complete if the organ			ne United States. orm 990, Part IV, line	14h.	
 For grantmakers. Does the and other assistance, the grused to award the grants or For grantmakers. Describe assistance outside the United Activites per Region (The follows) 	rantees' eligibil assistance? in Part V the or id States	ity for the grar ganization's p	nts or assistance, and rocedures for monitori	the selection criteria	√ Yes No nts and other
(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 program service, describe specific type of service(s) in region	
(1) See Add'l Data		region	regiony		
(2)					
(3)					
(4)					
(5)					
3a Sub-total b Total from continuation sheets to Part I	0	0			234,799 161,872
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see	0 the Instructions	for Form 990.		No 50082W Sche	396,671 dule F (Form 990) 2015

Schedule F (Form 990) 2015

	and EIN (if applicable)	5	dıs burs ement	assistance	assistance	(book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						

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

Page 2

MIDDLE EAST

NORTH AFRICA

NORTH AMERICA

SOUTH AMERICA

SOUTH ASIA

AFRICA

SUB-SAHARAN

ASIA PACIFIC

SOUTHASIA

EAST ASIA

SOUTH ASIA

EUROPE

Part III

(3) FINANCIAL AID

(4) FINANCIAL AID

(5) FINANCIAL AID

(6) FINANCIAL AID

(7) FINANCIAL AID

(8) FINANCIAL AID

(9) FINANCIAL AID

(10) FINANCIAL AID

(11) FINANCIAL AID

(12) FINANCIAL AID

(13) FINANCIAL AID

(14) (15) (16) (17) (18) FAIR MARKET VALUE

Schedule F (Form 990) 2015

	Part III can be duplicated if additional space is needed.												
ype of grant or issistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation						

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Me valu (book appraisa
(1) FINANCIAL AID	CENTRAL ASIA	1	•	CREDIT ON THE STUDENT			FAIR MARKE
(2) FINANCIAL AID	EUROPE	6	•	CREDIT ON THE STUDENT			FAIR MARKE

5

3

3

1

12

assistance	(2) Negron	recipients	cash grant	disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
(1) FINANCIAL AID	CENTRAL ASIA	1	11,712	CREDIT ON THE STUDENT			FAIR MARKET VALUE
(2) FINANCIAL AID	EUROPE	6	74,000	CREDIT ON THE			FAIR MARKET VALUE

13,000 CREDIT ON THE

11,712 CREDIT ON THE

57,125 CREDIT ON THE

29,750 CREDIT ON THE

28,000 CREDIT ON THE

STUDENT

STUDENT

STUDENT

STUDENT

STUDENT

9,500 CREDIT ON THE

STUDENT

7,500 CREDIT ON THE

STUDENT

STUDENT

STUDENT

2,562 CREDIT ON THE

STUDENT

5,124 CREDIT ON THE

STUDENT

21,000 CREDIT ON THE

125,686 CREDIT ON THE

5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)

Yes ▼ No

Old 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, do not file with Form 990)

Yes **▼** No

(accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete

Page 5

this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Schedule F (Form 990) 2015

Return Reference	Explanation
PART I, LINE 2	INTERNATIONAL STUDENTS RECEIVING SCHOLARSHIPS ARE CODED SEPARATELY IN THE COLLEGE'S ERP SY
	STEM A REPORT IS GENERATED FROM THE COLLEGE'S ERP SYSTEM DETAILING EACH STUDENT AND THEIR
	SPECIFIC AWARDS THIS REPORT IS REVIEWED PERIODICALLY TO MONITOR FUNDS

Additional Data

EUROPE

MIDDLE EAST

Software ID: Software Version:

EIN: 16-0743088

Name: NAZARETH COLLEGE OF ROCHESTER

AID

AID

AWARDED FINANCIAL

AWARDED FINANCIAL

74,000

13,000

Form 990 Schedule F Part I - Activities Outside The United States

0

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(d) is a program service, describe specific type of service	(f) ⊤otal expenditures for region
CENTRAL ASIA	0	0		AWARDED FINANCIAL AID	11,712

GRANTMAKING

GRANTMAKING

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (f) Total expenditures offices in the employees or in region (by type) (i.e., (d) is a program for region fundraising, program service, describe agents in region specific type of service region services, grants to recipients located in the (s) in region region) NORTH AFRICA GRANTMAKING AWARDED FINANCIAL 11,712 IAID NORTH AMERICA GRANTMAKING AWARDED FINANCIAL 57.125 IAID SOUTH AMERICA GRANTMAKING IAWARDED FINANCIAL 29,750

AID

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (f) Total expenditures offices in the employees or in region (by type) (i.e., (d) is a program for region fundraising, program service, describe agents in region services, grants to specific type of service region recipients located in the (s) in region region) SOUTH ASIA IGRANTMAKING AWARDED FINANCIAL 28,000 AID SUB-SAHARAN AFRICA GRANTMAKING AWARDED FINANCIAL 9.500 AID ASIA PACIFIC GRANTMAKING AWARDED FINANCIAL 7,500

AID

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (f) Total expenditures offices in the employees or in region (by type) (i.e., (d) is a program service, for region fundraising, program describe specific type of agents in region service(s) in region region services, grants to recipients located in the region) ASIA GRANTMAKING AWARDED FINANCIAL 21,000 AID **FAST ASIA** GRANTMAKING AWARDED FINANCIAL 125.686 AID SOUTH ASIA PROGRAM SERVICES GRADUATE TUITION 2,562

ASSISTANCE

Form 990 Schedule F Part I - Activities Outside The United States (b) Number of (c) Number of (e) If activity listed in (a) Region (d) Activities (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, agents in service, describe region specific type of service region program services. grants to recipients (s) in region located in the region) **EUROPE (INCLUDING** PROGRAM SERVICES **GRADUATE TUITION** 5,124

ASSISTANCE

ICELAND & GREENLAND)

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DLN: 93493131043137

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" on 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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
NAZARETH COLLEGE OF ROCHESTER

Employer identification number

Part I	Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
	Form 990-EZ filers are not required to complete this part.

- Indicate whether the organization raised funds through any of the following activities Check all that apply
- a 🗸 Mail solicitations
 - Internet and email solicitations
- d 🔽 In-person solicitations

- e

 ✓ Solicitation of non-government grants
 - ∇ Solicitation of government grants
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
 - **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No															
1 RUFFALO NOEL LOVITZ PO BOX 3018 CEDAR RAPIDS, IA 52406	MANAGE THE COLLEGE PHONEATHON SOLICITATIONS		No	0	72,500	-72,500												
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
Total	•	1	>		72,500	-72,500												

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

NY

Part II	Fundraising	Events

Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of

		(a) Event #1	(b) Event #2	(c)Other events	(d) Total events					
		ATHLETICS GOLF TOURNAMENT (event type)	SOM GOLF TOURNAMENT (event type)	(total number)	(add col (a) through col (c))					
Revenue	1 Gross receipts	57,275	9,700		66,975					
Re	·	·								
	2 Less Contributions	39,525 17,750	3,715 5,985		43,240 23,735					
	4 Cash prizes	400	80		480					
	5 Noncash prizes									
S	6 Rent/facility costs	12,969	5,772		18,741					
Expenses	7 Food and beverages									
EXD	8 Entertainment									
Direct I	9 Other direct expenses	368	843		1,211					
ă	10 Direct expense summary Add lines 4	through 9 in column (d)		20,432					
	11 Net income summary Subtract line 1	0 from line 3, column (d)		3,303					
Par	t III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	19, or reported mo	re than \$15,000 on					
Revenue		(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))					
Re	1 Gross revenue									
Expenses	2 Cash prizes									
ă	3 Noncash prizes									
Direct	4 Rent/facility costs									
	5 Other direct expenses									
	6 Volunteerlabor		│ Yes%							
	7 Direct expense summary Add lines 2	2 through 5 in column (d)							
	8 Net gaming income summary Subtra		•							
					1					
9 a	Enter the state(s) in which the organization licensed to conduct		' <u>'</u>		Yes No					
b	If "No," explain									
	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?									
l0a		censes revoked, susper	nded or terminated during	the tax year?	Yes No					

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Grants and O
Governments a

Department of the

Internal Revenue Service

Name of the organization

Treasury

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

DLN: 93493131043137

Open to Public Inspection

Employer identification number

NAZARETH COLLEGE OF ROCHESTE	R					16-0743088	
Part I General Information	n on Grants an	d Assistance					
Does the organization maintain r the selection criteria used to awa Describe in Part IV the organization.	ard the grants or as	ssistance?				tance, and	√ Yes
Part II Grants and Other Assistanthat received more than \$				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 2:	1, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 gran or assistance
		+					
		+					
2 Enter total number of section 503 Enter total number of other organ						_	

Schedule I (Form 990) 2015

(1) COMPETITIVE SCHOLARSHIPS	2522	17,434,563		
(2) GRANTS IN AID	2517	6,090,027		
HIGHER EDUCATION OPPORTUNITY (3) PROGRAM (HEOP)	56	1,401,978		

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference Explanation

PART I, LINE 2 ALL COLLEGE SCHOLARSHIPS AND GRANTS ARE AWARDED THROUGH THE FINANCIAL AID PROCESS AND ARE RECORDED AS CREDITS ON THE STUDENTS' INVOICES THESE AWARDS HELP TO OFFSET THE COST OF TUITION, FEES AND ROOM AND BOARD THE SCHOLARSHIPS

AND GRANTS ARE TRACKED IN THE COLLEGE'S ERP SYSTEM AND MONITORED FOR COMPLIANCE WITHIN THE FINANCIAL AID OFFICE TO COMPLY WITH INTERNAL AND EXTERNAL REGULATIONS

Schedule I (Form 990) 2015

Page **2**

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Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

2015

OMB No 1545-0047

DLN: 93493131043137

Tre Int

Schedule J (Form 990)

eası	rtment of the ury nal Revenue Service) and its instructions is at <u>www.irs.gov/form990</u> .	Open t Insp	o Pul ectio	
Nar	me of the organi ZARETH COLLEGE OF	ızatıon		Employer identifica	tion nu	mber	
VAZ.	ARLTH COLLEGE OF	ROCHESTER		16-0743088			
Pa	rt I Quest	ions Regarding Compensation	1	•			
						Yes	No
а				y of the following to or for a person listed on Form ide any relevant information regarding these items			
	First-clas	ss or charter travel	√	Housing allowance or residence for personal use			
	▼ Travel for	r companions		Payments for business use of personal residence			
	√ Taxıdem	nnification and gross-up payments	√	Health or social club dues or initiation fees			
	Discretio	onary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b				on follow a written policy regarding payment or above? If "No," complete Part III to explain	1b	Yes	
		•		ing or allowing expenses incurred by all irector, regarding the items checked in line 1a?		V	
	anectors, trus	tees, omeers, merdaning the GEO/Exec	delve bi	nector, regulating the items effected in fine 14.	2	Yes	
	organization's	CEO/Executive Director Check all the	at apply	used to establish the compensation of the Do not check any boxes for methods the CEO/Executive Director, but explain in Part III			
	✓ Compens	sation committee	√	Written employment contract			
	✓ Independ	dent compensation consultant		Compensation survey or study			
	Form 990	O of other organizations	✓	Approval by the board or compensation committee		 	
	During the yea or a related or		Part VII	, Section A, line 1a with respect to the filing organization	on		
а	Receive a sev	erance payment or change-of-control p	oayment	t?	4a		Νo
b	Participate in,	or receive payment from, a supplemen	ital nonc	qualified retirement plan?	4b		No
c	Participate in,	or receive payment from, an equity-ba	sed con	npensation arrangement?	4c		No
	If "Yes" to any	y of lines 4a-c, list the persons and pro	vide the	e applicable amounts for each item in Part III			
), 501(c)(4), and 501(c)(29) organizat		•			
		sted on Form 990, Part VII, Section A, contingent on the revenues of	, line 1a	, did the organization pay or accrue any			
а	The organizati	on?			5a		Νo
b	Any related or	ganızatıon?			5b		Νo
	If "Yes," on lin	ne 5a or 5b, describe in Part III					
	•	sted on Form 990, Part VII, Section A, contingent on the net earnings of	, line 1a	, did the organization pay or accrue any			
а	The organizati	on?			6 a		Νo
b	Any related or	ganization?			6b		Νo
	If "Yes," on lin	ne 6a or 6b, describe in Part III					
		sted on Form 990, Part VII, Section A, described in lines 5 and 67 If "Yes," d		, did the organization provide any non-fixed in Part III	7	Yes	
				iccured pursuant to a contract that was tions section 53 4958-4(a)(3)? If "Yes," describe	8		No
ı	If "Yes" on lin-	e 8, dıd the organızatıon also follow the	e rebutta	able presumption procedure described in Regulations			

section 53 4958-6(c)?

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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

For each individual whose compensation must be reported on 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

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (i) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 DAAN BRAVEMAN PRESIDENT	(i)	306,569	0	92,107	52,616	7,861	459,153	0
	(ii)	0	0	0	0	0	0	0
2 IAN MORTIMER VICE PRESIDENT FOR	(i)	187,666	0	2,458	15,013	8,039	213,176	0
ENROLLMENT MANAGE	(ii)	0	0	0	0	0	0	0
3 SARA VARHUS VICE PRESIDENT FOR	(i)	195,248	0	1,710	19,525	973	217,456	0
ACADEMIC AFFAIRS	(ii)	0	0	0	0	0	0	0
4 PATRICK RICHEY VICE PRESIDENT FOR	(i)	186,645	0	1,710	17,932	973	207,260	0
FINANCE AND ADMIN	(ii)	0	0	0	0	0	0	0
5 KELLY GAGAN VICE PRESIDENT FOR	(i)	177,625	0	1,710	17,762	973	198,070	0
INSTITUTIONAL ADV	(ii)	0	0	0	0	0	0	0
6 KEVIN WORTHEN VICE PRESIDENT FOR	(i)	132,124	0	1,710	13,212	8,016	155,062	0
STUDENT DEVELOPME	(ii)	0	0	0	0	0	0	0
7 DEBORAH DOOLEY DEAN OF ARTS AND	(i)	130,772	0	1,310	13,077	4,977	150,136	0
SCIENCES	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2015	Page 3				
art 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				
Return Reference	Explanation				
	Explanation SOCIAL CLUB MEMBERSHIPS PROVIDED FOR BUSINESS USE				

Schedule J (Form 990) 2015

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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.

DLN: 93493131043137 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

	ie of the organization ZARETH COLLEGE OF ROCHEST	-ED								Emp	loyer id	entifica	tion nur	nber	
1/4		LK								16-	07430	88			
P	art I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	orice	(f)) Descriptioi	n of purpose	(g) De	feased	(h) beha ıss	alfof		Pool ncing
										Yes	No	Yes	No	Yes	No
A	MONROE COUNTY INDUSTRIAL DEVELOPMENT CORPORATION	51-0188852	61075TBE7	08-04-2011	23,76	,	BUILD	CONSTRUC DING AND F)04B BOND	REFUNDING		Х		X		х
В	COUNTY OF MONROE INDUSTRIAL DEVELOPMENT AGENCY	16-1005429	610752EK9	01-30-2008	9,03	,	TO FINANCE CONSTRUCTION OF A BUILDING AND SITE IMPROVEMENTS			Х		Х		Х	
С	MONROE COUNTY INDUSTRIAL DEVELOPMENT CORPORATION	51-0188852	61075TFT0	06-13-2013	13,90	5,000	REFUI	NDING OF S	SERIES 2001	х			Х		Х
Pä	Irt II Proceeds				_										
						A		E	3	С			D		
1	A mount of bonds retired					3,990	0,000		1,575,000		1,48	5,000			
2	A mount of bonds legally defeas	sed													
3	Total proceeds of issue					23,542,430		9,030,000		14,625,806		5,806			
4	Gross proceeds in reserve fund	ds													
5	Capitalized interest from proce	eds				931	1,722								
6	Proceeds in refunding escrows														
7	Issuance costs from proceeds				647,870 335,820		335,820		44	8,626					
8	Credit enhancement from proc	eeds													
9	Working capital expenditures f	rom proceeds													
10	Capital expenditures from proc	eeds				15,000	0,000		8,567,632						
11	Other spent proceeds								126,548			518			
12	Other unspent proceeds														
13	Year of substantial completion				20	12		20	09	2	013				
					Yes	N	0	Yes	No	Yes	<u> </u>	No	Yes	;	No
14	Were the bonds issued as part	of a current refundii	ngıssue?			X	(X	Х					
15	Were the bonds issued as part	of an advance refun	ding issue?			X	<u> </u>		Х			X			
16	Has the final allocation of proc	eeds been made?.			Х			Х		X					
17	Does the organization maintain allocation of proceeds?	·		ort the final	Х			х		×					
Pa	rt IIII Private Business U		-			1						ı			
						A		В			c			D	
					Yes	No	D	Yes	No	Yes	P	No	Yes	:	No

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 bondХ

Χ

Х

Χ

Х

			A		В			С	I	D
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private b of bond-financed property?	usiness use		×		Х		×		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed									
prope										
С	Are there any research agreements that may result in private business use financed property?	of bond-		х		Х		х		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or 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 other than a section $501(c)(3)$ organization or a state or local government.			0 %		0 %		0 %		
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government	rsection		0 %		0 %		0 %		
6	Total of lines 4 and 5			0 %		0 %		0 %		
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 nongovernmental person other than a 501(c)(3) organization since the bond issued?			х		Х		х		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or d	isposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations s 1 141-12 and 1 145-2?	ections								
9	Has the organization established written procedures to ensure that all nonque bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?			х		Х		х		
Par	t IV Arbitrage				-				•	
		А			В		С		D	
		Yes	No	Yes	No	Ye	s	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		Х		×			x		
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 "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?		Х	Х				Х		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х	×				х		
b	Name of provider			JP MORGA BANK	N CHASE					
с	Term of hedge			3000 000	00000000 %	/o				
d	Was the hedge superintegrated?			Х						
e	Was the hedge terminated?				Х					
	•	·			•	•	•		l. 16 /F	

Schedule K (Form 990) 2015

		Yes	No	Yes	No	Yes	No	Yes	No
Were gross proceeds in contract (GIC)?	vested in a guaranteed investment		х		×		х		
Name of provider									
Term of GIC									
Were any gross proceed period?	ds invested beyond an available temporary				×		x		
Has the organization established written procedures to monitor the requirements of section 148?			×		×		х		
rt V Procedures Te	o Undertake Corrective Action	·				•			
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
that violations of federa	l tax requirements are timely identified		×		X		X		
	he voluntary closing agreement program if available under applicable regulations?								
self-remediation is not a		nation for resp		estions on So	hedule K (s	ee instructioi	ns).		
self-remediation is not a	available under applicable regulations?	nation for resp		estions on So	chedule K (s	ee instructioi	ns).		
	contract (GIC)? Name of provider Term of GIC Was the regulatory safe value of the GIC satisfice. Were any gross proceed period? Has the organization estimate requirements of seconds. Has the organization estimates the org	Name of provider	Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider	Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider	Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider	Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider	Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider	Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider	Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider

Return Reference	Explanation
SCHEDULE K, PART V	08/04/2011 23,765,000 MONROE COUNTY INDUSTRIAL DEVELOPMENT CORPORATION - CURRENTLY THE COLLEGE DOES NOT HAVE A WRITTEN POLICY IN PLACE, HOWEVER, THERE ARE PROCEDURES BEING FOLLOWED TO ENSURE COMPLIANCE

Return Reference	Explanation
SCHEDULE K, PART V	01/30/2008 - 9,030,000 COUNTY OF MONROE INDUSTRIAL DEVELOPMENT AGENCY - CURRENTLY THE COLLEGE DOES NOT HAVE A WRITTEN POLICY IN PLACE, HOWEVER, THERE ARE PROCEDURES BEING FOLLOWED TO ENSURE COMPLIANCE

Return Reference	Explanation
SCHEDULE K, PART V	06/13/2013 13,905,000 MONROE COUNTY INDUSTRIAL DEVELOPMENT CORPORATION - CURRENTLY THE COLLEGE DOES NOT HAVE A WRITTEN POLICY IN PLACE, HOWEVER, THERE ARE PROCEDURES BEING FOLLO WED TO ENSURE COMPLIANCE

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DLN: 93493131043137

2015

OMB No 1545-0047

Noncash Contributions

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

► Attach to Form 990.

(Form 990)

Department of the

Internal Revenue Service

Treasury

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

Open to Public Inspection

Name of the organization **Employer identification number** NAZARETH COLLEGE OF ROCHESTER 16-0743088 Types of Property (b) (d) (a) (c) Number of contributions Method of determining Check Noncash contribution ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g Art—Works of art . . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household 6 Cars and other vehicles 7 Boats and planes . . . Intellectual property . . 9 Securities-Publicly traded . Х 486,571 FAIR MARKET VALUE **10** Securities—Closely held stock

11 Securities—Partnership, LLC, or trust interests . . Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures 14 Oualified conservation contribution—Other . . . 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles **19** Food inventory . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . **25** Other ▶ (__ **26** Other ▶ (_____) **27** Other▶(_____ 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 **b** If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

contributions?

b If "Yes," describe in Part II

32a

Νo

Νo

Yes

Explanation

Return Reference

Page 2

Schedule M (Form 990) (2015)

efile GRAPH	IC print	DLN:	93493131043137			
SCHEDULI (Form 990 990-EZ) Department of the Treasury Internal Revenue Service	or ne	2015 Open to Public Inspection				
Name of the orga NAZARETH COLLEGE		TER			Employer identi	fication number
Return Reference			Ex	planation		
FORM 990, PART VI, SECTION A, LINE 1	PRESIDEN OF TRUS ELECTED COMMITT POWERS DELAYED	NT OF THE COLLEGE, AND TEES THE EXECUTIVE COM AND QUALIFIED ALL COM TEE SHALL HAVE THE POW OF THE BOARD IN ALL MA	NO FEWER THAN TWO MMITTEE SHALL SERVE MMITTEE MEMBERS ARE FOR TO ACT WHEN THE ATTERS WHICH IN THE GOF THE BOARD THE	THE CHAIR AND VICE CHAIR AND NO MORE THAN FOU FOR A TERM OF ONE YEA ON THE GOVERNING BOA BOARD IS NOT IN SESSION JUDGMENT OF THE EXECUT EXECUTIVE COMMITTEE SH. MEETING	R TRUSTEES ELE R AND UNTIL TH RD SCOPE OF A I, AND MAY EXE IVE COMMITTEE:	ECTED BY THE BOARD EIR SUCCESSORS ARE UTHORITY - THE RCISE ALL THE SHOULD NOT BE

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	JUDY WILMOT LINEHAN AND THOMAS WILMOT HAVE A FAMILY RELATIONSHIP

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE AUDIT COMMITTEE, A SUB-COMMITTEE OF THE GOVERNING BODY, REVIEWED THE 2015 FORM 990 IN DETAIL PRIOR TO ITS FILING AFTER APPROVAL OF THE AUDIT COMMITTEE, A FINAL DRAFT OF THE FORM 990 IS
	DISTRIBUTED TO THE ENTIRE BOARD OF TRUSTEES PRIOR TO FILING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 14	WHILE VARIOUS DEPARTMENTS WITHIN THE COLLEGE HAVE SPECIFIC GUIDELINES THAT THEY FOLLOW RELATED TO DOCUMENT RETENTION AND DESTRUCTION, THERE IS NO INSTITUTION WIDE WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE COLLEGE ANNUALLY DISTRIBUTES THE CONFLICT OF INTEREST POLICY TO THE TRUSTEES, OFFICERS, THE ASSISTANT SECRETARY TO THE BOARD AND THE SECRETARY TO THE COLLEGE. THE INFORMATION RECEIVED IS COMPILED, ANALYZED, MAINTAINED AND MONITORED BY THE COLLEGE'S GENERAL COUNSEL ALL RESULTS ARE FORWARDED TO THE CHAIR OF THE BOARD OF TRUSTEES, THE CHAIR OF THE AUDIT COMMITTEE, THE CHAIR OF THE TRUSTEESHIP COMMITTEE, COLLEGE'S PRESIDENT, AND VICE PRESIDENT FOR FINANCE AND ADMINISTRATION ON A QUARTERLY BASIS THE CONTROLLER REVIEWS ALL VENDOR PAYMENTS TO ENSURE NO CONFLICTS EXIST THAT NEED AUDIT COMMITTEE REVIEW AND APPROVAL

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION SUB-COMMITTEE, A SUB-COMMITTEE OF THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES, MEETS ANNUALLY TO REVIEW THE PRESIDENT'S PERFORMANCE AS COMPARED TO THE GOALS SET FORTH FOR HIM FROM THE PREVIOUS FISCAL YEAR IN ADDITION, THE SUB-COMMITTEE'S RECOMMENDATIONS ALONG WITH DATA FROM AN INDEPENDENT COMPENSATION CONSULTANT ARE SUBMITTED TO THE EXECUTIVE COMMITTEE FOR REVIEW AND ENDORSEMENT ONCE APPROVED BY THE EXECUTIVE COMMITTEE, THE RECOMMENDATIONS ARE CONSIDERED AND VOTED ON BY THE FULL BOARD OF TRUSTEES IN EXECUTIVE SESSION COMPENSATION LEVELS FOR THE VICE PRESIDENTS OF THE COLLEGE ARE DETERMINED ANNUALLY BY THE PRESIDENT, WITH REVIEW AND ENDORSEMENT FROM THE EXECUTIVE COMMITTEE OF THE BOARD INPUTS INCLUDE PERFORMANCE TO ANNUAL GOALS, AN OVERALL ASSESSMENT OF SIGNIFICANT CONTRIBUTIONS TO AND LEADERSHIP OF THE COLLEGE, AS WELL AS COMPETITIVENESS OF PAY RELATIVE TO COMPARABLE INSTITUTIONS ON A PERIODIC BASIS, AN INDEPENDENT CONSULTANT IS ENGAGED TO REVIEW FOR EACH VICE PRESIDENT, TO PROVIDE COMPETITIVE MARKET INFORMATION, AND TO RECOMMEND ADJUSTMENTS FOR CONSIDERATION BY THE PRESIDENT AND EXECUTIVE COMMITTEE

Return Reference	Explanation
FORM 990, PART VI, SECTION	THE COLLEGE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL
C, LINE 19	STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS -683,492 POST RETIREMENT CHANGES OTHER THAN NET PERIODIC BENEFIT COST -570,449

Return Reference	Explanation
FORM 990, PART XII,	NO CHANGES WERE MADE TO OVERSIGHT PROCESS OR SELECTION PROCESS RELATED TO INDEPENDENT
LINE 2C	AUDITORS DURING THE CURRENT YEAR