

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

**2009****Open to Public  
Inspection****A For the 2009 calendar year, or tax year beginning** 07/01, 2009, and ending 06/30, 2010**B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization MARYMOUNT MANHATTAN COLLEGE

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

221 EAST 71ST STREET

City or town, state or country, and ZIP + 4

NEW YORK, NY 10021-4597**F** Name and address of principal officer: DR. JUDSON SHAVER221 EAST 71ST STREET NEW YORK, NY 10021-4597**D** Employer identification number13-1628206**E** Telephone number(212) 517-0400**G** Gross receipts \$ 73,039,996.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ HTTP://WWW.MMM.EDU**K** Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1961 **M** State of legal domicile: NY**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>MARYMOUNT MANHATTAN COLLEGE'S MISSION IS TO EDUCATE A SOCIALLY AND ECONOMICALLY DIVERSE POPULATION BY FOSTERING INTELLECTUAL ACHIEVEMENT, PERSONAL GROWTH AND CAREER DEVELOPMENT.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>23</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>22</u>
	<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>	<u>936</u>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<u>0</u>
		<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<u>0.</u>
<b>Revenue</b>	<b>8</b>	Contribution and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>6,250,458.</u>	<u>4,720,019.</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>49,948,311.</u>	<u>52,204,978.</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>369,830.</u>	<u>303,292.</u>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>-129,468.</u>	<u>-66,191.</u>
	<b>12</b>		<u>56,439,131.</u>	<u>57,162,098.</u>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>8,133,414.</u>	<u>9,117,792.</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0.</u>	<u>0.</u>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>23,486,309.</u>	<u>25,403,857.</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>362,041.</u>	<u>91,987.</u>
	<b>b</b>	Total fundraising expenses, Part IX, column (D), line 25) ▶ <u>2,053,016.</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>20,339,340.</u>	<u>22,715,156.</u>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>52,321,104.</u>	<u>57,328,792.</u>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>4,118,027.</u>	<u>-166,694.</u>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<u>113,476,469.</u>	<u>111,266,285.</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>58,384,978.</u>	<u>55,253,448.</u>
			<u>55,091,491.</u>	<u>56,012,837.</u>

**Part II Signature Block**

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

**Sign Here** ▶ Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

▶ Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature ▶ \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed ☐ Preparer's identifying number (see instructions) P00916443

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP EIN ▶ 13-5565207

345 PARK AVENUE NEW YORK, NY 10154-0102 Phone no. ▶ 212-758-9700

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. \*

Form **990** (2009)

**Part III Statement of Program Service Accomplishments****1** Briefly describe the organization's mission:

ATTACHMENT 2

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

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

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

If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: 611600 ) (Expenses \$ 37,975,554. including grants of \$ 9,117,792. ) (Revenue \$ )

ATTACHMENT 3

**4b** (Code: 611710 ) (Expenses \$ 9,813,043. including grants of \$ 0. ) (Revenue \$ 8,429,469. )

ATTACHMENT 4

**4c** (Code: 900099 ) (Expenses \$ 196,689. including grants of \$ 0. ) (Revenue \$ 138,000. )

THE OFFICE OF ACADEMIC ACHIEVEMENT ADDRESSES MANY FUNDAMENTAL PRINCIPLES OF MARYMOUNT MANHATTAN'S MISSION. THROUGH THE CENTER OF ACADEMIC ADVANCEMENT (CAA), WE STRIVE TO ENSURE ACADEMIC SUCCESS OF EVERY STUDENT. ONE-ON-ONE STUDY SESSIONS PERMIT INDIVIDUALIZED ASSISTANCE, BUILDING ON STRENGTHS AND OVERCOMING WEAKNESSES. THE CAA FOSTERS OPPORTUNITIES FOR INTELLECTUAL ACHIEVEMENT AND PERSONAL GROWTH.

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ 0. including grants of \$ 0. ) (Revenue \$ 0. )

**4e** Total program service expenses ► 47,985,286.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<input checked="" type="checkbox"/>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	<input checked="" type="checkbox"/>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<input checked="" type="checkbox"/>	
<b>5</b> <b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .		
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<input checked="" type="checkbox"/>	
<b>11</b> Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .	<input checked="" type="checkbox"/>	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• 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? If "Yes," complete Schedule D, Part X.		
<b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. . . . .	<input checked="" type="checkbox"/>	
<b>12A</b> Was the organization included in consolidated, independent audited financial statement for the tax year? . . . . .	<input checked="" type="checkbox"/>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .	<input checked="" type="checkbox"/>	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		<input checked="" type="checkbox"/>
<b>14b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . .		<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II. . . . .		<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .		<input checked="" type="checkbox"/>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I . . . . .	<input checked="" type="checkbox"/>	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<input checked="" type="checkbox"/>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		<input checked="" type="checkbox"/>
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .		<input checked="" type="checkbox"/>

Form **990** (2009)

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	<b>21</b>	X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .	<b>22</b>	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	<b>23</b>	X
<b>24 a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i> . . . . .	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	X
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .	<b>25b</b>	X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> . . . . .	<b>34</b>	X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	<b>35</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b>	X

Form **990** (2009)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . . <b>1a</b> 61		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . <b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . <b>1c</b>	X	
<b>2a</b> 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 . . . . . <b>2a</b> 936		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . . <b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . . <b>3b</b>		
<b>4a</b> 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)? . . . . . <b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: <b>▶</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . <b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . <b>5b</b>		X
<b>c</b> If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . . <b>5c</b>		
<b>6a</b> 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? . . . . . <b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . <b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> 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? . . . . . <b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . <b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . <b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . . <b>7d</b>		
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <b>7f</b>		X
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . . <b>7g</b>		
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . . <b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . <b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966? . . . . . <b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . <b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders . . . . . <b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>12b</b>		

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body . . . . .	<b>1a</b> 23	
<b>b</b> Enter the number of voting members that are independent . . . . .	<b>1b</b> 22	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	X
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>	X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . .	<b>7b</b>	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	<b>8a</b>	X
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9a</b>	X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NJ**, \_\_\_\_\_

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☒ Own website ☒ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **WAYNE SANTUCCI 221 EAST 71ST STREET NEW YORK, NY 10021-4597**  
**(212) 517-0544**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANGELA E. VALLOT TRUSTEE	1.00	X								
ANNE C. FLANNERY TRUSTEE	1.00	X								
EDGAR EISNER TRUSTEE	1.00	X								
GINGER LYONS DE NEUFVILLE TRUSTEE	1.00	X								
GLORIA SPINELLI BOHAN TRUSTEE	1.00	X								
HOPE D. KNIGHT TRUSTEE	1.00	X								
JAMES B. HONOR TRUSTEE	1.00	X								
JAMES E. BUCKMAN TRUSTEE	1.00	X								
JUDITH M. CARSON TRUSTEE	1.00	X								
LOUIS A. MARTARANO TRUSTEE	1.00	X								
LUCILLE ZANGHI TRUSTEE	1.00	X								
MARY TWOMEY GREASON TRUSTEE	1.00	X								
MS. LOUISE BEIT TRUSTEE	1.00	X								
NATAN WEKSELBAUM TRUSTEE	1.00	X								
NATASHA PEARL TRUSTEE	1.00	X								
PAUL A. GALIANO TRUSTEE	1.00	X								

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RONALD J. YOO TRUSTEE	1.00	X								
SR. ELLEN MARIE KEANE TRUSTEE	1.00	X								
SR. KATHLEEN CONNELL TRUSTEE	1.00	X								
SR. RITA ARTHUR TRUSTEE	1.00	X								
THOMAS C. CLARK TRUSTEE	1.00	X								
PAUL LOWERRE TRUSTEE	1.00	X								
DR. JUDSON SHAVER PRESIDENT/TRUSTEE	35.00	X		X				564,497.	0.	33,868.
PAUL CIRAULO VP - ADMIN AND FINANCE	35.00			X				200,193.	0.	23,263.
DAVID PODELL VP OF ACADEMIC AFFAIRS	35.00				X			187,803.	0.	21,900.
CAROL JACKSON VP OF STUDENT AFFAIRS	35.00				X			157,091.	0.	18,278.
BETTY HEINIG VP OF INST. ADVANCEMENT	35.00				X	X		195,031.	0.	126,742.
PETER BAKER VICE PRESIDENT	35.00					X		136,943.	0.	16,250.
WAYNE SANTUCCI ASST VP / CONTROLLER	35.00					X		131,708.	0.	22,261.
<b>1b Total</b> CONTINUED AT SCHEDULE J-2								1,932,014.	0.	305,537.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **22**

**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

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **13**



**Part VIII Statement of Revenue**

13-1628206

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	480,042.			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	486,476.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	3,753,501.			
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$		36,375.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		4,720,019.			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b>	TUITION AND FEES		900099	43,637,509.	43,637,509.	
	<b>b</b>	RESIDENCE FEES		900099	8,429,469.	8,429,469.	
	<b>c</b>	ACADEMIC PROGRAMS		900099	138,000.	138,000.	
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		52,204,978.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .			334,211.		334,211.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . .			0.		
	<b>5</b>	Royalties . . . . .			0.		
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross Rents. . . . .					
	<b>b</b>	Less: rental expenses . . .					
	<b>c</b>	Rental income or (loss) . .					
	<b>d</b>	Net rental income or (loss) . . . . .			0.		
			(i) Securities	(ii) Other			
	<b>7a</b>	Gross amount from sales of assets other than inventory			15,659,598.		
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .			15,690,517.		
	<b>c</b>	Gain or (loss) . . . . .			-30,919.		
	<b>d</b>	Net gain or (loss) . . . . .			-30,919.		-30,919.
	<b>8a</b>	Gross income from fundraising events (not including \$ 480,042. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		78,200.		
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>		187,381.		
	<b>c</b>	Net income or (loss) from fundraising events . . . . .			-109,181.		-109,181.
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>				
<b>c</b>	Net income or (loss) from gaming activities . . . . .			0.			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .			0.			
<b>Miscellaneous Revenue</b>				<b>Business Code</b>			
<b>11a</b>	MISCELLANEOUS		900099	42,990.	42,990.		
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			42,990.			
<b>12</b>	<b>Total Revenue.</b> See instructions . . . . .			57,162,098.	52,247,968.	0.	194,111.

**Part IX Statement of Functional Expenses****Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	0.			
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	9,117,792.	9,117,792.		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0.			
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,931,802.	1,525,107.	316,320.	90,375.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
<b>7</b> Other salaries and wages . . . . .	17,979,416.	13,887,944.	3,133,788.	957,684.
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	1,525,877.	1,181,164.	264,396.	80,317.
<b>9</b> Other employee benefits . . . . .	2,615,613.	2,024,717.	453,219.	137,677.
<b>10</b> Payroll taxes . . . . .	1,351,149.	1,045,909.	234,120.	71,120.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	506,601.		506,601.	
<b>c</b> Accounting . . . . .	193,585.		193,585.	
<b>d</b> Lobbying . . . . .	49,384.	49,384.		
<b>e</b> Professional fundraising services. See Part IV, line 17	91,987.			91,987.
<b>f</b> Investment management fees . . . . .	40,745.	32,167.	6,672.	1,906.
<b>g</b> Other . . . . .	3,265,481.	2,818,844.	295,828.	150,809.
<b>12</b> Advertising and promotion . . . . .	533,928.	533,928.		
<b>13</b> Office expenses . . . . .	1,580,376.	1,321,014.	124,127.	135,235.
<b>14</b> Information technology . . . . .	858,483.	259.	858,224.	
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	1,497,750.	1,182,434.	245,247.	70,069.
<b>17</b> Travel . . . . .	252,003.	207,790.	36,818.	7,395.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
<b>19</b> Conferences, conventions, and meetings . . . .	628,755.	491,191.	77,931.	59,633.
<b>20</b> Interest . . . . .	2,986,239.	2,986,239.		
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . .	5,021,095.	4,571,504.	349,684.	99,907.
<b>23</b> Insurance . . . . .	245,205.	193,583.	40,151.	11,471.
<b>24</b> Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
<b>a</b> HOUSING RENTAL -----	2,865,957.	2,865,957.		
<b>b</b> EQUIP. RENTAL & MAINTENANCE -----	298,392.	185,914.	106,403.	6,075.
<b>c</b> BAD DEBT RESERVE -----	708,204.	708,204.		
<b>d</b> DUES AND MEMBERSHIPS -----	254,611.	241,526.	10,177.	2,908.
<b>e</b> EMPLOYEE RECRUITING -----	34,859.	27,520.	5,708.	1,631.
<b>f</b> All other expenses -----	893,503.	785,195.	31,491.	76,817.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f	57,328,792.	47,985,286.	7,290,490.	2,053,016.
<b>26</b> <b>Joint Costs.</b> Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	114,744.	<b>1</b>	283,835.
	<b>2</b> Savings and temporary cash investments . . . . .	17,774,935.	<b>2</b>	15,039,641.
	<b>3</b> Pledges and grants receivable, net . . . . .	8,396,645.	<b>3</b>	6,428,455.
	<b>4</b> Accounts receivable, net . . . . .	950,482.	<b>4</b>	1,045,275.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	325,000.	<b>5</b>	325,000.
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	391,779.	<b>9</b>	336,849.
	<b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 98,374,891.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 33,481,057.		
	<b>11</b> Investments - publicly traded securities . . . . .	62,349,356.	<b>10c</b>	64,893,834.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	20,797,828.	<b>11</b>	20,283,319.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>14</b> Intangible assets . . . . .		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	2,375,700.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	113,476,469.	<b>15</b>	2,630,077.	
		<b>16</b>	111,266,285.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	5,203,291.	<b>17</b>	2,837,489.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	1,289,826.	<b>19</b>	1,409,474.
	<b>20</b> Tax-exempt bond liabilities . . . . .	49,895,000.	<b>20</b>	49,275,000.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	1,996,861.	<b>25</b>	1,731,485.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	58,384,978.	<b>26</b>	55,253,448.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	33,347,569.	<b>27</b>	35,444,476.
	<b>28</b> Temporarily restricted net assets . . . . .	11,440,801.	<b>28</b>	9,455,747.
	<b>29</b> Permanently restricted net assets . . . . .	10,303,121.	<b>29</b>	11,112,614.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	55,091,491.	<b>33</b>	56,012,837.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	113,476,469.	<b>34</b>	111,266,285.

Form **990** (2009)

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>c</b> 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? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	X	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form **990** (2009)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

**Open to Public Inspection**

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Employer identification number

13-1628206

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

#### h Provide the following information about the supported organization(s).

[illegible]

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2009

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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). . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3 % support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3 % support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3 % support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3 % support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

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

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**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009**

**Name of the organization**

MARYMOUNT MANHATTAN COLLEGE

**Employer identification number**

13-1628206

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ► \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions  
for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number

13-1628206

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 5,594.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number

13-1628206

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 9,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 7,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 17,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 7,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 13,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number

13-1628206

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 20,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 5,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 26,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 13,680.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number

13-1628206

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 7,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 5,122.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="checked" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 10,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 8,175.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number

13-1628206

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 7,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 25,441.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 15,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number

13-1628206

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number

13-1628206

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 75,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 7,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 125,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number

13-1628206

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43		\$ 351,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 120,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 6,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 60,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 14,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number

13-1628206

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49		\$ 5,950.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50		\$ 5,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52		\$ 5,050.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53		\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54		\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number

13-1628206

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55		\$ 52,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number

13-1628206

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61		\$ 25,659.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62		\$ 10,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65		\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number

13-1628206

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
67		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number

13-1628206

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
73		\$ 16,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74		\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75		\$ 25,100.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
77		\$ 5,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78		\$ 300,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number

13-1628206

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
79		\$ 29,341.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number

13-1628206

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
85		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86		\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87		\$ 6,600.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88		\$ 57,801.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89		\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
90		\$ 20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number

13-1628206

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
91		\$ 5,300.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
92		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
93		\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
94		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
95		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
96		\$ 7,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number

13-1628206

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
97		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
98		\$ 5,100.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
99		\$ 1,500,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
100		\$ 16,600.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
101		\$ 15,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
102		\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number

13-1628206

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
103		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
104		\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization MARYMOUNT MANHATTAN COLLEGE

Employer identification number

13-1628206**Part II** Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>5</u>	<u>SECURITIES</u> _____ _____ _____	\$ <u>5,594.</u>	<u>12/07/2009</u>
<u>22</u>	<u>SECURITIES</u> _____ _____ _____	\$ <u>5,122.</u>	<u>12/31/2009</u>
<u>61</u>	<u>SECURITIES</u> _____ _____ _____	\$ <u>25,659.</u>	<u>11/10/2009</u>
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
MARYMOUNT MANHATTAN COLLEGE	13-1628206

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours ▶

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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-.

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

Schedule C (Form 990 or 990-EZ) 2009

JSA  
9E1264 2.000

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check ☐ if the filing organization belongs to an affiliated group.**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .														

☐ Yes ☐ No**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2 a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b>	Volunteers?		X	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b>	Media advertisements?		X	
<b>d</b>	Mailings to members, legislators, or the public?		X	
<b>e</b>	Publications, or published or broadcast statements?		X	
<b>f</b>	Grants to other organizations for lobbying purposes?		X	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		57,127.
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b>	Other activities? If "Yes," describe in Part IV		X	
<b>j</b>	Total. Add lines 1c through 1i			57,127.
<b>2 a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b>	Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

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<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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[illegible]



SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

- Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public  
Inspection

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Employer identification number

13-1628206

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

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

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

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

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

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

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

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

**b** If "Yes," explain the arrangement in Part XI V and complete the following table:

	Amount
<b>1c</b> Beginning balance . . . . .	
<b>1d</b> Additions during the year . . . . .	
<b>1e</b> Distributions during the year . . . . .	
<b>1f</b> Ending balance . . . . .	

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

**b** If "Yes," explain the arrangement in Part XI V.

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	11,775,854.	12,946,877.			
<b>b</b> Contributions . . . . .	809,493.	1,076,554.			
<b>c</b> Net investment earnings, gains, and losses . . . . .	1,240,274.	-1,705,838.			
<b>d</b> Grants or scholarships . . . . .	303,641.	541,739.			
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	13,521,980.	11,775,854.			

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

- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
**b** Permanent endowment ▶ 100.0000 %  
**c** Term endowment ▶ \_\_\_\_\_ %

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

- (i) unrelated organizations . . . . .  
(ii) related organizations . . . . .

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		14,425,831.		14,425,831.
<b>b</b> Buildings . . . . .		72,557,221.	24,794,152.	47,763,069.
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		8,933,964.	7,486,407.	1,447,557.
<b>e</b> Other . . . . .		2,457,875.	1,200,494.	1,257,381.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				64,893,838.

Schedule D (Form 990) 2009

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives . . . . .		
Closely-held equity interests . . . . .		
Other _____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

[illegible]

<b>1.</b>	<b>(a)</b> Description of liability	<b>(b)</b> Amount
	Federal income taxes	
	INTEREST PAYABLE	1,247,538.
	ASSET RETIREMENT OBLIGATION	483,947.
<b>Total.</b>	<i>(Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶</i>	1,731,485.

JSA 701-000 Schedule D (Form 990) 2009

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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	57,162,098.
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	57,328,792.
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b>	-166,694.
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	1,088,040.
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV.)	<b>8</b>	
<b>9</b>	Total adjustments (net). Add lines 4 through 8	<b>9</b>	1,088,040.
<b>10</b>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<b>10</b>	921,346.

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	49,278,982.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	1,088,040.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	-8,930,411.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-7,842,371.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	57,121,353.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	40,745.
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	40,745.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	57,162,098.

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	48,357,636.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	187,381.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	187,381.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	48,170,255.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	40,745.
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	9,117,792.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	9,158,537.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	57,328,792.

**Part XIV Supplemental Information**

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

SEE PAGE 5

**Part XIV** Supplemental Information *(continued)*

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## INTENDED USES OF ENDOWMENT FUNDS

FORM 990, SCHEDULE D, PART V, LINE 4

SOME ENDOWMENT FUNDS ARE USED FOR SCHOLARSHIPS. SOME FUNDS ARE USED TO  
FUND SCIENCE AND LIBRARY DEPARTMENTS.

## RECONCILIATION TO AUDITED FINANCIAL STATEMENTS

FORM 990, SCHEDULE D, PART XII, LINE 2D

RECLASS OF STUDENT AID \$(9,117,792)

SPECIAL EVENT EXPENSES \$187,381

FORM 990, SCHEDULE D, PART XIII, LINE 2D

SPECIAL EVENT EXPENSES \$187,381

FORM 990, SCHEDULE D, PART XIII, LINE 4B

RECLASS OF STUDENT AID \$(9,117,792)

**SCHEDULE E**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Schools**

- **Complete if the organization answered "Yes" to Form 990, Part IV, line 13,  
or Form 990-EZ, Part VI, line 48.**  
► **Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Employer identification number

13-1628206

	YES	NO
<b>1</b> 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? . . . . .	X	
<b>2</b> 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? . . . . .	X	
<b>3</b> 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 Schedule O (Form 990) . . . . . MARYMOUNT MANHATTAN COLLEGE HAS PUBLICIZED ITS RACIALLY NONDISCRIMINATORY POLICY THROUGH NEWSPAPER AND/OR BROADCAST MEDIA DURING THE PERIOD OF SOLICITATION IN A WAY THAT MADE THE POLICY KNOWN TO ALL PARTS OF THE GENERAL COMMUNITY IT SERVES.	X	
<b>4</b> Does the organization maintain the following? <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	X	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	X	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	X	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . . If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990). . . . .	X	
<b>5</b> Does the organization discriminate by race in any way with respect to: <b>a</b> Students' rights or privileges? . . . . .		X
<b>b</b> Admissions policies? . . . . .		X
<b>c</b> Employment of faculty or administrative staff? . . . . .		X
<b>d</b> Scholarships or other financial assistance? . . . . .		X
<b>e</b> Educational policies? . . . . .		X
<b>f</b> Use of facilities? . . . . .		X
<b>g</b> Athletic programs? . . . . .		X
<b>h</b> Other extracurricular activities? . . . . . If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990). . . . .		X
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	X	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990). . . . .		X
<b>7</b> 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 Schedule O (Form 990) . . . . .	X	

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

Schedule E (Form 990 or 990-EZ) 2009

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open To Public
Inspection

Employer identification number

13-1628206

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

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

- a [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [X] Solicitation of government grants
g [X] Special fundraising events

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is
to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes entries for CMI EVENT PLANNING & FNDRSG. and COMPREHENSIVE PROSPECT RSCH.

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

NJ,
[Empty lines for state listing]

**Part II**

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		GOLF TOURNAMENT (event type)	MEDAL DINNER (event type)	<div>0</div> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	135,500.	422,742.		558,242.
	2 Less: Charitable contributions . . . . .	95,900.	384,142.		480,042.
	3 Gross income (line 1 minus line 2) . . . . .	39,600.	38,600.		78,200.
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .	41,216.	66,683.		107,899.
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .	29,825.	49,657.		79,482.
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				( 187,381.)
	11 Net income summary. Combine line 3, column (d), and line 10 . . . . .				-109,181.

**Part III**

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . .				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b If "No," explain: _____		
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? . . . . .	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	



**13** Indicate the percentage of gaming activity operated in:

- | <b>a</b> The organization's facility . . . . . | <b>13a</b> | % |
|--|------------|---|
| <b>b</b> An outside facility . . . . .         | <b>13b</b> | % |

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . **15a**

- 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 third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ►\$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a**
- Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .
- 17a**

- b**
- Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

Schedule G (Form 990 or 990-EZ) 2009

586273

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	2,429	9,117,792.			

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

MONITORING THE USE OF GRANT FUNDS

FORM 990, SCHEDULE I, PART I, LINE 2

THE COLLEGE HAS DEVELOPED AN INSTITUTIONAL PACKAGING PHILOSOPHY TO ENSURE

CONSISTENT, EQUITABLE, AND FAIR DISTRIBUTION OF FINANCIAL AID FUNDS.

PACKAGING PARAMETERS ARE PERIODICALLY REVIEWED WITH THE HELP OF AN

OUTSIDE CONSULTANT, TO EVALUATE THE MMC GRANTS AND SCHOLARSHIP PROGRAMS

OFFERED TO ALL STUDENT POPULATIONS AT MMC.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ **Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Employer identification number

13-1628206

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |

**b** If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

X

2

X

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DR. JUDSON SHAVER	(i)	564,497.	0.	0.	23,000.	10,868.	598,365.	
	(ii)	0.	0.	0.	0.	0.	0.	0.
PAUL CIRAULO	(i)	200,193.	0.	0.	20,019.	3,244.	223,456.	
	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID PODELL	(i)	187,803.	0.	0.	18,780.	3,120.	209,703.	
	(ii)	0.	0.	0.	0.	0.	0.	0.
CAROL JACKSON	(i)	157,091.	0.	0.	15,709.	2,569.	175,369.	
	(ii)	0.	0.	0.	0.	0.	0.	0.
PETER BAKER	(i)	136,943.	0.	0.	13,694.	2,556.	153,193.	
	(ii)	0.	0.	0.	0.	0.	0.	0.
WAYNE SANTUCCI	(i)	131,708.	0.	0.	13,171.	9,090.	153,969.	
	(ii)	0.	0.	0.	0.	0.	0.	0.
BETTY HEINIG	(i)	195,031.	0.	0.	123,550.	3,192.	321,773.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2009

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SCHEDULE J, PART II, COLUMN (C)

IN RECOGNITION OF HER YEARS OF SERVICE, PAYMENTS TOTALING \$104,047 WERE

PAID TO BETTY HEINIG AFTER HER SEPARATION OF SERVICE FROM THE COLLEGE.

THIS AMOUNT WAS INCLUDED IN COLUMN (C), IN ADDITION TO THE REGULAR

RETIREMENT PLAN CONTRIBUTION.

**Continuation Sheet for Form 990**

OMB No. 1545-0047

2009

**Open to Public Inspection**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

Name of the Organization

MARYMOUNT MANHATTAN COLLEGE

Employer identification number

13-1628206

<b>Part I</b>	<b>Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>
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[illegible]

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

**Supplemental Information on Tax-Exempt Bonds**

► **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**

► **Attach to Form 990. See separate instructions.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

**Employer identification number**

13-1628206

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
<b>A</b> DASNY (SERIES 2009 BONDS)	14-6000293	649905WR3	02/09/2009	49,013,498.	REFUNDING DASNY SERIES 1999 BONDS		X		X
<b>B</b>									
<b>C</b>									
<b>D</b>									
<b>E</b>									

**Part II Proceeds**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>		<b>E</b>	
<b>1</b> Total proceeds of issue . . . . .	49,013,498.									
<b>2</b> Gross proceeds in reserve funds . . . . .	4,360,562.									
<b>3</b> Proceeds in refunding or defeasance escrows . . . . .	43,326,279.									
<b>4</b> Other unspent proceeds . . . . .	0.									
<b>5</b> Issuance costs from proceeds . . . . .	1,280,173.									
<b>6</b> Working capital expenditures from proceeds . . . . .	0.									
<b>7</b> Capital expenditures from proceeds . . . . .	0.									
<b>8</b> Year of substantial completion . . . . .	2001									
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>9</b> Were the bonds issued as part of a current refunding issue?	X									
<b>10</b> Were the bonds issued as part of an advance refunding issue? . . . . .		X								
<b>11</b> Has the final allocation of proceeds been made? . . . . .		X								
<b>12</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X									

**Part III Private Business Use**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>		<b>E</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .										
<b>2</b> Are there any lease arrangements with respect to the financed property which may result in private business use?										

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2009



**Part III Private Business Use (Continued)**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use? . . . . .										
<b>b</b> Are there any research agreements with respect to the financed property which may result in private business use? . . . . .										
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? . . . . .										
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0.0000%									
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0.0000%									
<b>6</b> Total of lines 4 and 5 . . . . .	0.0000%									
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .										

**Part IV Arbitrage**

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

Schedule K (Form 990) 2009

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered**  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

**2009**

**Open To Public  
Inspection**

**Name of the organization**

MARYMOUNT MANHATTAN COLLEGE

**Employer identification number**

13-1628206

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

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

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

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

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

**Part II Loans to and/or From Interested Persons.**

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
JUDSON SHAVER		X	325,000.	325,000.		X	X		X	

**Total** . . . . . ▶ \$ 325,000.

**Part III Grants or Assistance Benefitting Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
-		25,300. TUITION
-		EXCHANGE
-		PROGRAM

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

**Schedule L (Form 990 or 990-EZ) 2009**

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2009**

**Open To Public  
Inspection**

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Employer identification number

13-1628206

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art . . . . .				
2 Art-Historical treasures . . . . .				
3 Art-Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities-Publicly traded . . . . .	X	3	36,375.	HIGH/LOW PRICE MEAN
10 Securities-Closely held stock . . . . .				
11 Securities-Partnership, LLC, or trust interests . . . . .				
12 Securities-Miscellaneous . . . . .				
13 Qualified conservation contribution-Historic structures . . . . .				
14 Qualified conservation contribution-Other . . . . .				
15 Real estate-Residential . . . . .				
16 Real estate-Commercial . . . . .				
17 Real estate-Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ►( )				
26 Other ►( )				
27 Other ►( )				
28 Other ►( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 0

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2009

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

USE OF THIRD PARTY TO SELL NON-CASH GIFTS

FORM 990, SCHEDULE M , PART I, LINE 32A

THE COLLEGE USES THE SERVICES OF A STOCK BROKER TO SELL NON-CASH CONTRIBUTIONS RECEIVED IN THE FORM OF STOCK AND SECURITIES.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Employer identification number

13-1628206

ATTACHMENT 1

FORM 990, PART I, LINE 19

IN DECEMBER 1999, THE COLLEGE ISSUED \$57 MILLION IN FIXED-RATE REVENUE  
BONDS THROUGH THE DORMITORY AUTHORITY OF THE STATE OF NEW YORK (DASNY).

IT USED THE MAJORITY OF FUNDS GENERATED BY THE BOND ISSUE TO BUILD A  
RESIDENCE HALL ON THE UPPER EAST SIDE OF MANHATTAN, NEW YORK CITY.

IN 2009, \$48.57 MILLION IN MARYMOUNT MANHATTAN BONDS WERE OUTSTANDING  
WITH A 6.23% AVERAGE COUPON. THE SCHEDULED BOND INTEREST PAYMENT FOR  
FISCAL YEAR 2009/2010 WAS ABOUT \$3,000,000. IN FEBRUARY 2009, THE COLLEGE  
REALIZED THAT REFUNDING THE OUTSTANDING BONDS COULD CAPTURE SIGNIFICANT  
PROJECTED DEBT SERVICE SAVINGS WITHOUT ALTERING THEIR FINAL MATURITY DATE  
(JULY 1, 2029). WORKING WITH MERRILL LYNCH, THE COMPANY THAT ULTIMATELY  
UNDERWROTE THE BOND REFUNDING, THE COLLEGE FOUND THAT 2009 MARKET  
CONDITIONS WERE FAVORABLE FOR THE REFUNDING, AND THAT ACCOMPLISHING THE  
TRANSACTION WOULD DEPEND ON THE COLLEGE'S CREDIT RATING AND OTHER FACTORS  
AT THE TIME OF SALE. IN JUNE 2009, THE EXECUTIVE COMMITTEE OF MARYMOUNT  
MANHATTAN'S BOARD OF TRUSTEES AUTHORIZED THE COLLEGE TO BEGIN THE  
STRUCTURING AND PURSUIT OF REFUNDING THE SERIES 1999 BONDS THROUGH DASNY  
IN ORDER TO OBTAIN DEBT SERVICE SAVINGS.

AT THAT TIME, THE COLLEGE DID NOT HAVE ITS OWN BOND RATING. THIS WAS NOT  
UNCOMMON FOR MANY SMALLER, INFREQUENT BORROWERS WHO HISTORICALLY RELIED  
ON CREDIT ENHANCEMENT, SUCH AS BOND INSURANCE, TO ACCESS THE TAX-EXEMPT  
MARKET. MERRILL LYNCH ADVISED THE COLLEGE THAT MANY SIGNIFICANT, POSITIVE

Name of the organization	Employer identification number
MARYMOUNT MANHATTAN COLLEGE	13-1628206

ATTACHMENT 1 (CONT'D)

CHANGES IN MARYMOUNT MANHATTAN'S MANAGEMENT, FINANCES AND OPERATIONS

SINCE 2001 CREATED AN OPPORTUNITY FOR THE COLLEGE TO OBTAIN AN INVESTMENT-GRADE BOND RATING. AFTER EXTENSIVE ANALYSIS, THE COLLEGE RECEIVED A BAA2 BOND RATING FROM MOODY'S IN NOVEMBER 2009.

THE COLLEGE REFUNDED THE SERIES 1999 DORMITORY BONDS IN DECEMBER 2009. THE REFUNDING PROCESS WAS STRAIGHTFORWARD. THE COLLEGE ISSUED SERIES 2009 FIXED RATE REFUNDING BONDS, THE PROCEEDS OF WHICH WERE USED TO RETIRE OUTSTANDING SERIES 1999 BONDS. THE REFUNDING DID NOT EXTEND THE LIFE OF THE NEW BOND ISSUE PAST 2029, WHICH WAS THE EXPIRATION DATE OF THE SERIES 1999 BONDS. BASED ON THE REFUNDING, THE COLLEGE WILL REALIZE ABOUT \$6.8 MILLION IN DEBT SERVICE SAVINGS OVER THE REMAINING LIFE OF THE SERIES 2009 BONDS.

IN 2009, THE COLLEGE'S BALANCE SHEET INCLUDED BOND ISSUANCE COSTS ASSOCIATED WITH THE 1999 TRANSACTION. FROM AN ACCOUNTING STANDPOINT, THE COLLEGE AMORTIZED THESE COSTS OVER THE LIFE OF THE SERIES 1999 BONDS (30 YEARS). BY 2009, THE COLLEGE HAD AMORTIZED ALMOST 30% OF THE 1999 BOND ISSUANCE COSTS, LEAVING A BALANCE OF ABOUT \$2,000,000 SUBJECT TO AMORTIZATION OVER THE REMAINING TWENTY-YEAR LIFE OF THE 1999 BONDS. WHEN THE COLLEGE REFUNDED THE SERIES 1999 BONDS, IT AMORTIZED THE REMAINING ISSUANCE COSTS ASSOCIATED WITH THE 1999 TRANSACTION ON AN ACCELERATED BASIS. THEREFORE, THE COLLEGE RECOGNIZED A ONE-TIME AMORTIZATION COST OF \$2,000,000 RELATING TO THE SERIES 1999 BONDS ON ITS STATEMENT OF ACTIVITIES FOR THE YEAR ENDING JUNE 30, 2010.

Name of the organization	Employer identification number
MARYMOUNT MANHATTAN COLLEGE	13-1628206
ATTACHMENT 1 (CONT'D)	

## BOARD REVIEW OF FORM 990

FORM 990, PART VI, SECTION A, LINE 11

THE FORM 990 IS PREPARED INTERNALLY BY THE STAFF OF THE COLLEGE. THE DRAFT RETURN IS THEN REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM, AND IS MODIFIED UNTIL BOTH ARE SATISFIED WITH THE RETURN. THE AUDIT COMMITTEE THEN REVIEWS AND APPROVES THE FORM 990 (INCLUDING SCHEDULE B) IN A MEETING ATTENDED BY COMMITTEE MEMBERS, MANAGEMENT AND THE INDEPENDENT ACCOUNTANTS. AFTER APPROVAL, THE ENTIRE BOARD OF DIRECTORS IS PROVIDED A PUBLIC INSPECTION COPY OF THE RETURN FOR REVIEW PRIOR TO FILING THE RETURN WITH THE IRS. THE AUDIT COMMITTEE CHAIR, CHIEF FINANCIAL OFFICER AND THE INDEPENDENT ACCOUNTANTS ARE AVAILABLE TO THE BOARD FOR QUESTIONS. BECAUSE THE BOARD OF DIRECTORS IS PROVIDED WITH A PUBLIC INSPECTION COPY OF THE RETURN (I.E., FORM 990, WITH SCHEDULE B INFORMATION REDACTED), PART VI, LINE 11 HAS BEEN ANSWERED AS NO.

## CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12C

THE TRUSTEES OF MARYMOUNT MANHATTAN COLLEGE ARE ELECTED TO SERVE THE COLLEGE, AND ARE EXPECTED TO CARRY OUT THEIR DUTIES IN A MANNER THAT INSPIRES AND ASSURES THE CONFIDENCE OF THE COLLEGE AND THE BROADER COMMUNITY. ALL ACTIONS BY TRUSTEES WITH RESPECT TO THE COLLEGE AND ITS PROPERTY MUST BE TAKEN SOLELY ON THE BASIS OF A DESIRE TO ADVANCE THE BEST INTERESTS OF THE COLLEGE. TRUSTEES SHALL NOT USE THEIR POSITIONS AS TRUSTEES, OR KNOWLEDGE GAINED THEREFROM, SO THAT A CONFLICT MIGHT ARISE BETWEEN THE INTERESTS OF THE COLLEGE AND THE INDIVIDUAL INTERESTS OF THE

Name of the organization	Employer identification number
MARYMOUNT MANHATTAN COLLEGE	13-1628206

ATTACHMENT 1 (CONT'D)

TRUSTEES.

THE COLLEGE'S TRUSTEES INEVITABLY ARE INVOLVED IN THE AFFAIRS OF OTHER INSTITUTIONS AND ORGANIZATIONS. TRUSTEES MAY FROM TIME TO TIME HAVE RELATIONSHIPS AND AFFILIATIONS THAT MAY RAISE QUESTIONS ABOUT PERCEIVED CONFLICTS OF INTEREST. ALTHOUGH MANY SUCH POTENTIAL CONFLICTS ARE AND WILL BE DEEMED INCONSEQUENTIAL, EACH TRUSTEE HAS THE RESPONSIBILITY TO ENSURE THAT THE ENTIRE BOARD IS MADE AWARE OF SITUATIONS THAT INVOLVE PERSONAL, FAMILIAL OR BUSINESS RELATIONSHIPS THAT COULD BE POTENTIAL CONFLICTS.

THUS, THE BOARD REQUIRES EACH TRUSTEE TO (A) CONFIRM THAT HE OR SHE IS FAMILIAR WITH THIS POLICY, (B) DISCLOSE TO THE BOARD CHAIR ANY POSSIBLE PERSONAL, FAMILIAL OR BUSINESS RELATIONSHIPS THAT MIGHT GIVE RISE TO A CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST INVOLVING THE COLLEGE, AND (C) AGREE TO SERVE ONLY IN ACCORDANCE WITH THE LETTER AND SPIRIT OF THIS POLICY. A FORM FOR THIS PURPOSE IS ATTACHED, AND SHALL BE COMPLETED BY EACH TRUSTEE AT LEAST ANNUALLY.

A "BUSINESS RELATIONSHIP" IS ONE IN WHICH A TRUSTEE OR A MEMBER OF HIS OR HER FAMILY SERVES AS AN OFFICER, DIRECTOR, EMPLOYEE, PARTNER, TRUSTEE OR CONTROLLING STOCKHOLDER OF AN ORGANIZATION THAT DOES BUSINESS WITH THE COLLEGE. A "FAMILY MEMBER" IS A SPOUSE, PARENT, SIBLING OR CHILD OF A TRUSTEE, OR ANY OTHER RELATIVE LIVING IN THE TRUSTEE'S HOUSEHOLD. IF A TRUSTEE IS UNCERTAIN WHETHER TO DISCLOSE A PARTICULAR RELATIONSHIP,



Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Employer identification number

13-1628206

ATTACHMENT 1 (CONT'D)

THE BOARD CHAIR SHOULD BE CONSULTED. THE CHAIR MAY ELECT TO SEEK THE JUDGMENT OF THE EXECUTIVE COMMITTEE IN DETERMINING WHETHER A RELATIONSHIP GIVES RISE TO A CONFLICT OF INTEREST OR SHOULD OTHERWISE BE DISCLOSED TO THE BOARD. THE CHAIR AND THE EXECUTIVE COMMITTEE SHALL KEEP ANY CONSULTATION CONFIDENTIAL UNLESS AND UNTIL THEY DETERMINE THAT THE BEST INTERESTS OF THE COLLEGE REQUIRE DISCLOSURE.

A TRUSTEE WHO HAS A CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN ANY CONSIDERATION BY THE BOARD OF A MATTER RELATING TO THE CONFLICT.

## COMPENSATION REVIEW

FORM 990, PART VI, SECTION B, LINE 15A AND 15B

COMPENSATION FOR THE PRESIDENT, EXECUTIVE VICE PRESIDENT, THE VICE PRESIDENT OF ENROLLMENT MANAGEMENT, VICE PRESIDENT OF ACADEMIC AFFAIRS, AND THE VICE PRESIDENT OF INSTITUTIONAL RESEARCH AND PLANNING IS DETERMINED BY A PROCESS THAT INCLUDES THE USE OF COMPARABILITY DATA, REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE OF THE COLLEGE'S BOARD OF TRUSTEES, AND CONTEMPORANEOUS RECORDKEEPING OF DELIBERATIONS AND DECISIONS.

## PUBLIC DISCLOSURE OF GOVERNING DOCUMENTS

FORM 990, PART VI, SECTION C, LINE 19

THE COLLEGE MAKES ITS FORM 990 AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH ITS WEBSITE. THE FORM 990 IS ALSO AVAILABLE ON WWW.GUIDESTAR.ORG. OTHER GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC.

Name of the organization	Employer identification number
MARYMOUNT MANHATTAN COLLEGE	13-1628206

ATTACHMENT 1 (CONT'D)

UNALLOCATED ISSUANCE COSTS

FORM 990, SCHEDULE K, PART II, COLUMN A

THE COLLEGE HAS \$46,482 OF UNALLOCATED ISSUANCE COSTS FROM PROCEEDS AS OF  
JUNE 30, 2010.

ATTACHMENT 2FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

MARYMOUNT MANHATTAN COLLEGE IS AN URBAN, INDEPENDENT, LIBERAL ARTS COLLEGE. THE MISSION OF THE COLLEGE IS TO EDUCATE A SOCIALLY AND ECONOMICALLY DIVERSE POPULATION BY FOSTERING INTELLECTUAL ACHIEVEMENT AND PERSONAL GROWTH AND BY PROVIDING OPPORTUNITIES FOR CAREER DEVELOPMENT. INHERENT IN THIS MISSION IS THE INTENT TO DEVELOP AN AWARENESS OF SOCIAL, POLITICAL, CULTURAL AND ETHICAL ISSUES, IN THE BELIEF THAT THIS AWARENESS WILL LEAD TO CONCERN FOR, PARTICIPATION IN, AND IMPROVEMENT OF SOCIETY. TO ACCOMPLISH THIS MISSION, THE COLLEGE OFFERS A STRONG PROGRAM IN THE ARTS AND SCIENCES FOR STUDENTS OF ALL AGES, AS WELL AS SUBSTANTIAL PRE-PROFESSIONAL PREPARATION. CENTRAL TO THESE EFFORTS IS THE PARTICULAR ATTENTION GIVEN TO THE INDIVIDUAL STUDENT. MARYMOUNT MANHATTAN COLLEGE SEEKS TO BE A RESOURCE AND LEARNING CENTER FOR THE METROPOLITAN COMMUNITY.

ATTACHMENT 34A PROGRAM SERVICE

FOUNDED IN 1936 AS A WOMEN'S COLLEGE BY THE RELIGIOUS OF THE  
SACRED HEART OF MARY, MARYMOUNT MANHATTAN MOVED TO ITS PRESENT

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Employer identification number

13-1628206

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

LOCATION ON 71ST STREET AND BECAME A FOUR-YEAR BACHELOR DEGREE-GRANTING INSTITUTION IN 1948. FAITHFUL TO THE VISION OF ITS FOUNDERS, MARYMOUNT MANHATTAN IS THRIVING AS A NONSECTARIAN, COEDUCATIONAL, INDEPENDENT COLLEGE OF THE LIBERAL ARTS, ATTRACTING AND SERVING A DIVERSE COMMUNITY OF STUDENTS, FACULTY, AND STAFF. AS THE COLLEGE MOVES FORWARD WITH ITS 2008-2013 STRATEGIC PLAN TO CREATE AN ENRICHED AND HIGHLY CHALLENGING LEARNING AND LIVING EXPERIENCE THAT IS INTERNATIONAL IN FOCUS, INTERDISCIPLINARY IN METHOD, AND EXPERIENTIAL IN PROCEDURE, WE REMAIN COMMITTED TO SERVING A SOCIALLY AND ECONOMICALLY DIVERSE POPULATION. IN ADDITION TO KEEPING TUITION AFFORDABLE, THE ABILITY TO OFFER ASSISTANCE TO STUDENTS IN-NEED IS ESSENTIAL TO ACHIEVE THIS GOAL. THE COLLEGE SERVES A STUDENT BODY OF CLOSE TO 1,900 FULL- AND PART-TIME STUDENTS AND HAS EXPERIENCED RECORD ENROLLMENTS FOR THE PAST TWO YEARS. TODAY, THE COLLEGE DRAWS STUDENTS FROM 44 STATES AND 28 COUNTRIES; APPROXIMATELY 26% OF OUR STUDENTS ARE MINORITIES. RETURNING ADULTS COMPRISE 16% OF OUR STUDENTS. MMC STUDENTS CAN PURSUE DEGREES IN 7 MAJOR PROGRAMS OF STUDY AND CHOOSE FROM AMONG 34 MINORS TO FOCUS THEIR STUDIES EVEN FURTHER. DURING THEIR COLLEGE CAREERS, STUDENTS CAN STUDY ABROAD, ENGAGE IN SOPHISTICATED RESEARCH PROJECTS, HOLD INTERNSHIPS AT NEW YORK CITY COMPANIES, AND BECOME INVOLVED IN SERVICE-LEARNING OPPORTUNITIES.

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Employer identification number

13-1628206

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 44B PROGRAM SERVICE

APPROXIMATELY 750 STUDENTS MAKE THEIR HOME AT MARYMOUNT MANHATTAN IN ONE OF OUR THREE RESIDENCE HALLS. THE 55TH STREET RESIDENCE IS OUR FIRST-YEAR RESIDENCE HALL AND NEWEST HALL, WHERE STUDENTS LIVE IN SUITE-STYLE ARRANGEMENTS JUST 16 BLOCKS FROM THE COLLEGE. EACH SUITE CONSISTS OF TWO BEDROOMS FURNISHED WITH LOFT BEDS, DRESSERS, AND DESKS, A KITCHEN AND A BATHROOM, PLUS INDIVIDUAL LINES FOR TELEPHONE, CABLE AND COMPUTER ACCESS. THE BUILDING IS STAFFED WITH 24-HOUR SECURITY AND FEATURES OTHER AMENITIES SUCH AS A LAUNDRY ROOM, CONVENIENCE STORE, LOUNGE SPACE AND BALCONY. DE HIRSCH HALL IS LOCATED AT 92ND STREET AND LEXINGTON AVENUE, AND STUDENTS IN THIS HALL RESIDE ON TWO FLOORS IN SINGLE AND DOUBLE ROOMS. STUDENTS ON EACH FLOOR SHARE A COMMUNITY KITCHEN AND BATHROOM, AND EACH STUDENT HAS A BED, DRESSER, AND DESK. 92ND STREET Y DE HIRSCH RESIDENCE IS STAFFED WITH 24-HOUR SECURITY AND OFFERS WEEKLY MAID SERVICE. GYM FACILITIES ARE AVAILABLE AT A DISCOUNTED RATE, AS ARE MANY LECTURES AND SPECIAL PROGRAMS HELD IN THE FACILITY. THE MANHATTAN PARK RESIDENCE ON NEARBY ROOSEVELT ISLAND OFFERS TRUE APARTMENT LIVING FOR STUDENTS IN THEIR SECOND, THIRD OR FOURTH YEAR OF STUDY AT MARYMOUNT MANHATTAN COLLEGE. THESE TWO BEDROOM/TWO BATH APARTMENTS IN AN EXCEPTIONALLY NICE APARTMENT COMPLEX ARE SPACIOUS AND FEATURE A FULL KITCHEN, LIVING ROOM, DINING AREA, TWO BATHS, LARGE CLOSETS, A FLAT SCREEN TV, INTERNET

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Employer identification number

13-1628206

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 4 (CONT'D)

AND CABLE. THERE IS A FREE GYM LOCATED WITHIN THE BUILDING, A LAUNDRY ROOM, A 24-HOUR CONCIERGE, AND A SUN DECK. MANHATTAN PARK IS IN CLOSE PROXIMITY TO MMC BY TAKING THE TRAM FROM 59TH STREET TO ROOSEVELT ISLAND, OR BY TAKING THE UPTOWN F TRAIN FROM 63RD STREET AND LEXINGTON AVENUE TO THE FIRST STOP. THE RESIDENCE LIFE STAFF OVERSEES ALL LIVING FACILITIES AND STRIVES TO CREATE A SENSE OF COMMUNITY BY PROVIDING EDUCATIONAL AND SOCIAL PROGRAMS. EACH HALL IS STAFFED BY FULL-TIME RESIDENCE DIRECTORS AND RESIDENT ADVISORS.

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
PARK EAST CONSTRUCTION 266 EAST JERICHO TURNPIKE SOUTH HUNTINGTON, NY 11746	CONSTRUC. CONTRACTOR	4,325,323.
GOODSTEIN MANAGEMENT, INC. 211 EAST 46TH STREET NEW YORK, NY 10017	STUDNT HOUSING MNGT	815,954.
ARAMARK FACILITIES 221 EAST 71ST STREET NEW YORK, NY 10021	FACILITY & FOOD SRVC	760,621.
GREENBERG TRAUIG LLP 200 PARK AVENUE NEW YORK, NY 10166	LEGAL SERVICES	706,952.
J. RICHARDS SECURITY INC. 50 COURT STREET # 1206 BROOKLYN, NY 11201	SECURITY SERVICES	447,745.
TOTAL COMPENSATION		<u>7,056,595.</u>

Name of the organization

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ATTACHMENT 6SCHEDULE E - EXPLANATION FOR LINE 6A

METRO AREA SERVICE LEARNING GRANT	1,778
SERVICE LEARNING GRANT	1,770
FEDERAL WORK-STUDY PROGRAM	145,363
	-----
TOTAL FEDERAL GRANTS	148,911
	-----
NEW YORK STATE LIBRARY GRANT	5,441
NEW YORK STATE HEOP (HIGHER EDUCATION OPPORTUNITY PROGRAM) GRANT	191,955
NEW YORK STATE BEDFORD HILLS GRANT	13,200
NEW YORK STATE EDUCATION GRANT	4,456
NEW YORK STATE BUNDY GRANT	122,513
	-----
TOTAL NEW YORK STATE GRANTS	337,565
	-----

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization  
MARYMOUNT MANHATTAN COLLEGE

Employer identification number  
13-1628206

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
231-235 EAST 55TH STREET CONDOMINIUM _____ 58-2636459 GOODSTEIN MGMT - 211 EAST 46TH STREET NEW YORK, NY 10017	STUDENT HOUSING	NY	NA	C CORP	936,514.	1,413,797.	70.7000



**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to other organization(s) . . . . .	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from other organization(s) . . . . .	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for other organization(s) . . . . .	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by other organization(s) . . . . .	<b>1e</b>	X
<b>f</b> Sale of assets to other organization(s) . . . . .	<b>1f</b>	X
<b>g</b> Purchase of assets from other organization(s) . . . . .	<b>1g</b>	X
<b>h</b> Exchange of assets . . . . .	<b>1h</b>	X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) . . . . .	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) . . . . .	<b>1j</b>	X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) . . . . .	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) . . . . .	<b>1l</b>	X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets . . . . .	<b>1m</b>	X
<b>n</b> Sharing of paid employees . . . . .	<b>1n</b>	X
<b>o</b> Reimbursement paid to other organization for expenses . . . . .	<b>1o</b>	X
<b>p</b> Reimbursement paid by other organization for expenses . . . . .	<b>1p</b>	X
<b>q</b> Other transfer of cash or property to other organization(s) . . . . .	<b>1q</b>	X
<b>r</b> Other transfer of cash or property from other organization(s) . . . . .	<b>1r</b>	X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(1) GOODSTEIN MANAGEMENT	N–O	788,175.
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

586273