990-T	Exempt Orga	nization Bus	ine	ss Income T		ı L	OMB No 1545-0047	
. 8	•	(and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020 2019						
' '0		Go to www irs gov/Form990T for instructions and the latest information						
Department of the Treasury Internal Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).						
A Check box if address changed	Name of organization (Check box if name c	hanged	and see instructions.)			rer identification number yees' trust, see trons)	
B Exempt under section	Print NAZARETH CO	LLEGE OF RO	CHES	STER		16	5-0743088	
X = 501(a)(3)	or Number, street, and roor	n or suite no. If a P.O. box	x, see ir	nstructions.			ed business activity code structions)	
408(e) 220(e)	Type 4245 EAST A	VENUE				_ ՝	·	
408A 530(a) 529(a)	City or town, state or pro	ovince, country, and ZIP o	r foreig	n postal code		5320	000	
C Book value of all assets at end of year	F Group exemption num	ber (See instructions.)	<u> </u>					
	79. G Check organization typ		poration			i) trust	Other trust	
	organization's unrelated trades or		3		the only (or first) u		• • • • • •	
	RENTAL AND LEA				, complete Parts I-V			
	lank space at the end of the previo	us sentence, complete Pa	ırts ı an	d II, complete a Scheduli	e ivi for each addition	nai trade d)ľ	
business, then complete	the corporation a subsidiary in an	affiliated aroun or a narer	nt-euhe	idiary controlled group?		Yes	X No	
• • •	and identifying number of the pare	• • • • • • • • • • • • • • • • • • • •	11-3003	idially controlled group.			NO	
	► PATRICK E. R			Teleph	none number 🕨 !	585-3	889-2525	
Part I Unrelate	d Trade or Business Inc	ome		(A) Income	(B) Expense		(C) Net	
1a Gross receipts or sal					-			
b Less returns and allo	wances	c Balance	1c					
2 Cost of goods sold (Schedule A, line 7)	_	2					
3 Gross profit Subtrac	t line 2 from line 1c		3			_4	<u></u>	
4a Capital gain net incor	ne (attach Schedule D)		4a		ļ	$\langle - $		
b Net gain (loss) (Form	4797, Part II, line 17) (attach Forr	n 4797)	4b				.	
c Capital loss deductio	n for trusts		4c					
5 Income (loss) from a	partnership or an S corporation (a	ittach statement)	5					
6 Rent income (Schedi	•		6	_	<u>/</u>			
	ced income (Schedule E)		7					
	yalties, and rents from a controlled		8					
	f a section 501(c)(7), (9), or (17) or	organization (Schedule G)				+		
•	ivity income (Schedule I)		10			+		
11 Advertising income (•	TATEMENT 1	11	59,873.			59,873.	
,	•	IAIEMENI I	12/	59,873.			59,873.	
Part II Deduction	ons Not Taken Elsewhe	re (See instructions #0	or limit				33,0,3.	
	s must be directly connected w			come)				
14 Compensation of of	ficers, directors, and trustees (Sch	edule K)	Ī	RECEIV	ED	14		
15 Salaries and wages	(r Tu	78	15		
16 Repairs and mainter	nance			E MAY (2-4, 2	2021	16		
17 Bad debts				MAY 24 2	S	17		
18 Interest (attach sch	edule) (see instructions)			DODEN!	TIT -	18		
19 Taxes and licenses				OGDEN,	.01	19		
20 Depreciation (attach	Form 4562)			20		1		
21 Less depreciation c	aimed on Schedule A and elsewhe	re on return		21a	_	21b		
22 Depletion						22		
	erred compensation plans					23		
24 Employee benefit pr						24		
25 Excess exempt expe	<i>,</i> .					25		
26 Excess readership of				CEE CMA	rement 2	26	45,519.	
27 Other deductions (a			٠,	SEE STA	TOMONI 2	27	45,519.	
/	Add lines 14 through 27	ia loce deduction. Subtree	t line o	8 from line 12		29	14,354.	
/	taxable income before net operation perating loss arising in tax years be	_				73		
30 Deduction for net of see instructions)	oeraung 1055 ansing in tax years be	symming on or after Jaffua	пу ≀,∠\) IU		30	0.	
<i></i>	taxable income. Subtract line 30 fr	om line 29				31	14,354.	
	or Paperwork Reduction Act Notic		-				Form 990-T (2019)	

		9) NAZARETH COLLEGE OF ROCHESTER	<u> 16-</u>	0743088 Page 2
Parl	ł Wi	Total Unrelated Business Taxable Income	_	
32	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	34,354.
33	Amou	ints paid for disallowed fringes	33	
34 `	Charif	table contributions (see instructions for limitation rules) STMT 4 STMT 5	34	3,335.
35	Total	unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 38	35	31,019.
36		ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37		of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	31,019.
38		fic deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39		ated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,	1	
19		the smaller of zero or line 37	39	30,019.
Part		Tax Computation	1 33 1	30,0230
•	/	nizations Taxable as Corporations Multiply line 39 by 21% (0 21)	2 0	6,304.
	-	s Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from:	 	0,304.
41				
40			42	
42	-	tax See instructions		
43		lative minimum tax (trusts only)	43	
11	_	n Noncompliant Facility Income See instructions	44	<u> </u>
		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	6,304.
Part	/	Tax and Payments		
		on tax credit (corporations attach Form 1118; trusts attach Form 1116)	4	
b		credits (see instructions)	1 [
C	Gener	al business credit. Attach Form 3800	1 1	
d	Credit	for prior year minimum tax (attach Form 8801 or 8827)		
е	Total	credits Add lines 46a through 46d	46e	
47	Subtra	act line 46e from line 45	47	6,304.
48	Other	taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
49	Total	tax Add lines 47 and 48 (see instructions)	49	6,304.
50	2019	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51 a		ents A 2018 overpayment credited to 2019		
b	2019	estimated tax payments 9,800.	1	
		eposited with Form 8868	1	
		in organizations. Tax paid or withheld at source (see instructions) 51d	1	
		p withholding (see instructions) 51e	1 1	
		for small employer health insurance premiums (attach Form 8941) 51f	1 1	
		credits, adjustments, and payments Form 2439	1	
v	_	Form 4136 Other Total 51g		
52		payments Add lines 51a through 51g	\$2	9,800.
53		ated tax penalty (see instructions). Check if Form 2220 is attached	53	370001
		ue If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55		ayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	\$5	3,496.
			56	3,496.
Part		the amount of line 55 you want: Credited to 2020 estimated tax Refunded Statements Regarding Certain Activities and Other Information (see instructions)	30	3,430.
57	-	time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
		I financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
		N Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country		77
	here	SEE STATEMENT 3		X
58		g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
		," see instructions for other forms the organization may have to file		
<u>59</u>	_	the amount of tax-exempt interest received or accrued during the tax year > \$		
Sign		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of preparer has any knowledge.	ige and beli	ef, it is true,
	- 1	SENIOR VP FOR	ay the IRS o	discuss this return with
Here		take E. Kerry 3/3/2) FINANCE & ADMINI the	e preparer s	shown below (see
		Signature of officer Date Title ins	structions)?	X Yes No
		Print/Type preparer's name Preparer's signature Date Check if	f PTIN	
Paid		Dick of a last self-employed		
	arer	RICHARD LEICHT When SIBIN Self-employed		1378913
Use			16	-1131146
-30	y	171 SULLY'S TRAIL		
			585)	381-1000
923711 (21-27-20			Form 990-T (2019)

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation 🕨 N/A					
1 inventory at beginning of year	1		6 Inventory at end of year	ar		6		
2 Purchases	2		7 Cost of goods sold. St	ine 6				
3 Cost of labor	3		from line 5. Enter here	and in P	Part I,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	263A (v	with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income ((see instructions)	From Real I	Property and	Personal Property L	.eased	d With Real Prop	erty)		
1. Description of property								
(1)						_		
(2)		-						
(3)								
(4)	-							
		ed or accrued			2/a) Dadi sabaga diraati		l with the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than] of rent for p	nd personal property (if the percenta ersonal property exceeds 50% or if it is based on profit or income)	ige	3(a) Deductions directly columns 2(a) ai	nd 2(b) (atta	ach schedule)	
(1)								
(2)								
(3)								
(4)								
Total	0	Total		0.	1			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	1 (A)			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)					
		· ·	2. Gross income from		3 Deductions directly con to debt-finance			
1. Description of debt-fin	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deduction (attach schedule)	
(1)								
(2)								
(3)			<u> </u>					
(4)				<u> </u>				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		Allocable deduct dumn 6 x total of co 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)			%		·			
(4)			%					
					inter here and on page 1, Part I, line 7, column (A)		ter here and on pag art I, line 7, column	
Totals			•		0			0.
Total dividends-received deductions	ncluded in columi	า 8			<u> </u>	•		0.
2171201120 10301702 20220110113 11		· -						10010

Schedule F - Interest,	Amulties, Royal			ontrolled O			EUONS	(see ins	tructions	5)
`1 Name of controlled organizat) identr	mployer 3	3. Net unrel	lated income instructions)	4 Tot	al of specified nents made	include	t of column 4 t ad in the contr ation's gross ii	olling	6. Deductions directly connected with income in column 5
(1)										
_(2)										
_(3)							ļ			
_(4)							l			
Nonexempt Controlled Organi	1									
7 Taxable Income	8 Net unrelated inco (see instruction		9 Total o	f specified payi made	nents	10 Part of column the controlling gross	mn 9 that ing organi s income	is included ization's		ductions directly connected income in column 10
(1)										
(2)				_						
(3)										
(4)										
						Add colun Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals					▶			0.		0.
Schedule G - Investme		Section 50)1(c)(7)	, (9), or (17) Org	anization				
	ription of income			2 Amount of	income	3 Deduction directly connectation (attach scheo	cted	4 Set-a		5. Total deductions and set-asides (cot 3 plus cot 4)
(1)			ĺ							
(2)										
(3)			ĺ			·		•		
(4)										
	• .			Enter here and Part I, line 9, co		<u>-</u>				Enter here and on page 1, Part I, line 9, column (B)
Totals					0.					0.
Schedule I - Exploited (see instru		/ Income,	Other	Than Adv	ertisin	g Income				* - ===
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expension directly conning with product of unrelations business incomes incomes and the control of the contro	ected ction ed	4 Net inconfrom unrelated business (cominus colum gain, comput through	I trade or ilumn 2 n 3) If a e cols 5	5 Gross inco from activity t is not unrelat business inco	that ted	6 Exp attributa colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			· · · · · · · · · · · · · · · · · · ·							
(2)										
(3)										
(4)						-				
	Enter here and on page 1, Part I, line 10, col (A)	Enter here al page 1, Pa line 10, col	erti, (B)							Enter here and on page 1, Part II, line 25
Schedule J - Advertision	0 .		0.							0.
Part I Income From	<u> </u>		Cons	olidated	Basis	<u>,</u>				
1 Name of periodical	2 Gross advertising income		Direct sing costs	4 Adver or (loss) (c col 3) If a g cols 5 ti		5 Circula income		6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					-					
(2)				4						
(3)				4						
(4)			.	 						
Totals (carry to Part II, line (5))	•	0.	0 .	•						0.
										Form 990-T (2019)

Part II Income From Peri	-		ate Basis (For each	ch periodical liste	d in Part II, fill in	
columns 2 through 7 on	a line-by-line basis)	1			_	
1 Name of periodical	2. Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)				-		
(4)			-			
Totals from Part I	0.	0.		_	4	0.
	Enter here and on page 1, Part I,	Enter here and on page 1, Part I,]:			Enter here and on page 1, Part II line 26

Schedule K -	Compensation	of Officers,	Directors, and Trustees	(see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form **990-T** (2019)

Totals, Part II (lines 1-5)

STATEMENT 3

FORM 990-T	OTHER	INCOME	STATEMENT 1
DESCRIPTION			AMOUNT
RENTAL OF PERSONAL PR	OPERTY		59,873.
TOTAL TO FORM 990-T,	PAGE 1, LINE 12	-	59,873.
FORM 990-T	OTHER	DEDUCTIONS	STATEMENT 2
DESCRIPTION			AMOUNT
LABOR AND EQUIPMENT E	XPENSES		45,519.
	PAGE 1, LINE 27		45,519.

NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST

NAME OF COUNTRY

FORM 990-T

FRANCE ITALY

FORM 990-T	CONTRIBUTIONS	STATEMENT 4
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
50% CASH ONLY	N/A	1,205.
TOTAL TO FORM 990-T, PAGE 2, L	INE 34	1,205.

ORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT 5
	TIONS SUBJECT TO 100% LIMIT TIONS SUBJECT TO 25% LIMIT		
CARRYOVER OF PRIOR FOR TAX YEAR 201 FOR TAX YEAR 201 FOR TAX YEAR 201 FOR TAX YEAR 201 FOR TAX YEAR 201	34,005 6 4,920 7 20,554		
TOTAL CARRYOVER TOTAL CURRENT YEAR	R 10% CONTRIBUTIONS	74,002 1,205	
TOTAL CONTRIBUTION TAXABLE INCOME LIM	IS AVAILABLE MITATION AS ADJUSTED	75,207 3,335	
EXCESS CONTRIBUTION EXCESS 100% CONTRI	BUTIONS	71,872 0 71,872	
ALLOWABLE CONTRIBU	TIONS DEDUCTION		3,335
TOTAL CONTRIBUTION	I DEDUCTION	_	3,335

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an

Unrelated Trade or Business

For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020

OMB No 1545-0047

ENTITY

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Name of the organization NAZARETH COLLEGE OF ROCHESTER						Employer identification number 16-0743088		
			LEK		10	-0/43	000	
	Inrelated Business Activity Code (see instructions) 72232 rescribe the unrelated trade or business EXCLUSIVE		OVIDER	ARRANG	EMENT	FOR E	3EVER <i>I</i>	AGES
Par	t I Unrelated Trade or Business Income		(A) Inc	ome	(B) Exp	enses		(C) Net
1 a	Gross receipts or sales							-
b	Less returns and allowances c Balance ▶	1c					\perp	
2	Cost of goods sold (Schedule A, line 7)	2						
3	Gross profit Subtract line 2 from line 1c	_3_						
4 a	Capital gain net income (attach Schedule D)	4a						
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b						
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement)	5						
6	Rent income (Schedule C)	6						
7	Unrelated debt-financed income (Schedule E)	7						
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Schedule F)	8						
9	Investment income of a section 501(c)(7), (9), or (17)							
	organization (Schedule G)	9						
10	Exploited exempt activity income (Schedule I)	10						
11	Advertising income (Schedule J)	11						
12	Other income (See instructions, attach schedule) STMT 6	12		,000.				20,000.
<u>13</u>	Total. Combine lines 3 through 12	13	20	,000.				20,000.
Par	TII Deductions Not Taken Elsewhere (See instruction	ions t	for limitatio	ns on ded	uctions.)	(Deduc	tions mi	ust be
	directly connected with the unrelated business in				,	•		
			***					_
14	Compensation of officers, directors, and trustees (Schedule K)					14	 	
15	Salaries and wages					15	- 	
16	Repairs and maintenance					16	- 	
17	Bad debts					17	<u> </u>	
18	Interest (attach schedule) (see instructions)					18		
19	Taxes and licenses		1	aa		19	•	
20	Depreciation (attach Form 4562)		-	20				
21	Less depreciation claimed on Schedule A and elsewhere on return		L	21a		21		
22	Depletion Open to the defended on the second of the second					22	T T	
23	Contributions to deferred compensation plans					23		
24	Employee benefit programs					24		
25	Excess exempt expenses (Schedule I)					25		
26	Excess readership costs (Schedule J)					26	_	
27	Other deductions (attach schedule)					27		0.
28	Total deductions. Add lines 14 through 27	_4	Outstand of the co	00 francis	10	28		20,000.
29	Unrelated business taxable income before net operating loss deduce				เช	29	•	20,000.
30	Deduction for net operating loss ansing in tax years beginning on o	r after	January 1, 20	ארע (see		<u> </u>	\dashv	0
0.4	instructions)					30		20,000.
31	Unrelated business taxable income Subtract line 30 from line 29					3.	•	
LHA	For Paperwork Reduction Act Notice, see instructions.					Sche	aule M (Fo	orm 990-T) 2019

FORM 990-T (M)	OTHER INCOME	STATEMENT 6
DESCRIPTION		AMOUNT
EXCLUSIVE PROVIDER ARRA	NGEMENT FOR BEVERAGES	20,000.
TOTAL TO SCHEDULE M, PA	RT I, LINE 12	20,000.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020 ► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

OMB No 1545-0047

Name of the organization NAZARETH COLLEGE OF ROCHESTER				Employer identification number 16-0743088		
Unrelated Business Activity Code (see instructions) > 523000						
Describe the unrelated trade or business INVESTMENT ACTIVITIES						
Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net	
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3				
	Capital gain net income (attach Schedule D)	4a				
	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			-	
	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach	5	-19,775.		-19,775.	
	statement)	6	15,775.		15,775	
6 7	Rent income (Schedule C) Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
o	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
J	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
13	Total. Combine lines 3 through 12	13	-19,775.		-19,775.	
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be						
directly connected with the unrelated business income.)						
			<u>'</u>			
14	Compensation of officers, directors, and trustees (Schedule K)			14		
15	Salaries and wages					
16	Repairs and maintenance					
17	Bad debts					
18	Interest (attach schedule) (see instructions)					
19	Taxes and licenses					
20	Depreciation (attach Form 4562)		20		_	
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	21b 22		
22	Depletion					
23	Contributions to deferred compensation plans					
24	Employee benefit programs					
25	Excess exempt expenses (Schedule I)					
26	Excess readership costs (Schedule J)					
27	Other deductions (attach schedule)				1	
28	Total deductions. Add lines 14 through 27				-19,775.	
29						
30						
0.4	Instructions)			<u>30</u> 31	-19,775.	
31						
LHA	LHA For Paperwork Reduction Act Notice, see instructions. Schedule M (Form 990-T) 2019					