DLN: 93493135061739 OMB No 1545-0047 **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

2017

Department of the Treasury Internal Revenue Service

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 www.IRS gov/form990

Open to Public

	or th	e 2017 c	 alendar year, or tax year beginning 07-01-2017 , and ending 06-30	-2018				
B Check if applicable			C Name of organization NAZARETH COLLEGE OF ROCHESTER	2010	D Employer	ıdentıf	cation number	
		change	NAZAKETH COLLEGE OF ROCHESTER		16-07430	88		
☐ Name change ☐ Initial return		_	Doing business as		_			
		n/terminated	Number and street for D.O. how if mail is not delivered to street address.)		E Telephone	number		
		d return on pending	Number and street (or P O box if mail is not delivered to street address) Room/suit 4245 EAST AVENUE	e	(585) 389	-2525		
			City or town, state or province, country, and ZIP or foreign postal code					
			ROCHESTER, NY 14618		G Gross rece	pts \$ 1	30,369,637	
			F Name and address of principal officer DAAN BRAVEMAN	H(a) Is the	nis a group retu	rn for		
			4245 EAST AVENUE ROCHESTER, NY 14618		ordinates? all subordinates	;	□Yes ☑No	
I Tax-exempt status		npt status		`´ ınclı	uded?		☐ Yes ☐No	
1 W	ehsit	· • • \\\\\	☑ 501(c)(3) ☐ 501(c)() ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	() ◀ (insert no)				
			W W 200					
K For	n of o	rganızatıon	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of for	mation 1924	1 State	of legal domicile NY	
Pa	rt I	Sum	mary					
18.		_	scribe the organization's mission or most significant activities					
			H COLLEGE OF ROCHESTER IS A COEDUCATIONAL, INDEPENDENT COLLEGE IL WITH A LIBERAL ARTS AND SCIENCES FOUNDATION, PROFESSIONAL PRO					
ıce			LIM THAT ADDRESSES THE CURRENT AND EMERGING NEEDS OF THE WORL		XI ENIENTIAL LE	AINITIN	G, AND INNOVATIVE	
Activities & Governance	-							
Ver	-							
Ğ			is box $lacktriangle$ If the organization discontinued its operations or disposed of mo					
ಸ ರ ್	1		of voting members of the governing body (Part VI, line 1a)			3	32	
Ħ	1		of independent voting members of the governing body (Part VI, line 1b)		•	5	2,335	
Ę	1	Total number of individuals employed in calendar year 2017 (Part V, line 2a)						
ď	1		related business revenue from Part VIII, column (C), line 12		• •	6 7a	108,188	
	1		lated business taxable income from Form 990-T, line 34		•	7b	8,079	
	<u> </u>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			rior Year	1	Current Year	
۵.	8	Contribut	cions and grants (Part VIII, line 1h)		15,406,35	1	9,215,785	
Rəvenue	9	Program	service revenue (Part VIII, line 2g)		101,551,62	5	107,753,079	
λċ	10	Investme	7	4,040,954				
_	1	Other rev	6	1,004,354				
	12	Total rev	9	122,014,172				
	1	Grants a	5	31,527,771				
	1		paid to or for members (Part IX, column (A), line 4)			0	0	
8	1		other compensation, employee benefits (Part IX, column (A), lines 5–10)		44,862,52	+	45,630,200	
Expenses	Ι.		onal fundraising fees (Part IX, column (A), line 11e)		92,55	9	163,097	
꿃	1		raising expenses (Part IX, column (D), line 25) ▶1,583,850		34,103,15		36 013 505	
	1		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		107,598,42	_	36,813,585 114,134,653	
	1		less expenses Subtract line 18 from line 12		12,264,25		7,879,519	
<u>გ</u> ა				Beginnın	g of Current Yea		End of Year	
Net Assets or Fund Balances			_					
Ass I Ba	1		ets (Part X, line 16)		256,274,96		279,915,123	
New Services	1		ulities (Part X, line 26)		62,742,89	+	77,091,971	
	<u>22</u>	_	ature Block		193,532,06	<u> </u>	202,823,152	
Unde	r pen	alties of p	erjury, I declare that I have examined this return, including accompanying s					
	ledge nowle		f, it is true, correct, and complete Declaration of preparer (other than office	er) is based	on all informati	on of v	which preparer has	
uny is		l.						
		***** Signat	* ure of officer		019-05-15 ate		-	
Sign Here				_				
пет	5		CK E RICHEY VP FOR FINANCE & ADMINISTRATIO or print name and title					
		 	Print/Type preparer's name Preparer's signature Da	te	PTI			
Paid	d		RICHARD LEICHT RICHARD LEICHT	С		1378913		
Pre		51 ⊢	irm's name ► BONADIO & CO LLP		ırm's EIN ▶ 16-11	31146		
Use	-	1 -	rirm's address ► 171 SULLYS TRAIL	P	hone no (585) 38	1-1000		
			PITTSFORD, NY 14534					
May t	he IR	S discuss	this return with the preparer shown above? (see instructions)			✓ ∨	es 🗆 No	

Cat No 11282Y

Form **990** (2017)

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2	017)					Page 2
Par	t III	Statement of	Program Serv	ice Accomplis	hments		
		Check if Schedule	e O contains a res	ponse or note to a	any line in this Part III		🗹
1	Briefly	describe the orga	nızatıon's mıssıor	1			
VISU SPIR DEDI OWN	AL AND ITUAL, A CATION WORLE	PERFORMING ART AND AESTHETIC V TO THE IDEAL O	FS, AND PROFESS ALUES, TO DEVEI F SERVICE TO THI D AROUND THEM,	SIONAL FIELDS, FO LOP SKILLS NECES EIR COMMUNITIES AND ENCOURAGE	STERING COMMITMEN SSARY FOR THE PURSU NAZARETH SEEKS ST	DUCATES STUDENTS IN THE IT TO A LIFE INFORMED BY II IT OF MEANINGFUL CAREERS UDENTS WHO WANT TO MAI HE UNDERSTANDING, COMM	NTELLECTUAL, ETHICAL, S, AND TO INSPIRE
2		e organization und ior Form 990 or 99		cant program serv	rices during the year w	hich were not listed on	. □Yes ☑No
	If "Yes	s," describe these	new services on S	Schedule O			
3	Did th	_	se conducting, or	make significant	changes in how it condi	ucts, any program	. 🗆 Yes 🗹 No
	If "Yes	s," describe these	changes on Sched	dule O			
4	Sectio	n 501(c)(3) and 5	01(c)(4) organiza		to report the amount of	largest program services, as of grants and allocations to ot	
4a	(Code See Ad	ditional Data) (Expenses \$	33,414,849	including grants of \$) (Revenue \$	89,031,351)
4b	(Code See Ad	ditional Data) (Expenses \$	31,527,771	ıncludıng grants of \$	31,527,771) (Revenue \$)
4 c	(Code See Ad	ditional Data) (Expenses \$	14,023,712	ıncludıng grants of \$) (Revenue \$	18,391,450)
	(Code) (Expenses \$	22,322,326	including grants of \$) (Revenue \$	1,057,484)
	STUDE CENTEI ACADE	NTS INCLUDING REG R FOR STUDENT SUC MIC ADVISEMENT, TI	ISTAR, STUDENT DE CESS ATHLETIC EXI HE CENTER FOR INTI	EVELOPMENT, CENTEI PENSES ARE ALSO RE ERNATIONAL EDUCAT	R FOR CIVIC ENGAGEMENT FFLECTED IN THIS CATEGO TON AND THE OFFICES OF	RTS CENTER STUDENT SERVICES , CENTER FOR LIFE'S WORK, ENR RY ACADEMIC SUPPORT PERTAIN THE DEANS, AMONG OTHERS TH NATIONAL ENTERTAINMENT (2,7	NS TO LIBRARY SERVICES, HE ARTS CENTER IS A PREMIER
4d		program services	•	edule O)	\$) (Revenue \$	1,057,484)
4 -	· ·	program service		101,288,6		, (e.e.i.ac #	
4e	rotai	program service	expenses ≯	101,288,6	00		

Checklist of Required Schedules

Yes

Yes

1

7

Page 3

No

Nο

Nο

No

No

No

Nο

Nο

Νo

Nο

Nο

Nο

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the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, lıne 16? *If "Yes," complete Schedule D, Part IX* 😼

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

12a Did the organization obtain separate, independent audited financial statements for the tax year?

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

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18

19

Nο 8 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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

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Form 990 (2017)							
Part IV Checklist of Required Schedules (continued)							
			Yes	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					
21	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	21		No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"	23	Yes				

Yes

Nο

Nο

No

Nο

Νo

No

Νo

No

Nο

Nο

Nο

Nο

Nο

Νo

No

Νo

24a

24b

24c

24d

25a

25b

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27

28a

28b

28c

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33

34

35a

35b

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Yes

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Yes

Yes

	government on Part IX, column (A), line 1 ? If "Yes," complete Schedule 1, Parts I and II		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Υ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Y
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and		\ \ \

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

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

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

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

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

instructions for applicable filing thresholds, conditions, and exceptions)

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

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

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

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

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

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

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

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

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

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

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

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

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

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

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

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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)?

orm	990 (2017)			Page
Par	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 V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 4,084			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
L	,	2b	Yes	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	103	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►FR , IT See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Par	t VI	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	
C^	ction	Check if Schedule O contains a response or note to any line in this Part VI			✓
36	CLION	A. Governing Body and Management		Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year again 1a 32			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O			
b	Enter	the number of voting members included in line 1a, above, who are independent 1b 31			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2		No
3		ne organization delegate control over management duties customarily performed by or under the direct supervision cers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did th	ne organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did th	ne organization become aware during the year of a significant diversion of the organization's assets?	5		No
6		ne organization have members or stockholders?	6		No
	Did th	e organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
b	Are ar	pers of the governing body?	7a 7b		No No
8	•	ns other than the governing body?			
	the fo	llowing	.	V	
_	-	overning body?	8a	Yes	
b		committee with authority to act on behalf of the governing body?	8b	Yes	
	organ	re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		N 1 -
10~	Did +h	o organization have local chanters, branches, or affiliates?	10a	Yes	No No
	If "Ye	ne organization have local chapters, branches, or affiliates? s," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			NO
		ranches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has th form?	ne organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
b	Descr	ibe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were conflic	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	12b	Yes	
С		ne organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Julie O how this was done	12c	Yes	
13	Did th	ne organization have a written whistleblower policy?	13	Yes	
14	Did th	ne organization have a written document retention and destruction policy?	14		No
15		ne process for determining compensation of the following persons include a review and approval by independent ns, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	rganization's CEO, Executive Director, or top management official	15a	Yes	
b	Other	officers or key employees of the organization	15b	Yes	
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a		le organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a le entity during the year?	16a		No
b	ın joir	s," did the organization follow a written policy or procedure requiring the organization to evaluate its participation it venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt swith respect to such arrangements?	16b		
Se	ction	C. Disclosure			<u> </u>
17	List th	ne States with which a copy of this Form 990 is required to be filed NY , AZ , CO , FL , GA , IL , LA , MA , MD , RI , VA , WV	MN,N	ID , OK	, OR ,
18		on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) ble 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)			
19	Descr	ibe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest , and financial statements available to the public during the tax year			
20	State	the name, address, and telephone number of the person who possesses the organization's books and records RICK E RICHEY 4245 EAST AVE ROCHESTER, NY 14618 (585) 389-2525			

orm 990 (2	017)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Π.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										
of compensa	of the organization's current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's current key		•								
vho received organization	organization's five current high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all o organization	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	2
	in the following order individua d employees, and former such p		ectors,	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
🗌 Check tl	his box if neither the organizatio	n nor any relate	ed organ	nzatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	,		related organizations
See Additiona	al Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Name and Title Position (do not check more Reportable Average Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation organizations (Wany hours director/trustee) organization (Wfrom the 2/1099-MISC) 2/1099-MISC) for related organization and Highest compensat employee individual trustee or director organizations related Institutional 5 below dotted organizations employee line) Trustee See Additional Data Table • c Total from continuation sheets to Part VII, Section A . 2,036,364 254,835 d Total (add lines 1b and 1c) • 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 24 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 Nο For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such ındıvıdual . 4 Yes 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . 5 Nο 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) (B) (C) Description of services Name and business address Compensation LEGAL SERVICES HARTER SECREST & EMERY LLP 328,996 1600 BAUSCH LOMB PLACE ROCHESTER, NY 14604 ELLUCIAN SOFTWARE FEES 290,727 62578 COLLECTION CENTER DRIVE CHICAGO, IL 60693 PAINTING AND CARPENTRY JMAC PAINTING & CARPENTRY 103.214 SERVICES 28 TUXFORD ROAD ROCHESTER, NY 14534

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 3

Part	VП											
		Check if Schedul	e O contains :	a respo	onse or note to any l	(4	nis Part VIII A) evenue	Rel ex	(B) ated or kempt nction	b	(C) nrelated usiness evenue	(D) Revenue excluded from tax under sections
	1.2	Federated campaign	ns	1a				re	venue			512-514
nts nts		b Membership dues		1b								
irat 10u		Fundraising events		1c	40,385							
s, C An		d Related organization		1d	10,000							
Giffe		e Government grants (co		1e	3,688,894							
ıs,		F All other contributions,			3,000,031							
tion er S	Ι.	and similar amounts no above	ot included	1f	5,486,506							
ë	١	Noncash contribution	ns included									
Contributions, Gifts, Grants and Other Similar Amounts		ın lınes 1a-1f \$		357,								
<u>ت</u> ا	_h	Total.Add lines 1a-1	f		<u> </u>	9,	.215,785					
E E					Business							
Yev	_	TUITION AND FEES				611310		31,351	89,031			
Service Revenue		OTHER AUXILIARY INCO	·ME			611310		36,761 36,584	17,536	5,934	10,6	50
rvic		PUBLIC SERVICES				611310		48,383		7,180	71,2	
ૠ	_											
Jran	f	All other program se	rvice revenue									
Program		Total. Add lines 2a-2f			107,7	53,079						
		Investment income (in			nterest and other	1						
	s	imilar amounts) .			•		1,766,938					1,766,938
		Income from investme	ent of tax-exe	mpt b	ond proceeds >		58,589					58,589
	5 F	Royalties			•							
	62	Gross rents	(ı) Rea		(II) Personal	-						
	- Cu	Cross remes	1	18,105								
	b	Less rental expenses		0								
	c	Rental income or	1	18,105		1						
	_	(loss)				ļ						
	d	Net rental income of					118,105) 				118,105
	7a	Gross amount from sales of assets other than inventory	(ı) Securit	ies 554,587	(II) Other	_						
	b	Less cost or other basis and sales expenses	8,3	23,886	15,274	-						
	c	Gain or (loss)	2,2	30,701	-15,274	1						
	d	Net gain or (loss) .			•	1	2,215,427	,				2,215,427
Other Revenue	8a	Gross income from for (not including \$ contributions reported See Part IV, line 18	40,385 d on line 1c)	of	20,700							
Re		Less direct expenses		b	16,305]						
her		Net income or (loss)		_	ents 🕨	1	4,395					4,395
o	Уa	Gross income from g See Part IV, line 19	aming activiti	es								
				а								
		Less direct expenses		b								
		Net income or (loss)		activit	ies	1						
	IUa	aGross sales of invent returns and allowand		a								
	b	Less cost of goods s	old	b]						
	С	Net income or (loss)		invent								
	11	Miscellaneous			Business Code 900099	-	46,460					46,460
	11	aINDIRECT COST RA REIMBURSEMENT	ΤΕ		900099		46,460					46,460
	b											
	c											
	d	All other revenue .					835,394		809,059		26,335	
		Total. Add lines 11a			•		00:					
	12	Total revenue. See	Instructions				881,854					
							122,014,172	!	108,480,285	<u> </u>	108,188	4,209,914 Form 990 (2017)

CHATAL SCALCING	it of failetional Expenses		
Section 501(c)(3) and 50	1(c)(4) organizations must comp	olete all columns. All other or	ganizations must complete co

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all of	columns All other era-	anizations must comp	Note column (A)	
Check if Schedule O contains a response or note to an	_	·	• •	
		(B)	(C)	· · · □
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraisingexpenses
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	31,175,340	31,175,340		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	352,431	352,431		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,926,271	700,737	836,730	388,804
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	5			
7 Other salaries and wages	33,634,784	29,047,525	4,096,645	490,614
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,371,807	2,038,260	291,231	42,316
9 Other employee benefits	5,142,133	4,333,913	686,835	121,385
10 Payroll taxes	2,555,205	2,142,661	350,666	61,878
11 Fees for services (non-employees)				
a Management				
b Legal	412,204		412,204	
c Accounting	95,479		95,479	
d Lobbying				
e Professional fundraising services See Part IV, line 17	163,097			163,097
f Investment management fees	840,597		840,597	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,259,711	950,005	162,160	147,546
12 Advertising and promotion	1,634,172	1,055,823	578,070	279
13 Office expenses	2,611,651	1,893,768	631,997	85,886
14 Information technology	1,239,819	1,192,167	42,535	5,117
15 Royalties	6,781	6,781		
16 Occupancy	6,834,756	6,348,098	486,658	
17 Travel	1,230,696	1,136,681	69,800	24,215
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	207,620	100,862	99,041	7,717
20 Interest	1,617,971	1,514,669	103,302	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,005,523	8,465,192	540,331	
23 Insurance	639,008	606,808	32,200	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a FOOD SERVICE	4,521,557	4,346,050	133,226	42,281
b OTHER	3,900,787	3,146,116	754,671	
c ACADEMIC COURSE WAIVERS	755,253	734,771	17,767	2,715
<u>d</u>				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	114,134,653	101,288,658	11,262,145	1,583,850

Form **990** (2017)

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 \blacktriangleright \Box if following SOP 98-2 (ASC 958-720)

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Liabilities 22

Fund Balances

Assets or 30

Net

1,321,787

150,242,979

33.993.760

45.735.252

13.934.638

279.915.123

8,390,153

1,229,177

53,495,551

13.977.090

77,091,971

164,809,596

18,115,189

19.898.367

202,823,152

279.915.123

Form **990** (2017)

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709.729

139,491,618

29.152.063

43.410.551

2,478,819

8,169,680

1,195,907

38,712,389

14.664.923

62,742,899

156.030.818

18.509.064

18.992.184

193,532,066

256.274.965

256,274,965

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10c

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Page **11**

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

Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities 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

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

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

and complete lines 30 through 34.

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

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

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

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Investments-program-related See Part IV, line 11

basis Complete Part VI of Schedule D

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

b Less accumulated depreciation

Grants payable . .

Deferred revenue .

	Beginning of year		End of year
Cash-non-interest-bearing	326,292	1	
Savings and temperaty each investments	26 464 725	,	22

1	Cash-non-interest-bearing	326,292	1	528,988
2	Savings and temporary cash investments	26,464,725	2	22,390,675
3	Pledges and grants receivable, net	9,482,284	3	7,148,182
4	Accounts receivable net	3.104.371	4	2 896 456

3	Pledges and grants receivable, net	9,482,284	3	
4	Accounts receivable, net	3,104,371	4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part	0	5	

10a

10b

4	Accounts receivable, net	3,104,371	4	2,896,456
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
6	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 $501(c)(9)$	0	6	0

trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
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 II of Schedule L	0	6	0
Notes and loans receivable, net	1,654,513	7	1,722,406
Inventories for sale or use	0	8	0
	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 II of Schedule L	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 II of Schedule L	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 II of Schedule L

268,999,683

118,756,704

Page **12**

~

No

No

Yes

Yes

Yes

Yes

Yes Form 990 (2017)

2a

2b

2c

3a

3b

Form 990 (2017)

Part XII

Schedule O

Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both Separate basis

Audit Act and OMB Circular A-133?

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

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

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

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

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

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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

Consolidated basis

Consolidated basis

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

3	Revenue less expenses Subtract line 2 from line 1	3	7,879,519
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	193,532,066
5	Net unrealized gains (losses) on investments	5	2,374,578
6	Donated services and use of facilities	6	

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	193,532,066
Net unrealized gains (losses) on investments	5	2,374,578
Donated services and use of facilities	6	
Investment expenses	7	
Prior period adjustments	8	
	Net unrealized gains (losses) on investments	Net unrealized gains (losses) on investments

3	Net unrealized gains (losses) on investments	9	2,374,376
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-963,011
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	202,823,152

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Additional Data

Software ID:

HIGHER EDUCATION INSTRUCTION-REFLECTS EXPENSES DIRECTLY RELATING TO THE DELIVERY OF QUALITY INSTRUCTIONAL PROGRAMS AT THE UNDERGRADUATE, GRADUATE, AND CONTINUING EDUCATION LEVELS PROGRAMS OF STUDY ARE DELIVERED THROUGH THE COLLEGE OF ARTS AND SCIENCES, AND SCHOOLS OF

Software Version:

Name: NAZARETH COLLEGE OF ROCHESTER

EIN: 16-0743088

Form 990 (2017)

Form 990, Part III, Line 4a:

EDUCATION, MANAGEMENT AND HEALTH AND HUMAN SERVICES (2,716 TOTAL STUDENT FTE'S)

Form 990, Part III, Line 4b: SCHOLARSHIP PROGRAMS SCHOLARSHIPS AND GRANTS-REFLECTS THE COMPETITIVE SCHOLARSHIPS, NEED BASED AID, AND HIGHER EDUCATION OPPORTUNITY GRANTS AWARDED TO STUDENTS IN ORDER TO MAKE THE TOTAL COST OF ATTENDANCE MORE AFFORDABLE (2,716 TOTAL STUDENT FTE'S)

Form 990, Part III, Line 4c: AUXILIARY ENTERPRISES-PERTAINS TO THE OPERATIONS OF THE INSTITUTION THAT EXIST TO FURNISH A SERVICE TO STUDENTS, FACULTY, OR STAFF, AND THAT

CHARGE A FEE THAT IS DIRECTLY RELATED TO, ALTHOUGH NOT NECESSARILY EQUAL TO, THE COST OF THE SERVICE AUXILIARY ENTERPRISES ARE MANAGED AS ESSENTIALLY SELF-SUPPORTING ACTIVITIES EXAMPLES ARE RESIDENCE HALLS, FOOD SERVICES, AND STUDENT HEALTH SERVICES (2,716 TOTAL STUDENT FTE'S)

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

	any nours	i anu	a uii	ecto	31/11	rustee)	. /	organization	organizations	I from the
	for related organizations below dotted line)		lostitutional Trustee	Officer	key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
SERGIO ESTEBAN CHAIR	2 00	x		х				0	0	0
TIMOTHY FOURNIER VICE CHAIR	2 00	x		×				0	0	0
JACK ALLOCO TRUSTEE	2 00	x						0	0	0
SHARON BAILEY SSJ TRUSTEE	2 00	x						0	0	0
YOLANDA RAMOS BENITEZ	2 00						\Box		_	_

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TRUSTEE
SHARON BAILEY SSJ
TRUSTEE
YOLANDA RAMOS BENITEZ

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TRUSTEE

TRUSTEE

TRUSTEE

EMIL DUDA

JOHN DRAIN

STEPHEN BROWN

BRIAN COOPER

........ **TRUSTEE**

JAMES COSTANZA

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

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

	any hours								organizations	from the	
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ANDREW GALLINA TRUSTEE	2 00	X						0	0	0	
KENNETH GLAZER TRUSTEE	2 00	X						0	0	0	
WARREN HERN TRUSTEE UNTIL 4/1/18	2 00							0	0	0	
BRIAN HICKEY	2 00										

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TRUSTEE
WARREN HERN
TRUSTEE UNTIL 4/1/18
BRIAN HICKEY
TRUSTEE

.....

BRIDGETTE HOBART

RICHARD KAPLAN

GEORGIA LAMB

JUDY WILMOT LINEHAN

TRUSTEE UNTIL 2/1/18

ELIZABETH MCANARNEY

TRUSTEE UNTIL 8/1/17

......

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

KIM MCCLUSKI

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

and Independent Contractors

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CYNTHIA REDDECK-LIDESTRI

TRUSTEE UNTIL 12/1/17

TRUSTEE UNTIL 10/1/17

CORAL SURGEON

DAVID VIGREN

KEITH WILSON

TRUSTEE

TRUSTEE

FRANK YORK

TRUSTEE

TRUSTEE

	ally hours	i anu	a un	ecto	JI / LI	ustee	, '	organization	organizations	mom the	
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
STEPHEN NATAPOW TRUSTEE	2 00	×						0	0	0	
MITCHELL NUSBAUM TRUSTEE	2 00	X						0	0	0	
SANDY PARKER TRUSTEE	2 00	X						0	0	0	
LAWRENCE PECKHAM TRUSTEE	2 00	X						0	0	0	
RICHARD PIERPONT	2 00										

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and Independent Contractors (A) (C) (D) (E) (B) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer

from the

198,452

191,528

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16,209

19,440

from related

compensation

week (list

50 00

50 00

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VICE PRESIDENT FOR FINANCE AND ADMINISTRATION

VICE PRESIDENT FOR ENROLLMENT AND STUDENT

VICE PRESIDENT FOR INSTITUTIONAL ADVANCEMENT

IAN MORTIMER

EXPERIEN

KELLY GAGAN

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

	any hours	and	a dır	ecto		ustee		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
COLLEEN ARNOLD TRUSTEE	2 00	х						0	0	0
JETT MEHTA TRUSTEE	2 00	х						0	0	0
HIRY WEST TRUSTEE	2 00	x						0	0	0
SUSAN DANAHY TRUSTEE	2 00	×						0	0	0
MICHAEL HESS TRUSTEE	2 00	х						0	0	0
JUSTIN STEVENS TRUSTEE	2 00	х						0	0	0
DAAN BRAVEMAN PRESIDENT	50 00	x		x				431,480	0	79,046
PATRICK RICHEY	50 00			х				215,050	0	16,591

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(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation week (list person is both an officer compensation from the from related any hours and a director/trustee) from the

organization

136,614

133,913

125,801

17,604

organizations

14,530

14,254

16,271

1,846

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

and Independent Contractors

CHIEF INFORMATION OFFICER IN INFORMATION

VICE PRESIDENT FOR ACADEMIC AFFAIRS UNTIL

ASSOCIATE VICE PRESIDENT FOR HUMAN RESOURCES

TECHNOLOG

JO ELLEN PINKHAM

RONALD NETSKY

1/20/17

PROFESSOR OF ART SARA VARHUS

	1				•		•	(11, 2,4,000	(1) 2/4000	1
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ANDREA TALENTINO VICE PRESIDENT FOR ACADEMIC AFFAIRS AS OF 3/1/17	50 00			х				159,175	0	12,967
DIANNE OLIVER DEAN IN COLLEGE OF ARTS & SCIENCES	50 00					×		147,689	0	22,753
KEVIN WORTHEN VICE PRESIDENT FOR STUDENT DEVELOPMENT	50 00			x				140,684	0	24,260
BRIGID NOONAN DEAN IN SCHOOL OF HEALTH & HUMAN SERVICES	50 00					х		138,374	0	16,668
KAREN KUPPINGER	50 00									

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efil	e GR	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493135061739
SCI	HED m 99	ULE A		Public (Charity Staturganization is a sect	ion 501(c)(3)	organization o	ort	OMB No 1545-0047 2017
9901	LZ)				► Attach to Form	990 or Form 99	0-EZ.		
•		f the Treasury	► Infe	ormation abou	ıt Schedule A (Form <u>www.irs.g</u>	. 990 or 990-EZ <u>ov/form990</u> .) and its instru	ictions is at	Open to Public Inspection
Nam	e of th	he organiza OLLEGE OF RO						Employer identific	ation number
								16-0743088	
	rt I				us (All organization : it is (For lines 1 thro			See instructions.	
1	n garnz		•		sociation of churches	•	,	(A)(i)	
_		•		·					
2	$\overline{\mathbf{V}}$				1)(A)(ii). (Attach Scl	•	• •		
3		·	•	•	vice organization desc			•	
4			esearch orga and state _	nization operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ped in section 170
6		A federal, s	tate, or local	government or	governmental unit de	escribed in sectio	on 170(b)(1)(A	\)(v).	
7				mally receives (vi). (Complete	a substantıal part of ıt : Part II)	s support from a	governmental u	init or from the gener	al public described in
8		A communi	ty trust desc	rıbed ın sectior	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a
10		from activit	ies related to income and	o its exempt fur unrelated busin	(1) more than 331/39 ictions—subject to cer ess taxable income (learnplete Part III)	taın exceptions, a	and (2) no more	than 331/3% of its su	
11		An organiza	ition organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported:	organizations of	d exclusively for the be described in section 5 the type of supporting	i09(a)(1) or se d	ction 509(a)(2). See section 509(a	
а		Type I. A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting on t of the sup	rganization sup porting organiza	ervised or controlled i ation vested in the sar				
C		Type III f	unctionally		and C. supporting organizatio ions) You must com				ted with, its
d		Type III n functionally	on-function integrated	nally integrate The organizatio	d. A supporting organ n generally must satis t IV, Sections A and	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar	
e		Check this	box if the org	anızatıon recei	ved a written determir	nation from the II		pe I, Type II, Type II	I functionally
f	Enter			ion-functionally dorganizations	integrated supporting	organization			
g				_	ipported organization((s)			
		Name of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
				<u> </u>					
Tota	l	work Reduc						 Schedule A (Form 9	

(b)(1)(A)(ix)

Page 2

	(Complete only if you ch III. If the organization fa						to qualify	y under Part
	ection A. Public Support	ms to quamy and	ici the tests hat	a below, piease	complete rate			
	Calendar year	(-) 2012	(b) 2014	(a) 201E	(4) 2016	(-)	2017	(6) Total
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e).	2017	(f) Total
_	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	13,051,546	6,612,096	5,010,879	7,906,351		9,215,785	41,796,657
	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	13,051,546	6,612,096	5,010,879	7,906,351		9,215,785	41,796,657
	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							41,796,657
<u>S</u>	ection B. Total Support							
	Calendar year	(a)2013	(b) 2014	(c)2015	(d)2016	(e)2	2017	(f)Total
7	(or fiscal year beginning in) ► Amounts from line 4	13,051,546	6,612,096	5,010,879	7,906,351		9,215,785	41,796,657
8	Gross income from interest,	20,002,010	0,012,000	3,020,013	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7,220,100	12/120/001
	dividends, payments received on securities loans, rents, royalties and income from similar sources	895,381	1,095,795	1,091,280	1,211,900		1,825,527	6,119,883
9	Net income from unrelated business activities, whether or not the business is regularly carried on	82,321	87,294	79,382	85,051		9,079	343,127
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	1,912,572	832,512	1,065,785	825,004		809,059	5,444,932
11	Total support. Add lines 7 through							53,704,599
	Gross receipts from related activities, of	etc (see instruction))			1.0		472.602.504
						12	() (2)	473,602,504
13	First five years. If the Form 990 is fo	-			•		• • • • •	nization,
	check this box and stop here						▶⊔	
	ection C. Computation of Public							
	Public support percentage for 2017 (lir			lumn (f))		14		77 830 %
	Public support percentage for 2016 Sc					15		76 340 %
16a	33 1/3% support test—2017. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, c	heck this b:	
b	and stop here. The organization quali 33 1/3% support test—2016. If th				nd line 15 is 33 1/3	3% or m	nore, check	this
17a	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization Part VI how the organization meets	.— 2017. If the orgin meets the "facts-	anization did not cl and-circumstances	neck a box on line " test, check this	box and stop her	e. Expla	aın	▶□
b	organization 10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz Explain in Part VI how the organization	ation meets the "fa	cts-and-circumsta	nces" test, check	this box and stop	here.		▶ □
18	supported organization Private foundation. If the organization	on did not check a	box on line 13. 16a	a, 16b, 17a, or 17	b, check this box a	and see		▶ □

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
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						
4	under section 513 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						
	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						
S	from line 6) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	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 for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization
	check this box and stop here			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18	
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

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	İ	
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)			
	in section 309(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	İ	
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		

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 12a or 12b ın 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		

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 12a or 12b ın 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	
С	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		

			, ,	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b 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		
С	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		

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

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 I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

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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.
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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

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9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	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		
	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	11c		
	ection B. Type I Supporting Organizations			
			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		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		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 control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		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		
s	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct 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 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a 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		
	b 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 each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5

Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year Section B - Minimum Asset Amount 1 1a

Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors 2

(explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6

6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 8

3

7

Schedule A (Form 990 or 990-EZ) 2017

Section C - Distributable Amount

Minimum Asset Amount (add line 7 to line 6) Adjusted net income for prior year (from Section A, line 8, Column A)

Enter 85% of line 1

2

Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3

temporary reduction (see instructions)

instructions)

4 5 Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

7

8

1 2

3

4 5

6

Schedule A (Form 990 or 990-F7) 2017

Page 6

(B) Current Year

(optional)

Current Year

3	Administrative expenses paid to accomplish exempt purposes of supported organizations	<u> </u>
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions			
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			

Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 10 Line 8 amount divided by Line 9 amount						
				(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
	(i)	(i) (ii) Underdistributions				

9 Distributable amount for 2017 from Section C, line 6	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017		
Distributable amount for 2017 from Section C, line 6	·				
2 Underdistributions, if any, for years prior to 2017 reasonable cause required explain in Part VI) See instructions					
3 Excess distributions carryover, if any, to 2017					
a					
b From 2013					
c From 2014					
d From 2015					

e From 2016. f Total of lines 3a through e

d Excess from 2016. . . . e Excess from 2017.

instructions)

g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount

c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7 Excess distributions carryover to 2018. Add lines 3j and 4c		

lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7 Excess distributions carryover to 2018. Add lines 3 ₁ and 4c		
8 Breakdown of line 7		
a Excess from 2013		
b Excess from 2014		
c Excess from 2015		

Schedule A (Form 990 or 990-EZ) (2017)

Schedule A (Form 990 or 990-EZ) 2	990 or 990-EZ) 2017 Page 8	
Part VI	Section A, lines 1, 2, Part IV, Section D, lin	mation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, es 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See	
		Facts And Circumstances Test	
990 Sched	lule A, Supplemen	tal Information	
Reti	urn Reference	Explanation	
SCHEDULE	A, PART II, LINE 10	OTHER INCOME CONSISTS OF GROSS INCOME FROM FUNDRAISING (NOT INCLUDING CONTRIBUTIONS REPORT ED ON LINE 1), COMMISSIONS AND OTHER INCOME NOT REPORTABLE ON SCHEDULE A PART II LINES 1-9	

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

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

Open to Public

OMB No 1545-0047

DLN: 93493135061739

Department of the Treasury Internal Revenue Service

(Form 990 or 990-

EZ)

▶ 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.

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

Inspection

f the	Section 501(c)(3) organizations that Section 501(c)(3) organizations that corganization answered "Yes" or xy Tax) (see separate instruction Section 501(c)(4), (5), or (6) organiz	n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s t have NOT filed Form 5768 (election ur n Form 990, Part IV, Line 5 (Proxy Tax s), then	section 501(h)) Co nder section 501(h	emplete Part II-A Do not on the property of th	complete Part II-B onot complete Part II-A 0-EZ, Part V, line 35c
Nar	ne of the organization ARETH COLLEGE OF ROCHESTER			Employer ide	entification number
IVAL	ARETH COLLEGE OF ROCHESTER			16-0743088	
Par	t I-A Complete if the orga	nization is exempt under sectio	n 501(c) or is	a section 527 organ	ization.
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political car	mpaign activities ir	Part IV (see instructions	for definition of
2	Political campaign activity expend	litures (see instructions)		•	\$
3	Volunteer hours for political camp	eaign activities (see instructions)			
Par	t I-B Complete if the orga	nization is exempt under section	n 501(c)(3).		
1	Enter the amount of any excise ta	ax incurred by the organization under se	ection 4955	•	\$
2	Enter the amount of any excise ta	ax incurred by organization managers u	nder section 4955	>	\$
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	this year?		🗌 Yes 🔲 No
4a	Was a correction made?				☐ Yes ☐ No
	If "Yes," describe in Part IV				
Par	t I-C Complete if the orga	nization is exempt under section	on 501(c), exce	ept section 501(c)(3	·).
1	·	ed by the filing organization for section	•		\$
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to other o	rganizations for se	ection 527 exempt	\$
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and o	n Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	rm 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the ame that were promptly and directly deliver see (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's fund olitical organization, such	s Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
L					
2					
3					
ļ					
5					
5					
		l .	ı	I.	I

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

	•	ınder section 501(h)).	(a	1)	(b))		
or e		11 below, provide in Part IV a detailed description of the lobbying	Yes No Amount					
				110	Aillo			
1		ation attempt to influence foreign, national, state or local legislation, plic opinion on a legislative matter or referendum, through the use of						
а	Volunteers?			No				
b	Paid staff or management (include con	mpensation in expenses reported on lines 1c through 1i)?	Yes					
С	Media advertisements?			No				
d	Mailings to members, legislators, or th	ne public?		No				
е	Publications, or published or broadcast	t statements?		No				
f	Grants to other organizations for lobby	ying purposes?		No				
g	Direct contact with legislators, their sta	affs, government officials, or a legislative body?	Yes			93:		
h	Rallies, demonstrations, seminars, con	nventions, speeches, lectures, or any similar means?	Yes			548		
i	Other activities?			No				
j	Total Add lines 1c through 1i					1,479		
2a	Did the activities in line 1 cause the or	ganization to be not described in section 501(c)(3)?		No				
b	If "Yes," enter the amount of any tax i	incurred under section 4912						
С	If "Yes," enter the amount of any tax i	incurred by organization managers under section 4912						
d	If the filing organization incurred a sec	ction 4912 tax, did it file Form 4720 for this year?						
Par	t III-A Complete if the organi	ization is exempt under section 501(c)(4), section 501(c)(5), o	r sectio	n			
	501(c)(6).							
1	More substantially all (000/c as more)	duran wasaninad mandaduratikla ku maambara?			Yes	No		
	, , ,	dues received nondeductible by members?						
2	- '	ise lobbying expenditures of \$2,000 or less?			2			
3		er lobbying and political expenditures from the prior year?			3	<u> </u>		
Par		ization is exempt under section $501(c)(4)$, section $501(c)(4)$. Part III-A, lines 1 and 2, are answered "No" OR (b) Part				:)(6)		
1	Dues, assessments and similar amoun	ts from members	1					
2	Section 162(e) nondeductible lobbying expenses for which the section 52	g and political expenditures (do not include amounts of political 7(f) tax was paid).						
а	Current year		2a					
b	Carryover from last year		2b					
С	Total		2c					
3	Aggregate amount reported in section	6033(e)(1)(A) notices of nondeductible section 162(e) dues	3					
4	the organization agree to carryover to	n line 2c exceeds the amount on line 3, what portion of the excess does the reasonable estimate of nondeductible lobbying and political						
_	expenditure next year?		5					
5	Taxable amount of lobbying and politicant IV Supplemental Informa	· · · · · · · · · · · · · · · · · · ·						
	• • • • • • • • • • • • • • • • • • • •							
		·A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated group list), mplete this part for any additional information	Part II-	-A, lines 1	and 2 (se	ee		
	Return Reference	Explanation						
CHI		COLLEGE IS A MEMBER OF A REGIONAL CHAMBER OF COMMERCE WHEI IVITIES ENGAGE IN STATE AND FEDERAL LOBBYING IN ADDITION, THE				 \N		

ADDITIONAL STAFF MEMBER SPENT APPROXIMATELY 7 HOURS IN FISCAL YEAR 2018 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

SCHEDULE D Supplemental Fina

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2017

DLN: 93493135061739 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990.

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

Name of the organization **Employer identification number** NAZARETH COLLEGE OF ROCHESTER 16-0743088 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2017

 $\boldsymbol{c} \;\; \text{Leasehold improvements}$

d Equipment

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

Sche	dule D (Form 990) 2017									J	Page 2
Par	t IIII Organizations M	aintaining Colle	ections of Art, I	listorio	al Treas	sures, or	Other	Similar Assets	(contir	nued)	
3	Using the organization's acc items (check all that apply)	quisition, accession,	and other records,	check a	ny of the	following ti	hat are a	significant use of	its colle	ection	
а	Public exhibition			d	☐ Loa	n or excha	nge prog	rams			
b	Scholarly research			е	Oth	ner					
С	Preservation for futur	e generations									
4	Provide a description of the Part XIII	organization's colle	ections and explain	how the	y further t	he organız	atıon's ex	kempt purpose in			
5	During the year, did the org assets to be sold to raise fu								Yes	□ No	
Pa	Complete if the or X, line 21.			m 990,	Part IV,	line 9, or	reporte	ed an amount o	า Form	990, P	art
1a	Is the organization an agent included on Form 990, Part		n or other intermed	liary for	contributio	ons or othe	er assets i	_	Yes	□ No	
b	If "Yes," explain the arrange	ement in Part VIII -	and complete the fe	llowing t	table	Г		Amoui			
C	Beginning balance	ement in rait AIII a	and complete the it	,nowing I	abie.	}	1c	Ailloui			
d	Additions during the year					ŀ	1d				
e	Distributions during the year					ŀ	1e				
f	Ending balance	ı				ŀ	1f				
	Did the organization include	an amount on For	m 000 Bart V line	71 for a	oorow or	L Luctodial a		hulutu			
2a	-			•				· Ш	Yes	∐No	
ь	in 100, explain the arrange									Ш	
Pa	rt V Endowment Fun	ds. Complete if t	he organization	answere	ed "Yes"						
		-	(a)Current year		or year	(c)Two ye		(d)Three years bac	_	our years	
	Beginning of year balance .		65,719,955		59,596,542		5,163,785	67,836,65	_		8,988
	Contributions	F	1,861,568 4,816,567		1,258,022 8,062,599		1,134,883 3,449,160	937,57			7,216
	Net investment earnings, gai	· · ·						, , , , , , , , , , , , , , , , , , ,			
	Grants or scholarships	⊢	942,752		839,103		954,091	978,88	33		3,094
е	Other expenditures for facilities and programs	es	2,328,012		2,358,105		2,298,875	2,141,28		2,06	3,478
f	Administrative expenses .		0		0		0		0		0
g	End of year balance	[69,127,326		65,719,955	5	9,596,542	65,163,78	35	67,83	6,654
2	Provide the estimated perce	entage of the currer	nt year end balance	(line 1g	, column ((a)) held as	s				
а	Board designated or quasi-	endowment ► 6	3 490 %								
b	Permanent endowment >	27 190 %									
С	Temporarily restricted endo	wment ► 9 32	0 %								
	The percentages on lines 2a	a, 2b, and 2c should	d equal 100%								
3а	Are there endowment funds organization by	not in the possess	ion of the organizat	on that	are held a	and admini	stered fo	r the		Yes	No
	(i) unrelated organizations								3a(i)		No
	(ii) related organizations								3a(ii)		No
b 4	If "Yes" on 3a(II), are the re	-	•					[3b		
4	Describe in Part XIII the int			wment fi	unas						
Рa	rt VI Land, Buildings, Complete if the or			m aan	Part IV	line 11a	See For	-m 990 Dar+ V	line 10)	
	Description of property	(a) Cost or othe			basis (other			lepreciation		ok value	
	, , , ,	(investmen	t)		•				-		
12	Land				8,232,97	'4				8.2	232,974
	Buildings				123,830,74			39,607,782			22,966
	Leasehold improvements				35,18			17,596			17,593
_		1	1		,	1					

46,856,823

90,043,949

12,726,531

45,042,915

150,242,979

34,130,292

45,001,034

	Form 990) 2017				Page 3
Part VII	Investments—Other Securities. Complete if the organ See Form 990, Part X, line 12.	inization ansv	vered "Yes" on	Form 990, Par	t IV, line 11b.
	(a) Description of security or category	(b) Book	Cook	(c) Method of va	aluation
(1) Financia	(including name of security)	value 45,735,252	Cost	or end-of-year i	market value
(2) Closely-	held equity interests	, ,			
(3)Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12)	45,735,252			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	90 Part IV li	ne 11c See Foi	rm 990 Part)	(line 13
		(b) Book value	((c) Method of va	aluation
(1)			Cost	or end-of-year i	market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	The state of the s				
Part IX	n (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered 'Yes' o	n Form 990, Pa	 art IV, line 11d S	ee Form 990, Pa	rt X, line 15
(1)	(a) Description				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Part X	mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answere		rm 990, Part I\		11f.
1.	See Form 990, Part X, line 25. (a) Description of liability		ook value		
	ncome taxes	(-7-			
	OSTRETIREMENT BENEFIT COSTS		10,301,827		
	REMENT OBLIGATION IT LOAN PROGRAM REFUNDABLE ADVANCES		2,458,094 1,217,169		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	13,977,090		
	or uncertain tax positions. In Part XIII, provide the text of the fo		rganızatıon's fınar		
organization	's liability for uncertain tax positions under FIN 48 (ASC 740) Ch	теск nere if the	text of the footno	ote nas been pro	ovided in Part XIII 📙

Part XI

2

3

4

b

c

Part XII

5

1

2

c

d

е

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

а

Schedule D (Form 990) 2017

Page 4

-29,153,193

122,014,172

81,465,162

36,392

81,428,770

32,705,883

114.134.653

Schedule D (Form 990) 2017

2b b 2c d 2d -31.527.771 e

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

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

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

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

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

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

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines 2a through 2d

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Net unrealized gains (losses) on investments

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

2e

2,374,578

840,597

-31.579

36,392

840,597

31,865,286

2e

3

4c

5

2a

4a

4b

2a 2b

2c

2d

4a

4b

Explanation

3 121,205,154 4c 809,018

Page 5		Schedule D (Form 990) 2017
	ormation <i>(continued)</i>	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

Additional Data

Software Version: **EIN:** 16-0743088

Name: NAZARETH COLLEGE OF ROCHESTER

Supplemental Information

Software ID:

Return Reference

Explanation

SCHOLARSHIPS AND GRANTS -31,527,771

upplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	LOSS ON DISPOSAL OF ASSETS -15,274 SPECIAL EVENT EXPENSES -16,305

Sı

Supplemental Information Return Reference Explanation PART XII, LINE 2D - OTHER LOSS ON DISPOSAL OF ASSETS 15,274 SPECIAL EVENT EXPENSES 16,305 CHANGE IN CHARITABLE ADJUSTMENTS ANNUITIES 4,813

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	SCHOLARSHIPS AND GRANTS 31,527,771 BAD DEBT EXPENSE FOR PLEDGE RECEIVABLES 337,515

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493135061739 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Department of the Treasury Namel & the corporation **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? 1 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? 2 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? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο c Employment of faculty or administrative staff? 5c Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e No f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2017)

Page 2

	EFFECTIVELY COMMUNICATED THROUGH THE USE OF ITS WEBSITE HIGHLY VISIBLE AND FREQUENTED BY STUDENTS
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 GRAPROGRAM, AND TEACH GRANTS NEW YORK STATE FUNDS VARIOU PROGRAMS SUCH AS HIGHER EDUCATIONAL OPPORTUNITY PROGRAMS

Schedule E (Form 990 or 990EZ) (2017)

RANT US GRAM. TEACHERS OPPORTUNITY CORP. EISENHOWER GRANT, NYS TAP, NYS

EXCELLENCE, AND NYS LOTTERY AND STATE APPROPRIATIONS IN THE FORM OF BUNDY AID AND HIGH NEEDS NURSING AID Schedule F (Form 990 or 990-F7) (2017)

efile GRAPHIC prin	t - DO NOT PR	OCESS A	As Filed Data	a - DLN: 934931350617				
SCHEDULE F (Form 990)	Staten	nent of A	Activities (Outside the United States				
(1 omi 330)	► Complete	e if the organiz		es" to Form 990, Part IV, I o Form 990.	ıne 14b, 1!	5, or 16.	2017	
Department of the Treasury Internal Revenue Service	► Information	n about Sched	ule F (Form 990) a	and its instructions is at wи	vw.irs.gov,	/form990.	Open to Public Inspection	
Name of the organization						Employer iden	tification number	
NAZARETH COLLEGE OF	ROCHESTER					16-0743088		
	Information on , Part IV, line 14		Outside the U	Inited States. Comple	te if the	organization ai	nswered "Yes" to	
other assistance, to award the gran	the grantees' eligints or assistance? s. Describe in Pa	gibility for th	e grants or assis	substantiate the amount stance, and the selection dures for monitoring the	criteria i	ısed	✓ Yes □ No er assistance	
		Part I, line 3 t	able can be dupli	cated if additional space is	needed)			
(a) Region		b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	program spe	ity listed in (d) is a service, describe cific type of e(s) in region	(f) Total expenditures for and investments in region	
(1) See Add'l Data				,				
(2)								
(3)								
(4)								
(5)								
3a Sub-total b Total from continua Part I	ition sheets to	C	0				345,643 14,466,829	
c Totals (add lines 3		C Trestruction			No 50082	NA/ Sahadul	14,812,472 e F (Form 990) 2017	

(1)				
(2)				
(3)				

(4)

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

Schedule F (Form 990) 2017

(16) (17) (18) Page **3**

Schedule F (Form 990) 2017

Part III can be o	Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
(1) See Add'l Data									
(2)									
(3)									
(4)									
(5)									

(4)				
(5)				
(6)				
(7)				
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(12)					
(12)	<u> </u>	, and the second	 , and the second	· ·	

(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				

Sche	dule F (Form 990) 2017		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	✓ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	✓ Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	☐Yes	☑ No

Schedule F (Form 990) 2017 Page 5
Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
Return Referenc	Explanation
PART I, LI	

Additional Data

EAST ASIA AND THE PACIFIC

Software ID: Software Version:

EIN: 16-0743088

Name: NAZARETH COLLEGE OF ROCHESTER

AWARDED FINANCIAL AID

195,807

orm 990 Schedule F Part I - Activities Outside The United States									
(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)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region				
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING	AWARDED FINANCIAL AID	2,500				

0 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 (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) 0 IGRANTMAKING AWARDED FINANCIAL AID 34.064 EUROPE MIDDLE EAST AND NORTH 0 IGRANTMAKING AWARDED FINANCIAL AID 36,826 AFRICA

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 (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) 0 IGRANTMAKING AWARDED FINANCIAL AID 20.500 NORTH AMERICA RUSSIA AND NEIGHBORING 0 IGRANTMAKING AWARDED FINANCIAL AID 30,477 STATES

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 (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) 0 IGRANTMAKING AWARDED FINANCIAL AID 23.547 SOUTH ASIA NORTH AMERICA 0 PROGRAM SERVICES GRADUATE TUITION 1,922 LASSISTANCE

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 (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) SOUTH AMERICA 0 PROGRAM SERVICES GRADUATE TUITION 6.788 IASSISTANCE CENTRAL AMERICA AND THE 0 PASSIVE FOREIGN 14,460,041 CARIBBEAN INVESTMENTS

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of or assistance cash grant disbursement non-cash non-cash valuation (book, FMV, appraisal, recipients assistance assistance other) FINANCIAL AID 2,500 CREDIT ON THE FAIR MARKET CENTRAL ISTUDENT IVALUE AMERICA AND THE CARTBBEAN 18 195.807 CREDIT ON THE FAIR MARKET FINANCIAL AID LEAST ASIA AND ISTUDENT IVALUE THE PACIFIC

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, FMV, appraisal, recipients assistance assistance other) FINANCIAL AID 34,064 CREDIT ON THE FAIR MARKET FUROPE ISTUDENT VALUE 36,826 CREDIT ON THE FAIR MARKET FINANCIAL AID MIDDLE EAST ISTUDENT IVALUE AND NORTH AFRICA

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (h) Method of (f) Amount of (g) Description of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) FINANCIAL AID 20,500 CREDIT ON THE FAIR MARKET NORTH ISTUDENT IVALUE IAMERICA **GRADUATE TUITION** 1.922 CREDIT ON THE FAIR MARKET INORTH ASSISTANCE ISTUDENT IVALUE IAMERICA

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (e) Manner of (f) Amount of (q) Description of (h) Method of (d) Amount of assistance cash grant cash disbursement non-cash non-cash valuation (book, FMV, appraisal, recipients assistance assistance other) FINANCIAL AID 30,477 CREDIT ON THE IFAIR MARKET IRUSSIA AND STUDENT IVALUE NEIGHBORING ISTATES **GRADUATE TUITION** 6.788 CREDIT ON THE IFAIR MARKET ISOUTH AMERICA ASSISTANCE ISTUDENT IVALUE

orm 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FINANCIAL AID	SOUTH ASIA	2	,	CREDIT ON THE STUDENT			FAIR MARKET VALUE

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135061739

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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

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

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Name of the organization **Employer identification number** NAZARETH COLLEGE OF ROCHESTER 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 ✓ Mail solicitations ✓ Solicitation of non-government grants ✓ Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events ✓ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ Yes ☐ No 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 (ii) Activity (iii) Dıd (iv) Gross receipts (v) Amount paid to (vi) Amount paid to

	cust	ody or trol of	from activity	(or retained by) fundraiser listed in col (i)	(or retained by) organization
	Yes	No			
MANAGED DIRECT MAIL SOLICITATIONS		No	0	84,352	-84,352
MANAGE THE COLLEGE PHONATHON SOLICIATIONS		No	0	78,745	-78,745
	1	>		163,097	-163,097
	MAIL SOLICITATIONS MANAGE THE COLLEGE PHONATHON	MANAGE THE COLLEGE PHONATHON	MANAGED DIRECT MAIL SOLICITATIONS MANAGE THE COLLEGE PHONATHON SOLICIATIONS No	Custody or control of contributions? MANAGED DIRECT MAIL SOLICITATIONS No 0 MANAGE THE COLLEGE PHONATHON SOLICIATIONS No 0 MANAGE THE COLLEGE PHONATHON No 0 SOLICIATIONS	Custody or control of contributions? Yes No MANAGED DIRECT MAIL SOLICITATIONS MANAGE THE COLLEGE PHONATHON SOLICIATIONS No 0 78,745 No 0 78,745

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, OR

Revenue

Direct Expenses

Revenue

Expenses |

Direct

Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (a)Event #1 (c)Other events (d) Total events ATHLETICS GOLF (add col (a) through **TOURNAMENT** (event type) (total number) col (c)) (event type) 61,085 1 Gross receipts. 61,085 2 Less Contributions. 40,385 40,385 3 Gross income (line 1 minus 20,700 20,700 line 2) 4 Cash prizes 465 465 5 Noncash prizes Rent/facility costs 15.524 15,524 7 Food and beverages 8 Entertainment **9** Other direct expenses 316 316 **10** Direct expense summary Add lines 4 through 9 in column (d) . . . 16,305 11 Net income summary Subtract line 10 from line 3, column (d) 4,395 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . 2 Cash prizes Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain _

Sche	dule G (Form 990 or 990-EZ) 2017				F	Page 3		
11	Does the organization conduct gaming	activities with nonmembers?		Yes	□No			
12	Is the organization a grantor, beneficial formed to administer charitable gaming	ry or trustee of a trust or a member of a partnership or other entity $^{\circ}$?	′	□Yes	□No			
13	Indicate the percentage of gaming acti	vity conducted in						
а	The organization's facility		13a			%		
b	An outside facility		13b			%		
14	Enter the name and address of the per	son who prepares the organization's gaming/special events books a	nd records					
	Name ►							
	Address >							
15a	Does the organization have a contract revenue?	with a third party from whom the organization receives gaming		□Yes	□No			
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$							
c	If "Yes," enter name and address of the	e third party						
	Name •							
	Address ►							
16	Gaming manager information							
	Name ▶							
	Gaming manager compensation ▶ \$							
	Description of services provided ►							
	☐ Director/officer	☐ Employee ☐ Independent contractor						
17	Mandatory distributions							
а	Is the organization required under state retain the state gaming license?	e law to make charitable distributions from the gaming proceeds to		□Yes	Пио			
b	Enter the amount of distributions requi	red under state law distributed to other exempt organizations or sp ties during the tax year $ ightharpoonup$ \$	ent					
Pai	t IV Supplemental Information	n. Provide the explanations required by Part I, line 2b, colubrations, 16, and 17b, as applicable. Also provide any additional				 s).		
	Return Reference	Explanation						

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493135061739 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** NAZARETH COLLEGE OF ROCHESTER 16-0743088 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) (book, FMV, appraisal, noncash assistance organization grant cash or assistance or government assistance other) (1) (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

ALL COLLEGE SCHOLARSHIPS AND GRANTS ARE AWARDED THROUGH THE FINANCIAL AID PROCESS AND ARE RECORDED AS CREDITS ON THE STUDENTS' ACCOUNTS 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) 2017

(6) (7)

PART I, LINE 2

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	9313	35061	.739	
Sch	edule J	Co	mpensati	ion Information	ОМ	IB No	1545-0	0047	
(Fori	n 990)		Compensa	rustees, Key Employees, and Higl ated Employees vered "Yes" on Form 990, Part IV,	hest	20	17	7	
► Attach to Form 990.									
•	tment of the Treasury al Revenue Service	▶ Information abo		(Form 990) and its instructions i	is at •		to Pul ectio		
Nar	ne of the organiza				Employer identificat				
NAZ	ARETH COLLEGE OF	ROCHESTER			16-0743088				
Pa	rt I Questi	ons Regarding Compensat	ion		10 07 15000				
							Yes	No	
1a				f the following to or for a person listed by relevant information regarding thes					
		or charter travel	\checkmark	Housing allowance or residence for I	personal use				
		companions		Payments for business use of person	nal residence				
		nification and gross-up payments	∠	Health or social club dues or initiation					
	Discretion	ary spending account	Ц	Personal services (e g , maid, chauf	feur, chef)				
b		kes in line 1a are checked, did the		ollow a written policy regarding paym nplete Part III to explain	nent or reimbursement	1 b	Yes		
2				or allowing expenses incurred by all		2	Yes		
	directors, truste	es, officers, including the CEO/Ex	recutive Directo	r, regarding the items checked in line	e 1a ⁷				
3				ed to establish the compensation of th	ne				
	_	•	117	not check any boxes for methods CEO/Executive Director, but explain i	n Part III				
	·	-							
		ation committee	⊻ _	Written employment contract					
		ent compensation consultant	✓	Compensation survey or study Approval by the board or compensa	h			1	
	☐ F01111 990	of other organizations	· ·	Approval by the board of compensa	tion committee				
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the fi	ling organization or a				
а	Receive a sever	ance payment or change-of-contr	rol payment?			4a		No	
b	Participate in, o	r receive payment from, a supple	mental nonqual	ıfıed retırement plan?		4b		No	
С		r receive payment from, an equit		_		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	plicable amounts for each item in Part	: III				
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.					
5	For persons liste		A, line 1a, did	the organization pay or accrue any					
_	·	-				Fa		No	
a b	The organization Any related organization					5a 5b		No No	
		5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section ontingent on the net earnings of	A, line 1a, did	the organization pay or accrue any					
а	The organization	۶۲				6 a		No	
b	Any related orga					6b		No	
	If "Yes," on line	6a or 6b, describe in Part III							
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6 ⁷ If "Yes,		the organization provide any nonfixed irt III	d	7	Yes		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe	8		No	
9	If "Yes" on line 5 53 4958-6(c)?	3, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9		140	
Ear I	Danarwark Badı	iction Act Notice, see the Inst	ructions for Ec	orm 990 Cat No 5	0053T Schedule J	/Form	990)	2017	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose instructions, on row (ii) I Note. The sum of column	Do no	ot list any individuals that	are not listed on Form 9	90, Part VII				et individual
(A) Name and Title	ם) כו		of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
(A) Name and Tide		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 DAAN BRAVEMAN PRESIDENT	(i)	332,661	0	98,819	68,050	10,996	510,526	0
	(ii)	0	0	0	0	0	0	0
2 PATRICK RICHEY VICE PRESIDENT FOR	(i)	202,630	0	12,420	16,210	381	231,641	0
FINANCE AND ADMIN	(ii)	0	0	0	0	0	0	0
3 IAN MORTIMER VICE PRESIDENT FOR	(i)	197,852	0	600	15,828	381	214,661	0
ENROLLMENT AND ST	(ii)	0	0	0	0	0	0	0
4 KELLY GAGAN	(i)	190,024	0	1,504	19,003	437	210,968	0
VICE PRESIDENT FOR INSTITUTIONAL ADV	(ii)	0	0	0	0	0	0	0
5 ANDREA TALENTINO	(i)	158,767	0	408	12,561	406	172,142	0
VICE PRESIDENT FOR ACADEMIC AFFAIRS	(ii)	0	0	0	0	0	0	0
6 DIANNE OLIVER DEAN IN COLLEGE OF ARTS	(i)	146,969	0	720	11,757	10,996	170,442	0
	(ii)	0	0	0	0	0	0	0
7 KEVIN WORTHEN	(i)	139,724	0	960	13,972	10,288	164,944	0
VICE PRESIDENT FOR STUDENT DEVELOPME		0	0	0	0	0	0	
8 BRIGID NOONAN	(ii)	137,654	0	720	11,012	5,656	155,042	0
DEAN IN SCHOOL OF HEALTH & HUMAN SER	(i)	0						
9 KAREN KUPPINGER	(ii)	135,654	0	0	0	0	0	0
CHIEF INFORMATION	(i)		0	960	13,565	965	151,144	0
OFFICER IN INFORMA	(ii)	0	0	0	0	0	0	0
		l	l				Schadula	1 (Form 990) 2017

Schedule J (Form 990) 2017 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation SOCIAL CLUB MEMBERSHIPS PROVIDED FOR BUSINESS USE PART I, LINE 1A PATRICK RICHEY RECEIVED A DEPENDENT TUITION BENEFIT VALUED AT \$10,860 KELLY GAGAN RECEIVED A DEPENDENT TUITION BENEFIT VALUED AT \$36,787 PART I, LINE 7

Schedule J (Form 990) 2017

Additional Data

(1)

(1)

PRESIDENT

1PATRICK RICHEY

VICE PRESIDENT FOR FINANCE AND ADMIN 2IAN MORTIMER

VICE PRESIDENT FOR ENROLLMENT AND ST 3KELLY GAGAN

VICE PRESIDENT FOR INSTITUTIONAL ADV **4**ANDREA TALENTINO

VICE PRESIDENT FOR ACADEMIC AFFAIRS **5**DIANNE OLIVER

VICE PRESIDENT FOR STUDENT DEVELOPME **7**BRIGID NOONAN

DEAN IN SCHOOL OF **HEALTH & HUMAN SER** 8KAREN KUPPINGER

CHIEF INFORMATION OFFICER IN INFORMA

& SCIENCES **6**KEVIN WORTHEN

DEAN IN COLLEGE OF ARTS

202,630

197,852

190,024

158,767

146,969

139,724

137,654

135,654

Software ID: **Software Version:**

EIN: 16-0743088

Name: NAZARETH COLLEGE OF ROCHESTER

Form 990, Schedule J,	Part II - Officers, D	irectors, Trustees, K	ey Employees, and I	Highest Compensate	d Employees		
(A) Name and Title	(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	(i) Base Compensation	(ii)	(iii)	other deferred	benefits	(B)(ı)-(D)	column (B)

510,526

231,641

214,661

210,968

172,142

170,442

164,944

155,042

151,144

381

381

437

406

10,996

10,288

5,656

965

Torin 990, Schedule 3,	Fait II - Officers, D	nectors, musices, n	cy Employees, and	inglicat compensate	.u Employees		
(A) Name and Title	(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	(i) Base Compensation	(ii)	(iii)	other deferred	benefits	(B)(ı)-(D)	column (B)
		Bonus & incentive	Other reportable	compensation			reported as deferred on
		compensation	compensation				prior Form 990

12,420

600

1,504

408

720

960

720

960

16,210

15,828

19,003

12,561

11,757

13,972

11,012

13,565

(A) Name and Title	(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits
1DAAN BRAVEMAN (I)	332,661	0	98,819	68,050	10,996

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493135061739 OMB No 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ 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. Department of the Treasury ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer identification number Name of the organization NAZARETH COLLEGE OF ROCHESTER 16-0743088 **Bond Issues** Part I (c) CUSIP # (d) Date issued (i) Pool (a) Issuer name (b) Issuer EIN (e) Issue price (f) Description of purpose (g) Defeased (h) On behalf of financing ıssuer Yes Yes Yes No No No MONROE COUNTY INDUSTRIAL 51-0188852 61075TBE7 08-04-2011 23,765,000 NEW CONSTRUCTION OF A Х Χ DEVELOPMENT CORPORATION BUILDING AND REFUNDING OF 2004B BONDS COUNTY OF MONROE 16-1005429 610752EK9 01-30-2008 NEW CONSTRUCTION OF A Χ Χ Х 9,030,000 INDUSTRIAL DEVELOPMENT BUILDING AND REFUNDING OF **AGENCY** 2004B BONDS MONROE COUNTY INDUSTRIAL 51-0188852 61075TFT0 06-13-2013 13,905,000 REFUNDING OF SERIES 2001 Х Х Х **DEVELOPMENT CORPORATION** MONROE COUNTY INDUSTRIAL 51-0188852 61075TTW8 12-20-2017 31,645,000 NEW CONSTRUCTION OF Χ Χ Х **DEVELOPMENT CORPORATION** BUILDINGS AND REFUNDING OF 2011 BONDS Part II **Proceeds** C D 5,805,000 2,015,000 4.060.000 2 15,355,000 3 23,542,430 9,030,000 14,625,806 32,800,499 5 931,722 754,213 6 16,613,043 829,051 647,870 335,820 448,626 8 9 10 15,000,000 8,567,632 14,603,746 11 126,548 518 12 13 2012 2009 2013 Yes No Yes No Yes No Yes No Χ Were the bonds issued as part of a current refunding issue? . Χ Χ 14 Χ Were the bonds issued as part of an advance refunding issue? Х Х Χ Х 15 Х Х Х Х 16 Does the organization maintain adequate books and records to support the final allocation of 17 Х Х Х Х **Private Business Use** Part III Α C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Χ Χ Х

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193E Schedule K (Form 990) 2017

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Part IV

Arbitrage

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Schedule K (Form 990) 2017

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Yes

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Χ

Χ

Page 2

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nongualified bonds of

counsel to review any research agreements relating to the financed property?

organization, or a state or local government

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

property?.........

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

Was the hedge superintegrated?

Was the hedge terminated?

No rebate due?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Schedule K (Form 990) 2017

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

requirements of section 148? . . .

(GIC)?

period?

Part V

Part VI

COL A

Return Reference

SCHEDULE K, PART II, LINE 3,

	,	4	
	Yes	No	
Were gross proceeds invested in a quaranteed investment contract		, , , , , , , , , , , , , , , , , , ,	

Х

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

08/04/2011 23,765,000 MONROE COUNTY INDUSTRIAL DEVELOPMENT CORPORATION - BOND ISSUE A, AS

ISSUE (PART II, LINE 3) EQUAL TO THAT OF THE DISCOUNT ASSOCIATED WITH THE ISSUE

Explanation

REFERENCED IN SCHEDULE K PART I, DISCLOSES AN ISSUE (PART I, E) THAT DIFFERS FROM THE PROCEEDS OF

Х

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Yes

Nο

В

No

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Yes

Yes

No

No

Yes

No

Page 3

No

Nο

D

Yes

Yes

Return Reference	Explanation
9 COLA	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
CHEDULE K, PART III, LINE	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

C

Return Reference	Explanation
9 COLC	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 FOLLOWED TO ENSURE COMPLIANCE

Return Reference	Explanation
COLC	06/13/2013 13,905,000 MONROE COUNTY INDUSTRIAL DEVELOPMENT CORPORATION BOND ISSUE, AS REFERNCED IN SCHEDULE K PART I, DISCLOSES AN ISSUE (PART I, E) THAT DIFFERS FROM THE PROCEEDS OF ISSUE (PART II, LINE 3) EQUAL TO THAT OF THE PREMIUM ASSOCIATED WITH THE ISSUE

Return Reference	Explanation
9 COLD	12/20/2017 31,645,000 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
	12/20/2017 31,645,000 MONROE COUNTY INDUSTRIAL DEVELOPMENT CORPORATION BOND ISSUE, AS REFERNCED IN SCHEDULE K PART I, DISCLOSES AN ISSUE (PART I, E) THAT DIFFERS FROM THE PROCEEDS OF ISSUE (PART II, LINE 3) EQUAL TO THAT OF THE PREMIUM ASSOCIATED WITH THE ISSUE

efile GRAPHI	C print - DO NO	T PROCES	S As Fi	led Data -					DI	N: 93	4931	350	61739
Schedule L (Form 990 or 990	Complete	te if the orga 27, 28a,	nization a 28b, or 28 ▶ Attac	nswered "Yes c, or Form 99 h to Form 99	h Interested Persons "Yes" on Form 990, Part IV, lines 25a, 25b, 26, m 990-EZ, Part V, line 38a or 40b. n 990 or Form 990-EZ.					2017			
Department of the Trea	asurv	ormation abo	out Schedu	ile L (Form 99 <u>www.irs.gov</u>) and its inst	ructio	ns is	at	C	pen		ublic
Name of the org NAZARETH COLLEC								•	yer id e 3088	entifica	ition r	umb	er
	ss Benefit Trar												
) Name of disquali			Relationship be			$\overline{}$	(c) [escripi ansact	tion of) Corr	rected?
Part II Los Cor rep (a) Name of	ans to and/or Inplete if the organ orted an amount of the organ orted an amount of the organization	From Interestation answer n Form 990, F	ested Per red "Yes" or Part X, line ! (d) Loan	sons. n Form 990-EZ, 5, 6, or 22			90, Pai	In	(Appro	h) ved by	(ganıza i)Wrıt greem	ten:
			То	From			Yes	No	comn Yes	No No	Yes		No
Total Part IIII Gra	ınts or Assistar	an Donofiti	ina Tutau		\$								
	nplete if the orga					line 27.							
(a) Name of Inter	rested person (b) Relationship erested persoi organizati	n and the	(c) Amount	of assistance	(d) Type	of assı	stand	ce	(e) Pu	rpose (of assi	stance
For Danerwork Ded	luction Act Notice (ae the Instruc	tions for Eo	rm 990 or 990-l	7 C:	at No 500564		C-1		l (Eor	000 -	- 000	EZ\ 201

Part IV Business Transactions In Complete if the organization			a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SERGIO ESTEBAN	BOARD CHAIR	594,493	MR ESTEBAN IS THE CEO OF LABELLA ASSOCIATES THE COLLEGE'S CONFLICT OF INTEREST POLICY POLICY WAS FOLLOWED AND RESULTED IN LABELLA ASSOCIATES BEING SELECTED FOR A CONTRACT FOR ARCHITECTURAL SERVICES FOR A CURRENT YEAR CAPITAL PROJECT BY ONLY INDEPENDENT BOARD MEMBERS		No

Part V **Supplemental Information**

Return Reference

Provide additional information for responses to questions on Schedule L (see instructions)

Explanation

Schedule L (Form 990 or 990-EZ) 2017

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN: 9	9349313	5061	739
	EDULE M			loncash Contri	hutions		OMB No 1	.545-0	047
(For	m 990)		1	ioncasii contii	butions		20	1 /	7
	▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.						20	1/	1
		► Attach to Form	990.						
Depart	ment of the Treasury	▶Information abo	ut Schedu	le M (Form 990) and its i	nstructions is at <u>www.irs</u>	s.gov/form990	Open to		
	l Revenue Service					E 1 11 11	Inspe		
	e of the organizat RETH COLLEGE OF R					Employer identif	rication n	umbe	r
						16-0743088			
Pa	rt I Types	of Property							
			(a) Check if	(b) Number of contributions or	(c) Noncash contribution	Makkad	(d) of determi		
			applicable		amounts reported on	noncash con			ts
			' '		Form 990, Part VIII, line				
	Art—Works of ar				1g				
	Art—Historical tr								
	Art—Fractional in								
	Books and public								
	Clothing and hou								
	goods								
	Cars and other v								
7	Boats and planes								
	Intellectual proper Securities—Public			30	257.454	EATE MARKET VA	LUE		
	Securities—Public		- ^ -	30	357,430	FAIR MARKET VA	LUE		
	Securities—Partr	•							
	or trust interest								
12	Securities—Misce	ellaneous							
13	Qualified conserv								
	contribution—Hi structures .								
14	Qualified conserv								
	contribution—Of								
15	Real estate—Res								
16	Real estate—Cor								
17	Real estate—Oth								
18 19	Collectibles . Food inventory								
20	Drugs and medic								
21	Taxidermy .								
	Historical artifact	:							
23	Scientific specim	ens							
24	Archeological art	ifacts							
	Other ▶ (
	Other ▶ (
	Other ► (· ·							
	Other ▶ (•							
29				ition during the tax year for 3, Part IV, Donee Acknowled		29			
	TOT WITHEIT THE OTG	jamzación completea	101111 0203	, rait IV, Donce Acknowled	gement			Yes	No
30a	During the year	. did the organization	n receive b	contribution any property r	eported in Part I, lines 1 th	rough 28, that it		103	
	must hold for at	least three years fro	om the date	of the initial contribution, a	ind which is not required to		pt		
	purposes for the	e entire holding perio	od?				30a		No
ь	If "Yes," describ	e the arrangement II	n Part II						
31	•	_		olicy that requires the reviev	v of any nonstandard contri	hutions?	31	Yes	\
	· · · · · · · · · · · · · ·	-		, ,	•		<u> </u>		
s∠a		zation nire or use th		or related organizations to se	oncic, process, or sell nonca		32a		No
b	If "Yes," describ	e ın Part II							
	•		amount in	column (c) for a type of pro	perty for which column (a)	ıs checked,			
	describe in Part	·		'	` ,				
For D	anerwork Peductio	on Act Notice, see the	Instruction	s for Form 990	Cat No. 512271	Schedu	le M (Form	000)	(2017)

Schedule M (Fo	rm 990) (2017)	Page 2
Part II	Supplemental Info	rmation.
	Provide the informat	ion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part
	I, column (b), the nu	imber of contributions, the number of items received, or a combination of both. Also complete
	this part for any add	itional information.
Ret	urn Reference	Explanation
		Schedule M (Form 990) (2017)

efile GRAPH	IC print	- DO NOT PROCESS As Filed Data -		DLN:	93493135061739
(Form 990 or EZ) Department of the T	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.				OMB No 1545-0047 2017 Open to Public Inspection
Name of the org NAZARETH COLLECT	GE OF ROCHE	STER Diemental Information		Employer ident 16-0743088	fication number
Return Reference			Explanation		
FORM 990, PART VI, SECTION A, LINE 1	RUSTEES S ELECTI YEAR AN E GOVER BOARD IS H IN THE OF THE E	CUTIVE COMMITTEE COMPOSITION CONSISS, THE PRESIDENT OF THE COLLEGE, AND NED BY THE BOARD OF TRUSTEES THE EXEMING BOARD SCOPE OF AUTHORITY - THE SNOT IN SESSION, AND MAY EXERCISE ALLE JUDGMENT OF THE EXECUTIVE COMMITTE SHALL OARD AT ITS NEXT REGULAR MEETING	NO FEWER THAN TWO AND NO CUTIVE COMMITTEE SHALL S D AND QUALIFIED ALL COMM COMMITTEE SHALL HAVE TH THE POWERS OF THE BOAR E SHOULD NOT BE DELAYED	O MORE THAN FO ERVE FOR A TEF ITTEE MEMBERS IE POWER TO AC D IN ALL MATTEF UNTIL THE NEXT	OUR TRUSTEE RM OF ONE GARE ON TH CT WHEN THE RS WHIC FMEETING

Return Explanation
Reference

FORM 990,
PART VI,
SECTION B,
LINE 11B

THE AUDIT COMMITTEE, A SUB-COMMITTEE OF THE GOVERNING BODY, REVIEWED THE 2017 FORM 990 IN
DETAIL PRIOR TO ITS FILING AFTER APPROVAL OF THE AUDIT COMMITTEE, BUT PRIOR TO FILING, AC
SECTION B,
CESS TO THE FINAL DRAFT OF THE FORM 990 IS PROVIDED TO THE ENTIRE BOARD OF TRUSTEES VIA SE
CURE PORTAL AT THE SAME TIME, EACH TRUSTEE IS NOTIFIED THAT THE RETURN HAS BEEN MADE AVAI
LABLE FOR THEIR REVIEW

Return Explanation
Reference

FORM 990, WHILE VARIOUS DEPARTMENTS WITHIN THE COLLEGE HAVE SPECIFIC GUIDELINES THAT THEY FOLLOW REL PART VI, ATED TO DOCUMENT RETENTION AND DESTRUCTION, THERE IS NO INSTITUTION WIDE WRITTEN DOCUMENT SECTION B, RETENTION AND DESTRUCTION POLICY

Return Explanation

Reference

FORM 990.

PART VI,
SECTION B,
LINE 12C

IN THE ASSISTANT SECRETARY TO THE BOARD AND THE SECRETARY TO THE COLLEGE THE INFORMATION R
ECEIVED 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 CO
MMITTEE, THE CHAIR OF THE TRUSTEESHIP COMMITTEE, COLLEGE'S PRESIDENT, AND VICE PRESIDENT F
OR FINANCE AND ADMINISTRATION ON A QUARTERLY BASIS THE CONTROLLER'S OFFICE REVIEWS ALL VE
NDOR PAYMENTS FOR CONFLICTS AND DISCLOSES ALL ACTIVITY TO THE AUDIT COMMITTEE AT EACH MEET
ING

THE COLLEGE ANNUALLY DISTRIBUTES THE CONFLICT OF INTEREST POLICY TO THE TRUSTEES. OFFICERS

Return

Reference	·
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 S ET FORTH FOR HIM FROM THE PREVIOUS FISCAL YEAR IN ADDITION, THE SUB-COMMITTEE'S RECOMMEND ATIONS ALONG WITH DATA FROM AN INDEPENDENT COMPENSATION CONSULTANT ARE SUBMITTED TO THE EX ECUTIVE 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 S ESSION 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 COMPA RABLE INSTITUTIONS ON A PERIODIC BASIS, AN INDEPENDENT CONSULTANT IS ENGAGED TO REVIEW FOR REACH VICE PRESIDENT, TO PROVIDE COMPETITIVE MARKET INFORMATION, AND TO RECOMMEND ADJUSTMENTS FOR CONSIDERATION BY THE PRESIDENT AND EXECUTIVE COMMITTEE

Explanation

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation

Kelelelice	
FORM 990,	OTHER CHANGES IN NET ASSETS 431,455 POST RETIREMENT CHANGES OTHER THAN NET PERIODIC BENEF
PART XI,	TOOST 1,123,447 CHANGE IN CHARITABLE ANNUITIES -4,813 LOSS ON EXTINGUISHMENT OF DEBT -
LINE 9	2.513.100

Return Explanation
Reference

FORM 990, NO CHANGES WERE MADE TO OVERSIGHT PROCESS OR SELECTION PROCESS RELATED TO INDEPENDENT AUDITORS DURING THE CURRENT YEAR