Form **990** De

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public.

3 Open to Public

OMB No. 1545-0047

		enue Serv		Information about Form 990 and its instructions is at www.irs.gov/form990.	Inspection
A F	or th	ne 201	3 calei	ndar year, or tax year beginning 07/01, 2013, and ending	06/30, 20 ₁₄
_			C Nam	e of organization D Employer ide	entification number
B c	heck if a	pplicable:	MAI	RYMOUNT MANHATTAN COLLEGE	
	Addr chan			g Business As 13-1628	3206
		e change		ber and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone no	
-	-	I return	22	1 EAST 71ST STREET (212) 51	7-0400
-	-	ninated		or town, state or province, country, and ZIP or foreign postal code	
-	Ame		-	W YORK, NY 10021-4597 G Gross receip	ts \$ 71,868,844.
		ication		e and address of principal officer: DR. JUDSON SHAVER H(a) Is this a grou	
	pend	ling		subordinates	
	Tax a	compt at			ch a list. (see instructions)
<u>-</u>		kempt st			
				:://WWW.MMM.EDU H(c) Group exemption	· ,
			nization:		State of legal domicile: NY
Pa	art I		mmary		
	1			ibe the organization's mission or most significant activities: <u>MARYMOUNT</u> <u>MANHATTAN</u> <u>COLLEG</u>	
ЭС				ATE A SOCIALLY AND ECONOMICALLY DIVERSE POPULATION BY FOSTERIN	G
Governance				CTUAL ACHIEVEMENT, PERSONAL GROWTH AND CAREER DEVELOPMENT.	
vel	2			ox ► if the organization discontinued its operations or disposed of more than 25% of its net assets	1 1
	3			oting members of the governing body (Part VI, line 1a)	3 21.
Activities &	4			dependent voting members of the governing body (Part VI, line 1b)	4 20.
itie	5	Total	number	r of individuals employed in calendar year 2013 (Part V, line 2a)	5 1,061.
ţ	6	Total	number	r of volunteers (estimate if necessary)	6 21.
Ă	7a	Total	unrelate	ed business revenue from Part VIII, column (C), line 12	7a
				d business taxable income from Form 990-T, line 34	7b (
				Prior Year	Current Year
m	8	Contri	ibutions	s and grants (Part VIII, line 1h)	2,239,985.
nue	9	Progra	am serv	vice revenue (Part VIII, line 2g) PUBLIC INSPECTION	.6. 55,359,044.
Revenue	10	Invest	tment ir	ncome (Part VIII, column (A), lines 3, 4, and 7d)	1,519,604.
R	11			ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 90, 48	
	12			e - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 60, 715, 50	
	13			imilar amounts paid (Part IX, column (A), lines 1-3) 10, 575, 60	
	14			I to or for members (Part IX, column (A), line 4)	0 0
	4.5			er compensation, employee benefits (Part IX, column (A), lines 5-10) 28,156,76	53. 28,002,525.
Expenses	16a			fundraising fees (Part IX, column (A), line 11e)	0 0
per	h	Total	fundrai	sing expenses (Part IX, column (D), line 25) ▶1, 381, 700.	
ш	17			ses (Part IX, column (A), lines 11a-11d, 11f-24e)	31. 20,155,927.
	10	Total	expens	es. Add lines 13-17 (must equal Part IX, column (A), line 25) 59, 382, 05	
	19			s expenses. Subtract line 18 from line 12.	
r s	-	Rever	lue less	Beginning of Current Y	
Net Assets or Fund Balances	20	Total	000cto /		
Asse Bala	20	Total	assets (· · · · · · · · · · · · · · · · · · ·	· · · ·
et A	21				
				r fund balances. Subtract line 21 from line 20	88. 60,397,889.
	rt II		-	e Block	
true	der pe e, corre	ect, and	complet	y, I declare that I have examined this return, including accompanying schedules and statements, and to the best of ie. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	my knowledge and belief, it is
Sig	ın		0	re of officer Date	
He			Signatu	In the of officer Date Date	
110			_		
				print name and title	
Paio	4		<i></i>	eparer's name Preparer's signature Date Check	if PTIN
	a parer	M	ary-E	velyn Antonetti 5/8/2015 self-employ	100101000
	only		s name		13-5565207
030	Siny	Firm's	s address	s ► 345 PARK AVENUE NEW YORK, NY 10154-0102 Phone no.	212-758-9700

MARYMOUNT	MANHATTAN	COLLEGE
		0011101

Form 990 (2013)

Page 2

ATTACHMEN	he organization's mission:	
A'I''I'ACHMEN	r m 1	
	(<u>T_1</u>	
	tion undertake any significant program services during the	-
prior Form 990 o		Yes X
	these new services on Schedule O.	
-	ation cease conducting, or make significant changes	
		Yes X
	these changes on Schedule O.	a Charles and the second se
	ganization's program service accomplishments for each	
	on 501(c)(3) and 501(c)(4) organizations are required to	report the amount of grants and allocations to otr
the total expense	es, and revenue, if any, for each program service reported.	
a (Code:		11,043,555.) (Revenue \$ 46,815,261.)
ATTACHMEN	<u>T 2</u>	
b (Code:) (Expenses \$ 7,559,312. including grants of \$	
ATTACHMEN	<u>T 3</u>	
-		
c (Code:) (Expenses \$ 293.597, including grants of \$) (Revenue \$ 247.600.)
c (Code:		
	FOR ACADEMIC ACCESS ADDRESSES MANY FUND	
PRINCIPLES (OF MARYMOUNT MANHATTAN'S MISSION. THROUG	H THE PROGRAM
FOR ACADEMI	C ACCESS, WE STRIVE TO ENSURE ACADEMIC S	UCCESS OF EVERY
	E-ON-ONE STUDY SESSIONS PERMIT INDIVIDUA	
	BUILDING ON STRENGTHS AND OVERCOMING WE	
	ACADEMIC ACCESS FOSTERS OPPORTUNITIES F	OR INTELLECTUAL
ACHIEVEMENT	AND PERSONAL GROWTH.	
-		
	ervices (Describe in Schedule O.)	
(Expenses \$		venue \$)
(=,++++++++++++++++++++++++++++++++++++		
	ervice expenses > 50,905,150.	
e Total program s	ervice expenses ► 50,905,150.	Form 990 (2
		Form 990 (2 586273 PA(

Form 9	190 (2013)		F	age 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			v
•	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		х
7	"Yes," complete Schedule D, Part I	0		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
0	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
Ŭ	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	v	
40.0	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120		
5	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
4.5	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
20 -	If "Yes," complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		- 22
U 1				

Form 99	10 (2013)		F	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
20	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	х	
24.0	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	21	
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		37	
	through 24d and complete Schedule K. If "No," go to line 25a.	24a	Х	37
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	244		v
	to defease any tax-exempt bonds?	24c		X X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	~	37	
	or IV, and Part V, line 1	34	X X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	A	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		•
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 64		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ŭ	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1,061			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			37
	account)?	4a		X
D	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		37	
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x
h	If "Yes," indicate the number of Forms 8282 filed during the year	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
		7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	_	
9	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
U	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
JSA		-	000	

Form 9	90 (2013) MARYMOUNT MANHATTAN COLLEGE 13-162	8206		Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			
Sect	Check if Schedule O contains a response or note to any line in this Part VI	•••	• • •	X
Sect	ion A. Governing Body and Management		Yes	No
4.	Enter the number of voting members of the governing body at the end of the tax year	1	163	
1a		1		
	If there are material differences in voting rights among members of the governing body, or if the governing			
ь	body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b	0		
b		Ĩ		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Cod		T
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	4.01		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		x
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a		A
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	IZa	- 21	<u> </u>
a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	х	
-	rise to conflicts?	120	21	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	х	
12	describe in Schedule O how this was done	13	X	<u> </u>
13 14	Did the organization have a written document retention and destruction policy?	14	X	
14	Did the process for determining compensation of the following persons include a review and approval by	14		
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a				
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion 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 (Section	n 501(d	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	policy	y, and
	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of	the		
JSA	organization: ► WAYNE SANTUCCI 221 EAST 71ST STREET NEW YORK, NY 10021-4597 212-517-0544		000	(2013)
50/1		rom	. 330	(2013)

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Part VII	Compensation of Officers, Di	rectors, Trustees	s, Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contractors							
	Check if Schedule O contains a	response or note t	o any lii	he in this Part	VII			X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for	box, office	unles r and	Pos heck ss pe d a d	rson lirect	e than c is both or/trust 	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
_(1)LINDA_BASILICE-HOERRNER TRUSTEE	1.00	x						0	0	0
_(2)CAROL BERMAN TRUSTEE (EFFECTIVE 10/2013)	<u>1.00</u> 0	х						0	0	0
_(3)JAMES_EBUCKMAN TRUSTEE	1.00	Х						0	0	0
_(4)THOMAS_C. CLARK TRUSTEE	1.00	х						0	0	0
_(5)TERESITA_FAY TRUSTEE	1.00	Х						0	0	0
(6)ANNE C. FLANNERY TRUSTEE	1.00	Х						0	0	0
(7)PAUL A. GALIANO TRUSTEE	1.00	X						0	0	0
(8)SUSAN GARDELLA TRUSTEE	1.00	X						0	0	0
(9)MARY TWOMEY GREASON TRUSTEE	1.00	X						0	0	0
(10)JOHN H. HUNT TRUSTEE (EFFECTIVE 5/2014)	1.00	X						0	0	0
(11)HOPE D. KNIGHT TRUSTEE	1.00	x						0	0	0
(12)BARBARA A. LOUGHLIN TRUSTEE	1.00	x						0	0	0
(13)PAUL C. LOWERRE TRUSTEE	1.00	x						0	0	0
(14)SALLIE MANZANET-DANIELS TRUSTEE	1.00	Х						0	0	0

(A) Name and title	(B) Average hours per week (list any hours for	officer and a director/tru					an ee)		(E) Reportable compensation fro related organizations	n from ons	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N	MISC)	organization and related organizations
5) MICHAEL J. MATERASSO TRUSTEE	1.00 0	x						0		0	
6) NATASHA PEARL TRUSTEE	1.00	x						0)	0	
7) JUDITH L. ROBINSON TRUSTEE	1.00	x						0		0	
8) JOANNE SAFIAN TRUSTEE (THROUGH 9/2013)	1.00	x						0		0	
9) CECILIA TUDELA-MONTERO TRUSTEE	1.00 0	x						0		0	
0) RONALD J. YOO TRUSTEE	1.00	x						0		0	
1) LUCILLE ZANGHI TRUSTEE	1.00	x						0		0	
2) DR. JUDSON SHAVER PRESIDENT	35.00 0	x		х				589,927.		0	95,28
3) PAUL CIRAULO EXECUTIVE VP ADMIN & FIN, CFO	35.00 0			х				241,979.		0	33,80
4) DAVID PODELL VICE PRESIDENT ACADEMIC AFFAIR	35.00				x			228,541.		0	32,89
5) MARILYN WILKIE VP INSTITUTIONAL ADVANCEMENT	35.00				x			205,540.		0	44,89
lb Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)			· · ·	•••	•••	· · ·		0 2,288,893. 2,288,893.		0 0 0	390,96 390,96
 2 Total number of individuals (including but not reportable compensation from the organizatio 3 Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Sched</i> 	n ► er, directo	32 or, or	2 tru	ste	e, I	, key e	mp	loyee, or highes	t compensa	ted	Yes I 3
 For any individual listed on line 1a, is the organization and related organizations grandin individual. Did any person listed on line 1a receive or for any person listed on line 1a receive on line 1a receive on line 1a recei	eater than accrue co	\$15 mpen	50,00 satic	00? on f	from	"Yes, n any	," (- uni	complete Schedu related organizatio	le J for si on or individ	uch Iual	4 X
for services rendered to the organization? If "Y Section B. Independent Contractors											5
I Complete this table for your five highest com compensation from the organization. Report of year.											
(A) Name and business add	dress							(B) Description of se	ervices	Co	(C) ompensation
ATTACHMENT 4											

Form 990 (2013) Part VII Section A. Officers, Directors, Tru	istoos Ka		nlo			and L	Jia	hast Companyat	od Emplo		ontinuu		Page 8
Part VII Section A. Officers, Directors, Tru (A)	(B)	ey ⊏n ∣	пріо		es, C)	and r	пg	(D)			ontinue	ea) (F)	
(A) Name and title	(D) Average hours per week (list any hours for	box,	not ch unles	Pos neck ss pe	ition more erson	e than o is both or/trust	an	Reportable compensation from	Reportable compensation fro related organizations	able ion from ed	an	(F) stimated nount of other pensation	f
	related	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099		org and	om the anizatio d related anizatior	on d
26) CAROL JACKSON VICE PRESIDENT STUDENT AFFAIRS	35.00	-			x			181,850.		0		20,6	543.
27) WAYNE SANTUCCI	35.00												
CONTROLLER, ASSOCIATE VP 28) KATHLEEN LEBESCO	0 35.00				X			158,908.		0		47,9	963.
ASSOCIATE DEAN ACADEMIC AFFAIR	0					x		140,893.		0		28,7	708.
29) PATRICIA HANSEN	35.00												
DIRECTOR OF IT 30) LINDA SOLOMON	0 35.00					X		139,426.		0		24,2	204.
PROFESSOR	0					х		133,611.		0		24,9	967.
31) BREE BULLINGHAM	35.00							124.005					
DIRECTOR OF HUMAN RESOURCES 32) JAMES ROGERS	0 35.00					X		134,825.		0		14,1	.22.
DEAN OF ADMISSION	0	1				x		133,393.		0		23,4	178.
	+												
		-											
 1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) 2 Total number of individuals (including but not 	limited to t	hose	liste				► ►	eceived more than	\$100,000	of			
reportable compensation from the organization	n 🕨	32	2									Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3		Х
4 For any individual listed on line 1a, is the sorganization and related organizations grain individual	eater than	\$15	50,00	00?	i If	"Yes	s,"	complete Schedu	le J for	such	4	x	
 <i>individual</i> Did any person listed on line 1a receive or for services rendered to the organization? If "Yes" 	accrue co	mpen	satio	on f	fron	n any	un	related organization	on or indiv	idual	5	Λ	X
Section B. Independent Contractors													
 Complete this table for your five highest com compensation from the organization. Report of year. 													
(A) Name and business add	dress							(B) Description of se	ervices	Co	(C) ompens		

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 ►

Par	t VII	Statement of Revenue Check if Schedule O contains a response	se or note to ar	nv line in this Part V	111		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1f	415,156. 404,431. 1,420,398.				
	g h	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	<u> </u>	2,239,985.			
Program Service Revenue	2a b c d	TUITION AND FEES RESIDENCE FEES ACADEMIC PROGRAMS	Business Code 900099 900099 900099	46,815,261. 8,296,183. 247,600.	46,815,261. 8,296,183. 247,600.		
Program Se	e f g	All other program service revenue		55,359,044.			
	3 4 5	Investment income (including dividends, interest other similar amounts). Income from investment of tax-exempt bond pro Royalties	oceeds	436,433. 0 0			436,433.
	6a b c	Less: rental expenses					
	d 7a b	Net rental income or (loss) (i) Securities Gross amount from sales of assets other than inventory 13,532,309. Less: cost or other basis and sales expenses 12,449,138. Gain or (loss) 1,083,171.	(ii) Other	96,628.			96,628.
evenue	c d 8a	Gain or (loss)	· · · · · · · •	1,083,171.			1,083,171.
Other Revenue	b c 9a	See Part IV, line 18 a Less: direct expenses b Net income or (loss) from fundraising events c Gross income from gaming activities.	66,885. 117,442. ►	-50,557.			-50,557.
	b	See Part IV, line 19					
	c 10a b c	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances a Less: cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue		0			
	11a b c d	OTHER All other revenue	900099	137,560.			137,560.
	е 12	Total. Add lines 11a-11d Total revenue. See instructions		137,560. 59,302,264.	55,359,044.		1,703,235. Form 990 (2013)

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Form 990 (2013)

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	ction 501(c)(3) and 501(c)(4) organizations mu Check if Schedule O contains a respo				
Do	Check il Ochedule O contains a respo	onse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	10,886,360.	10,886,360.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	157 105	157 105		
	United States. See Part IV, lines 15 and 16	157,195.	157,195.		
	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	1 7 7 6 4 9	1 642 107	72 704	11 777
	trustees, and key employees	1,727,648.	1,643,127.	72,794.	11,727
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and	0			
-	persons described in section 4958(c)(3)(B)	19,978,812.	15,443,078.	3,813,395.	722,339
	Other salaries and wages	19,970,012.	15,445,078.	5,015,595.	122,339
8	Pension plan accruals and contributions (include section	1,638,311.	1,289,594.	293,313.	55,404
-	401(k) and 403(b) employer contributions)	3,114,764.	2,451,781.	557,648.	105,335
	Other employee benefits	1,542,990.	1,214,562.	276,247.	52,181
10		1,512,550.	1,211,502.	2/0,21/.	52,101
11	Fees for services (non-employees):	0			
	a Management	276,297.		276,297.	
		218,445.		218,445.	
	Accounting	28,200.		210,110.	28,200
	Lobbying Professional fundraising services. See Part IV, line 17	0			207200
	f Investment management fees	113,393.	107,845.	4,778.	770
		110,000	20770101		
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,426,809.	3,321,872.	27,117.	77,820
12	Advertising and promotion	465,439.	437,449.		27,990
13	Office expenses	1,619,641.	1,446,793.	62,479.	110,369
14	Information technology	1,060,469.		1,060,469.	
15	Royalties	0			
	Occupancy	1,477,926.	1,431,617.	39,884.	6,425
	Travel	281,172.	226,930.	30,997.	23,245
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	520,524.	410,772.	41,093.	68,659
20	Interest	2,260,000.	2,260,000.		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,862,582.	3,726,878.	116,875.	18,829
23	Insurance	341,780.	325,059.	14,401.	2,320
24					
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
á	EQUIPMENT_RENTAL_&_MAINTENAN	178,690.	178,659.	27.	4
	BAD_DEBT_RESERVE	440,589.	399,066.		41,523
	DUES & MEMBERSHIP	256,814.	252,336.	4,086.	392
C	HOUSING_RENTAL	2,430,325.	2,430,325.		
(All other expenses	896,832.	863,852.	4,812.	28,168
	Total functional expenses. Add lines 1 through 24e	59,202,007.	50,905,150.	6,915,157.	1,381,700
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)	0			

Page	1	1
rage		

	n 990 (I rt X	Balance Sheet			Page 11
Га		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	6,001,390.	1	5,463,124.
	2	Savings and temporary cash investments	2,034,882.	2	1,034,885.
	3	Pledges and grants receivable, net	1,965,861.	3	1,568,361.
	4	Accounts receivable, net	903,625.	4	603,030.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	325,000.	5	325,000.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0	6	0
ts	-	organizations (see instructions). Complete Part II of Schedule L	0	6 7	0
Assets	7	Notes and loans receivable, net	0	7 8	0
Ä	8	Inventories for sale or use	549,914.	8 9	629,772.
	9	Prepaid expenses and deferred charges	549,914.	9	029,112.
	IVa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 117,674,849.			
	h		72,134,627.	100	70,805,414.
	11	Less: accumulated depreciation 10b 46,869,435.Investments - publicly traded securities	25,565,710.		29,126,499.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	0		0
	14	Intangible assets	-	10	0
	15	Other assets. See Part IV, line 11	2,667,446.	15	2,702,168.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	112,148,455.	16	112,258,253.
	17	Accounts payable and accrued expenses	4,535,996.	17	4,052,205.
	18	Grants payable		18	0
	19	Deferred revenue	1,092,940.	19	1,643,999.
	20	Tax-exempt bond liabilities	45,975,000.	20	44,475,000.
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0		0
Liabilities	22	Loans and other payables to current and former officers, directors,			
abil		trustees, key employees, highest compensated employees, and			
Ë		disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,690,731.	25	1,689,160.
	26	Total liabilities. Add lines 17 through 25	53,294,667.	26	51,860,364.
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
aŭ	27	Unrestricted net assets	35,976,096.	27	37,435,357.
Ba	28	Temporarily restricted net assets	11,168,885.	28	11,053,632.
pu	29	Permanently restricted net assets	11,708,807.	29	11,908,900.
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
its	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	58,853,788.	33	60,397,889.
	34	Total liabilities and net assets/fund balances.	112,148,455.	34	112,258,253.
					Form 990 (2013)

Form 990 (2013)

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Form 99	0 (2013)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	ļ,	59,3	02,2	264.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5)07.
3	Revenue less expenses. Subtract line 2 from line 1	3				257.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> </u>			788.
5	Net unrealized gains (losses) on investments	5		1,4	43,8	344.
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	6	50,3	97,8	389.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII	• • •				
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n in 🛛			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	sight				
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	,	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	nin			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in			
	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b	Х	

SCHEDULE A

(Form	990 or	[.] 990-EZ)
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Public Charity Status and Public Support

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

	ent of the Treasury Revenue Service	►Information about Scl	Attach to Form 990 hedule A (Form 990 or 990-	or For EZ) and	n 990-l its ins	EZ. tructions	is at wv	vw.irs.g	ov/form9		Open to Pul Inspection	
Name of	f the organization							Emplo	yer iden	tificatio	on number	
MARYM	IOUNT MANHAT	TAN COLLEGE							13	-1628	8206	
Part I	Reason for	Public Charity Statu	is (All organizations mu	ust con	nplete	this pa	art.) Se	e instr	uctions	;.		
The org	anization is not	a private foundation be	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)				
1	A church, con	vention of churches, or	r association of churches	describ	ed in s	section	170(b)(1)(A)(i)).			
2 X	A school desc	cribed in section 170(b)	(1)(A)(ii). (Attach Schedu	le E.)								
3	A hospital or	a cooperative hospital	service organization descr	ibed in	sectio	on 170(b)(1)(A)	(iii).				
4	A medical re	search organization op	perated in conjunction w	ith a h	nospita	l descr	ibed in	sectio	n 170(k	ɔ)(1)(/	\)(iii). Ent	er the
	hospital's nam	ne, city, and state:										
5	An organizati	on operated for the be	enefit of a college or univ	versity	owned	d or ope	erated b	oy a go	vernme	ntal u	init descri	bed in
	_ section 170(b	b)(1)(A)(iv). (Complete	Part II.)									
6	A federal, sta	te, or local government	t or governmental unit des	scribed	in sec t	tion 170)(b)(1)(/	A)(v).				
7	An organizati	on that normally receive	ves a substantial part of it	ts supp	ort fro	om a go	vernme	ental ur	nit or fro	om the	e general	public
	_ described in s	section 170(b)(1)(A)(vi)	. (Complete Part II.)									
8	-		ion 170(b)(1)(A)(vi). (Con	-								
9	-	-	res: (1) more than 331/39							-		-
	•		s exempt functions - sub	•				. ,				
		•	ome and unrelated busi				•		n 511	tax) f	rom busir	nesses
		-	ne 30, 1975. See section	-		-		-				
10	-		ated exclusively to test for	-	-				-			
11	-		erated exclusively for the			-					-	
			upported organizations de					-				ection
			bes the type of supporting	•			· — –			•		ام م د م
•	a Type		c Type III-Functio	-	-						nally integ	
e		-	-	ntrolled directly or indirectly by one or more disqualified persons publicly supported organizations described in section 509(a)(1)								
	or section 509			publici	y supp		rganiza	lions c	lescribe	uins	ection 50	9(a)(1)
f			en determination from th		that it	ic o T			or Tur		upporting	
1	-	check this box			ιπαι π	15 a 1	ype i, i	уре п,	ог тур	e III S	upporting	
a	-		anization accepted any gif	t or co	otribut	ion from		the		• • • •		
g	following pers		anization accepted any gir		ninbut			uie				
			ctly controls, either alone	or tog	othor 1	with no	reone d	oscribo	d in (ii)	and	Ye	s No
	., .		f the supported organizati	•			30113 0	0001100		ana	11g(i)	X
		member of a person de		•							11g(ii)	X
			son described in (i) or (ii) a	bove?							11g(iii)	X
h	. ,	•	out the supported organiz		•••	• • • •		• • • •		• • •	5()	
	Name of supported		(iii) Type of organization		ls the	(v) Did v	ou notify	(vi)	Is the	(vii) A	Amount of mo	onetarv
	organization		(described on lines 1-9	organization in the organi		anization organization in		zation in	l`´	support	,	
			above or IRC section (see instructions))	yourg	overning ment?) of your oort?		organized U.S.?			
				Yes	No	Yes	No	Yes	No	1		
(
(A)												
(P)												
(B)												
(C)												
										<u> </u>		
(D)												
				-								
(E)										<u> </u>		
Total												

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

Schedule A (Form 990 or 990-EZ) 2013

OMB No. 1545-0047 2013

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Schedule A (Form 990 or 990-EZ) 2013

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	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).						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support	1	1			1	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup	port Percenta	ige			1 1	
14	Public support percentage for 2013 (li		· •			14	%
15	Public support percentage from 2012					15	%
16a	331/3% support test - 2013. If the c	-					
	this box and stop here. The organizati	•		•			
b	331/3% support test - 2012. If the o						
	check this box and stop here. The org						
17a	10%-facts-and-circumstances test - 2		-				
	10% or more, and if the organization					-	-
	Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
	organization						▶∟
b	10%-facts-and-circumstances test - 2		-				
	15 is 10% or more, and if the orga						-
	Explain in Part IV how the organizati				-	-	
	supported organization						
18	Private foundation. If the organization						
	instructions	<u></u>					<u>▶∟</u>

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013

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

Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
Ũ	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
1 a	Amounts included on lines 1, 2, and 3						
b	received from disqualified persons Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b.						
8	Public support (Subtract line 7c from						
<u></u>	line 6.)						
	tion B. Total Support	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 2012	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a section 501	(c)(3)
	organization, check this box and stop here						· · · · >
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2013 (line 8			mn (f))		15	%
16	Public support percentage from 2012 Sche					16	%
	tion D. Computation of Investmer				.		,0
17	Investment income percentage for 2013 (lin			13 column (f))		17	%
18	Investment income percentage for 2012 (in Investment income percentage from 2012)					18	%
	331/3% support tests - 2013. If the org						
1 J d		-					
L	17 is not more than 331/3%, check th	-	•	•			
a	331/3% support tests - 2012. If the organized the angle is not more than 231/2% shock						
~~	line 18 is not more than 331/3%, check						
20 JSA	Private foundation. If the organization	UN TIOL CHECK	a DUX UN IINE	14, 19a, or 19t		Schedule A (Form 9	
	1 1.000					Schedule A (FOIII S	55 01 330-EZJ 2013

13-1628206

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Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

	Attach to Form 990, Form 990-EZ, or Form 990-PF.
►	Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2013

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

13-1628206

Employer identification number

Organization	type	(check	one):
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Filers of:	Section:
Form 990 or 990-EZ	X 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

Solution 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, total 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 total 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization MARYMOUNT MANHATTAN COLLEGE

Employer identification number 13-1628206

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 1		\$ <u>178,410.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 2		\$ <u>140,000</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 3		\$139,285.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 4		\$ <u>110,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 5		\$98,350.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 6		\$ <u>100,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization MARYMOUNT MANHATTAN COLLEGE

Employer identification number 13-1628206

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 7		\$ <u>100,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 8		\$ <u>95,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 9 		\$75,613.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_10		\$35,960.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_11		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_12		\$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization MARYMOUNT MANHATTAN COLLEGE

Employer identification number 13-1628206

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14 		\$ <u>23,050.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
15 		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>16</u>		\$18,280.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_17		\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_18		\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization MARYMOUNT MANHATTAN COLLEGE

Employer identification number 13-1628206

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
19 		\$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
20		• \$ <u>18,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_21		\$ 18,110.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_22		\$ 17,504.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_23		• \$17,060.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_24		\$16,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization MARYMOUNT MANHATTAN COLLEGE

Employer identification number 13-1628206

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25 		• \$ <u>13,515.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_26 		\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
27		\$ <u>13,050</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_28		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_29 		• \$12,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
30		\$ <u>12,500</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization MARYMOUNT MANHATTAN COLLEGE

Employer identification number 13-1628206

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 31		\$ <u>10,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
32		\$ <u>10,100.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
33		\$ \$8,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
34		\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
36		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization MARYMOUNT MANHATTAN COLLEGE

Employer identification number 13-1628206

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 38		\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
40		\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ \$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- <u>42</u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization MARYMOUNT MANHATTAN COLLEGE

Employer identification number 13-1628206

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
43		\$ 9,846.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$6,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
45		\$6,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6 		\$7,495.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$7,550.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>5,550.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization MARYMOUNT MANHATTAN COLLEGE

Employer identification number 13-1628206

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9 		\$5,550.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		• \$5,550.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		• \$ <u>5,550.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
52		• \$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
53		• \$ <u>5,550.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
54		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization MARYMOUNT MANHATTAN COLLEGE

Employer identification number 13-1628206

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$6,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$6,225.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_57		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_58		\$ <u>5,435.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_59		• \$5,815.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_60		\$5,165.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization MARYMOUNT MANHATTAN COLLEGE

Employer identification number 13-1628206

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
63		\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
64		• \$7,508.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
65		\$5,000.	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization MARYMOUNT MANHATTAN COLLEGE

Employer identification number 13-1628206

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>67</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_68 		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_69 		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_70		\$9,959.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_71		\$26,192.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		• \$ <u>19,162</u>	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)

Name of organization MARYMOUNT MANHATTAN COLLEGE

Employer identification number 13-1628206

(a)	(b)	(c)	(d)
Io.	Name, address, and ZIP + 4	Total contributions	Type of contribution
73		\$115,663.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_74		\$ <u>5,294.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
 		\$ <u>175,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_76		\$ <u>108,473.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B	(Form 990	, 990-EZ,	or 990-PF)	(2013)

Name of organization MARYMOUNT MANHATTAN COLLEGE

Employer identification number 13-1628206

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
_26	STOCK	-		
		\$\$	_12/17/2013_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
64	STOCK	-		
		\$\$\$\$\$\$	_04/18/2014	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
_70	STOCK	-		
		\$ <u>9,959.</u>	_06/25/2014_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
71	STOCK	-		
		\$\$\$	_12/23/2013	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
72	STOCK	-		
		\$ \$	_03/04/2014	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		-		
		-		

	(Form 990, 990-EZ, or 990-PF) (2013)			Page 4			
Name of o	rganization MARYMOUNT MANHATTAN CC	DLLEGE		Employer identification number			
Part III	<i>Exclusively</i> religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc.,						
	contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$						
(a) No	Use duplicate copies of Part III if addit	ional space is neede	ed.	1			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e) Transf	er of gift				
	Transferee's name, address, a	nd ZIP + 4	Relatio	onship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
		(e) Transf	er of gift				
	Transferee's name, address, a	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
		(a) Transf					
	(e) Transfer of gift						
	Transferee's name, address, a	Transferee's name, address, and ZIP + 4 Relation		nship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
		(e) Transf	er of gift				
	Transferee's name, address, a			onship of transferor to transferee			
JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2013)			

	rtment of the Treasury al Revenue Service	 See separate instructions 		ion about Schedule (ons is at www.irs.gov	C (Form 990 or 990-EZ) and form990.	lits Open to Public Inspection
		red "Yes," to Form 990, Part IV				
٠	Section 501(c)(3) org	anizations: Complete Parts I-A a	nd B. Do not comp	lete Part I-C.		
٠	Section 501(c) (other	than section 501(c)(3)) organiz	zations: Complete	Parts I-A and C below.	Do not complete Part I-B.	
٠	Section 527 organiza	tions: Complete Part I-A only.				
lf the	organization answe	red "Yes," to Form 990, Part I\	/, line 4, or Form	990-EZ, Part VI, line 47	7 (Lobbying Activities), then	1
٠	Section 501(c)(3) org	anizations that have filed Form	5768 (election un	nder section 501(h)): Co	omplete Part II-A. Do not com	nplete Part II-B.
٠	Section 501(c)(3) org	anizations that have NOT filed	Form 5768 (electi	on under section 501(h)): Complete Part II-B. Do no	ot complete Part II-A.
lf the	organization answe	red "Yes," to Form 990, Part I\	/, line 5 (Proxy Ta	ax) or Form 990-EZ, Pa	rt V, line 35c (Proxy Tax), th	hen
٠	Section 501(c)(4), (5)), or (6) organizations: Complete F	Part III.			
Name	of organization				Employer identi	fication number
MAR	YMOUNT MANHAT	TAN COLLEGE			13-16	28206
Par	t I-A Complet	e if the organization is e	xempt under	section 501(c) or	is a section 527 organ	nization.
1	Provide a descript	ion of the organization's dire	ect and indirect p	political campaign a	ctivities in Part IV.	
2	Political expenditu	res			▶\$	
3	Volunteer hours					
_						
Par		e if the organization is e				
1	Enter the amount	of any excise tax incurred by	the organizatio	n under section 495	5►\$	
2		of any excise tax incurred by				
3		incurred a section 4955 tax,				
4a	Was a correction n	nade?				Yes No
b	If "Yes," describe in					
Par	t I-C Complet	e if the organization is e	exempt under	section 501(c), ex	ccept section 501(c)(3	S).
1		directly expended by the fil				
2	Enter the amount	of the filing organization's fuint of the filing organization's fuint of the filles in the filles of the filles in the filles of	unds contributed	d to other organizat	ions for section	
3		ction expenditures. Add line			-	
4	Did the filing organ	nization file Form 1120-POL	for this year?			Yes No
5	organization made the amount of pol	addresses and employer ide payments. For each organi itical contributions received egated fund or a political acti	ization listed, en that were prom	nter the amount pain pptly and directly de PAC). If additional sp	d from the filing organiz livered to a separate po	zation's funds. Also enter plitical organization, such
	(a) Name	(b) Add	Iress	(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
(1)				-		
(2)				-		
(3)				-		
(4)				-		
(5)				-		
(6)				-		
For F	Paperwork Reduction	Act Notice, see the Instruction	ns for Form 990 o	r 990-EZ.	Schedul	e C (Form 990 or 990-EZ) 2013

SCHEDULE C (Form 990 or 990-EZ)

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.



_				- - -			
Pa	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under			
A	Check ► if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).						
В	Check ► if the filing organization	h checked box A and "limited control" provisi	ons apply.				
	Limits on Lob	ying Expenditures	(a) Filing	(b) Affiliated			
	(The term "expenditures" m	eans amounts paid or incurred.)	organization's totals	group totals			
1 a	a Total lobbying expenditures to influence	ce public opinion (grass roots lobbying)					
b	Total lobbying expenditures to influence	ce a legislative body (direct lobbying)					
c		1a and 1b)					
c							
e		idd lines 1c and 1d)					
f	Lobbying nontaxable amount. Enter	the amount from the following table in both					
	columns.						
	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.					
g	g Grassroots nontaxable amount (enter	25% of line 1f)					
h	 Subtract line 1g from line 1a. If zero o 	r less, enter -0-					
i	Subtract line 1f from line 1c. If zero or	less, enter -0-					
j	If there is an amount other than ze	o on either line 1h or line 1i, did the organiz	ation file Form 4720				
	reporting section 4911 tax for this yea	r?		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 ye beginning in)	ear (a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Tota	
a Lobbying nontaxable amo	unt					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditure	es					
d Grassroots nontaxable am	ount					
e Grassroots ceiling amount (150% of line 2d, column (
f Grassroots lobbying exper	nditures					

Schedule C (Form 990 or 990-EZ) 2013

Deee	ົ
Page	

	MARYMOUNT MANHATTAN COLLEGE		13	-1628	3206		
-	ule C (Form 990 or 990-EZ) 2013 II-B Complete if the organization is exempt under section 501(c)(3) and has NOT	filer	d For		8		Page
i ai	(election under section 501(h)).	me			<u> </u>		
For	or each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed		a)	(b))	
		Yes	No		Amo	unt	
1	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:						
a	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	37	X				
b		Х	37				
C L	Media advertisements?		X X				
d	Mailings to members, legislators, or the public?		X				
e f	Tublications, or published of broadcast statements:		X				
	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?	х	Λ			35	,299
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Λ	х				, 2, 2, 2, 2
i			X				
i	Other activities? Total. Add lines 1c through 1i					35	,299
, 2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		x				,,
b	If "Yes," enter the amount of any tax incurred under section 4912						
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		-				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		x				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	:)(5)	. or s	ectior	,		
	501(c)(6).	· / - /	,				
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			<u> </u>	3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)						
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," C)r (I	b) Pa	rt III-A	, line	3, is	
	answered "Yes."						
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amoun	ts (of				
	political expenses for which the section 527(f) tax was paid).						
а	Current year		•••	2a			
b	Carryover from last year	• •	• • • -	2b			
C	Total		•••	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lob	•	-	4			
5	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	• •	•••+	4 5			
Par				5			
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gr	nun	list). D	art II-Δ	line 2). and	1
	II-B, line 1. Also, complete this part for any additional information.	oup	113t), i		, 1110 2	_, and	
SEF	PAGE 4						

Page 4

Schedule C (Form 990 or 990-EZ) 2013

Part IV Supplemental Information (continued)

LOBBYING EXPENSES

MARYMOUNT MANHATTAN COLLEGE RETAINED THE FIRM OF WINNING STRATEGIES WASHINGTON, LLC. AND PAID \$28,200 IN CONSIDERATION FOR LOBBYING SERVICES AND ADVICE REGARDING MATTERS IN FURTHERANCE OF THE COLLEGE'S EDUCATIONAL MISSION. AN ADDITIONAL \$7,099 OF EMPLOYEE COMPENSATION IS INCLUDED IN THE LOBBYING TOTAL TO REFLECT EMPLOYEE TIME SPENT WORKING WITH THE EXTERNAL FIRM IN FURTHERANCE OF THE COLLEGE'S EDUCATIONAL MISSION.

SCHEE	DULE	D
(Form	990)	

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

Attach to Form 990

20 13

OMB No. 1545-0047

	artment of the Treasury nal Revenue Service	► Information about Schedule	D (Form 990) and its ins	tructions is at ww	w.irs.gov/form990.	Inspection
	e of the organization		,		Employer identifica	
MAI	RYMOUNT MANHAT	FTAN COLLEGE			13-16282	06
Ра	rt I Organizati	ons Maintaining Donor Advis	ed Funds or Other S	imilar Funds o		
	Complete	if the organization answered "	Yes" to Form 990, Pa	art IV, line 6.		
			(a) Donor advis	sed funds	(b) Funds and	other accounts
1	Total number at e	end of year				
2		outions to (during year)				
3		from (during year)				
4		at end of year				
5	-	ion inform all donors and donor				
		anization's property, subject to the				Yes No
6		on inform all grantees, donors, ar				
		e purposes and not for the benefi				
De	conferring impern	nissible private benefit? i on Easements. Complete if th	he ergenization anow	arad "Vaa" ta F	arm 000 Dart IV/ I	
Ра 1		nservation easements held by the			orm 990, Part IV, I	ine 7.
1		n of land for public use (e.g., recr			n of an historically in	portant land area
		f natural habitat			n of a certified histor	
		n of open space				
2		a through 2d if the organization h	eld a qualified conserva	ation contribution	in the form of a con	servation
-		last day of the tax year.				
		, , , , , , , , , , , , , , , , , , ,			Held at the	End of the Tax Year
а	Total number of c	conservation easements			2a	
b		stricted by conservation easements				
с		rvation easements on a certified				
d		rvation easements included in (c)				
	historic structure	listed in the National Register			2d	
3	Number of conse	rvation easements modified, tran	sferred, released, extir	nguished, or tern	ninated by the organiz	ation during the
	tax year ▶					
4	Number of states	where property subject to conse	rvation easement is loca	ated ►		
5	-	ation have a written policy regard			-	
		forcement of the conservation ea				
6	Staff and voluntee	er hours devoted to monitoring, ir	nspecting, and enforcin	g conservation e	easements during the	year
_	•					
7		ses incurred in monitoring, inspec	cting, and enforcing cor	servation easer	nents during the year	
•					a a ation (170/h)/(1)/D)	
8		rvation easement reported on lin				Yes No
9	In Part XIII descr	0(h)(4)(B)(ii)? ibe how the organization reports	conservation easemen	te in ite rovonuo	and avaansa statama	
3		nd include, if applicable, the text of				
		counting for conservation easeme		gaae ea		
Pa	rt III 🛛 Organiza	tions Maintaining Collections	of Art, Historical Tr	easures, or Ot	her Similar Assets	
	Complete	e if the organization answered	"Yes" to Form 990, F	Part IV, line 8.		
1a	If the organization	n elected, as permitted under SI torical treasures, or other simila	FAS 116 (ASC 958), n	ot to report in i	ts revenue statemer	t and balance sheet
	works of art, his	torical treasures, or other simila ovide, in Part XIII, the text of the fo	ar assets held for pub	lic exhibition, e	ducation, or researd	ch in furtherance of
b		on elected, as permitted under				
5		torical treasures, or other simila				
	public service, pro	ovide the following amounts relat	ing to these items:			
		luded in Form 990, Part VIII, line 1				
	.,	ed in Form 990, Part X				
2	•	on received or held works of a				al gain, provide the
		s required to be reported under S				
a L	Revenues include	ed in Form 990, Part VIII, line 1			▶\$	
_b	Assets included in	n Form 990, Part X			P \$	

Schedule D (Form 990) 2013

MARYMOUNT MANHATTAN COLLEGE

Schee	dule D (Form 990) 2013								Page 2
Par	t III Organizations Maintaini	ng Collections of	Art, Historical T	reasures, c	or Other Sim	ilar Asset	s (con	tinue	ed)
3	Using the organization's acquisition collection items (check all that app		other records, checl	k any of the	following that	are a sign ⁱ	ificant u	ise o	of its
а	Public exhibition		d 🗌 Loan d	or exchange	programs				
b	Scholarly research								
с	Preservation for future gene	rations							
4	Provide a description of the organ		and explain how t	hev further	the organizatio	n's exempt	purpos	e in	Part
•	XIII.				ino organizado	ne exempt	puipee	0	i ait
5	During the year, did the organization						_		-
	assets to be sold to raise funds rath			<u> </u>			Yes		No
Par	t IV Escrow and Custodial Ar			ization ansv	vered "Yes" to	Form 990), Part l'	√, lin	ıe 9,
	or reported an amount or	h Form 990, Part X	K, line 21.						
19	Is the organization an agent, truste	e custodian or othe	r intermediary for co	ontributions o	r other assets r	oot			
Ia	included on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in	Part XIII and compl	ete the following tab	ole:] 110
			_			Amount			
С	Beginning balance			· · · · 1c					
d	Additions during the year			•••• 1d					
е	Distributions during the year			1e					
f	Ending balance			•••• 1f					
2a	Did the organization include an am	ount on Form 990,	Part X, line 21?			L	Yes		No
b	If "Yes," explain the arrangement in	Part XIII. Check he	re if the explanation	has been pro	ovided in Part XI				
Par	t V Endowment Funds. Com	plete if the organi	zation answered "	Yes" to Forr	n 990, Part IV	, line 10.			
		(a) Current year	(b) Prior year	(c) Two years	back (d) Three	e years back	(e) Four	years I	back
1a	Beginning of year balance	15,857,198.	14,801,211.	15,631,	813. 13,5	21,980.	11,7	75,	854.
b	Contributions	200,093.	117,903.	118,	664. 3	59,626.	6	309,	493
с	Net investment earnings, gains,								
	and losses	2,462,666.	1,509,700.	-342,	041. 2,1	23,334.	1,2	240,	274
d	Grants or scholarships	656,185.	571,616.	607,		73,127.			641
	Other expenditures for facilities	,		,					
	and programs								
f	Administrative expenses								
	End of year balance	17,863,772.	15,857,198.	14,801,	211 15 6	31,813.	13,5	21	980
2	Provide the estimated percentage					51,015.	19,5	<u> </u>	
a	Board designated or quasi-endown		%	column (a)) i					
	Permanent endowment \blacktriangleright 67.0								
	Temporarily restricted endowment								
Ŭ	The percentages in lines 2a, 2b, ar		00%						
3a	Are there endowment funds not in			are held and	administered for	or the			
ou	organization by:		lo organization that					Yes	No
	(i) unrelated organizations						3a(i)	162	
	(ii) related organizations								X
b	If "Yes" to 3a(ii), are the related or						3a(ii) 3b		X
4	Describe in Part XIII the intended u						50		
Par	t VI Land, Buildings, and Equ	ipment.				000 Dert	V line	10	
	Complete if the organiza Description of property	(a) Cost or		or other basis	(c) Accumulated		X, IINE Book val		
	Decemption of property	(inves		ther)	depreciation	(0)	DOOK Val	<u> </u>	
1a	Land	• • • • • •	18,0	94,588.			18,09	4,5	88.
b	Buildings	• • • • • •	85,0	73,433.	35,181,139		49,89	2,2	94.
С	Leasehold improvements								
d	Equipment	• • • • • • [12,1	.58,339.	10,086,372	•	2,07	1,9	67.
	Other			848,489.	1,601,924		74	<i>с</i> ,5	65.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990, Part X, columi	n (B), line 10(c).)	•	70,80	5,4	14.

Schedule D (Form 990) 2013

	_			
Schedule	D	Form	990)	2013

art VII	Investments - Other Securities.			
	Complete if the organization answered			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
	I derivatives			
	held equity interests			
Other				
(B)				
(C)				
(D) (E)				
(E)				
(G)				
(<u>C)</u> (H)				
()	(b) must equal Form 990, Part X, col. (B) line 12.) ►			
art VIII	Investments - Program Related.			
	Complete if the organization answered	"Yes" to Form 990,	Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua	
			Cost or end-of-year mar	
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
-	(b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
art IX	Other Assets.			
	Complete if the organization answered		Part IV, line 11d. See Form 990,	
4	(a)	Description		(b) Book value
,				
2)				
2) 3)				
2) 3) 4)				
2) 3) 4) 5)				
2) 3) 4) 5) 6)				
2) 3) 4) 5) 6) 7)				
2) 3) 4) 5) 6) 7) 8)				
2) 3) 4) 5) 6) 7) 8) 9)	mn (b) must equal Form 990. Part X. col. (B) li	ne 15.).		
2) 3) 4) 5) 6) 7) 8) 9) ttal. (Colu	mn (b) must equal Form 990, Part X, col. (B) li Other Liabilities.	ne 15.).	· · · · · · · · · · · · · · · · · · ·	
2) 3) 4) 5) 6) 7) 8) 9) vtal. (Colu	Other Liabilities.			m 990. Part X.
2) 3) 4) 5) 6) 7) 8) 9) vtal. (Colu				m 990, Part X,
2) 3) 4) 5) 6) 7) 8) 9) ttal. (Colu	Other Liabilities. Complete if the organization answered		Part IV, line 11e or 11f. See For	m 990, Part X,
2) 3) 4) 5) 6) 7) 8) 9) tal. (Colu art X	Other Liabilities. Complete if the organization answered line 25.	"Yes" to Form 990,	Part IV, line 11e or 11f. See For	m 990, Part X,
2) 3) 4) 5) 6) 7) 8) 9) tal. (Colu art X	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" to Form 990,	Part IV, line 11e or 11f. See For	m 990, Part X,
2) 3) 4) 5) 6) 7) 8) 9) tal. (Colu art X 1) Federa 2) INTER	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability al income taxes	"Yes" to Form 990, (b) Book value	Part IV, line 11e or 11f. See For	m 990, Part X,
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedu	le D (Form 990) 2013		Page 4
Part		า.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	49,706,602.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a 1,443,844.		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d -11,043,555.		
е	Add lines 2a through 2d	2e	-9,599,711.
3	Subtract line 2e from line 1	3	59,306,313.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 113, 393.		
b	Other (Describe in Part XIII.) 4b -117,442.		
С	Add lines 4a and 4b	4c	-4,049.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	59,302,264.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		40.160.501
1	Total expenses and losses per audited financial statements	1	48,162,501.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
c	Other losses 2c		
d	Other (Describe in Part XIII.) 2d 117,442.	_	
e		2e	117,442.
3	Subtract line 2e from line 1	3	48,045,059.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 113, 393.		
b	Other (Describe in Part XIII.) 4b 11,043,555.		11 156 040
	Add lines 4a and 4b	4c	11,156,948.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	59,202,007.
	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	vrt \/ li	no 1: Port V lino
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	
	PAGE 5		
	PAGE 5		

INTENDED USES OF ENDOWMENT FUNDS FORM 990, SCHEDULE D, PART V, LINE 4 MOST ENDOWMENT FUNDS ARE USED FOR SCHOLARSHIPS. SOME FUNDS ARE USED TO FUND SCIENCE AND LIBRARY DEPARTMENTS.

ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS

FORM 990, SCHEDULE D, PART X, LINE 2

THE COLLEGE ACCOUNTS FOR UNCERTAINTIES IN INCOME TAXES RECOGNIZED IN ITS FINANCIAL STATEMENTS USING A THRESHOLD OF MORE LIKELY THAN NOT OF BEING SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE COLLEGE'S EXEMPT PURPOSE IS SUBJECT TO TAX. THE COLLEGE DID NOT HAVE ANY MATERIAL UNRELATED BUSINESS INCOME TAX LIABILITY AT JUNE 30, 2014 AND 2013.

RECONCILIATION TO AUDITED FINANCIAL STATEMENTS FORM 990, SCHEDULE D, PART XI, LINE 2D RECLASS OF STUDENT AID \$(11,043,555)

FORM 990, SCHEDULE D, PART XI, LINE 4B SPECIAL EVENT EXPENSES \$(117,442)

\$(117,442)

FORM 990, SCHEDULE D, PART XII, LINE 2D SPECIAL EVENT EXPENSES \$117,442

FORM 990, SCHEDULE D, PART XII, LINE 4B RECLASS OF STUDENT AID \$11,043,555

Schedule D (Form 990) 2013

SCHEDULE E (Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

Open to Public

13

2

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.

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

Department of the Treasury Internal Revenue Service Name of the organization

w.irs.go	ov/form990.	Inspection
	Employer i	dentification number

Part I				
MARYMOUNT	MANHATTAN	COLLEGE	13-1628206	

1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, by laws, other governing instrument, or in a racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 X 2 Dees the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe.' If No,' please explain. If you need more space, use Part II. 3 X 4 Does the organization maintain the following? 4a X 4 Does the organization maintain the following? 4a X 4 Does the organization maintain the following? 4a X 4 Does the organization maintain the following? 4a X 4 Does the organization maintain the following? 4a X 4 Does the organization maintain the following? 4a X 4 Does the organization discriminatory policy through newspaper or broadcast media dimistrative stat? 4a X 4 Does the organization discriminatory policy following? 4a X <t< th=""><th></th><th></th><th></th><th>YES</th><th>NO</th></t<>				YES	NO
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bHas the organization's right to such aid ever been revoked or suspended?6bXIf you answered "Yes" to either line 6a or line 6b, explain on Part II.0007Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.7X	6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	х	
If you answered "Yes" to either line 6a or line 6b, explain on Part II.Image: Complex					X
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	7				
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2013)		4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	
	For I	Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 9	90 or 9	90-EZ)	(2013)

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Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

SCHEDULE E, LINE 3

Schedule E (Form 990 or 990-EZ) (2013)

MARYMOUNT MANHATTAN COLLEGE HAS PUBLICIZED ITS RACIALLY NONDISCRIMINATORY POLICY THROUGH NEWSPAPER AND/OR BROADCAST MEDIA IN A WAY THAT MADE THE POLICY KNOWN TO ALL PARTS OF THE GENERAL COMMUNITY IT SERVES.

SCHEDULE E, LINE 6(A)

FEDERAL WORK-STUDY PROG	RAM \$115,663
-------------------------	---------------

TOTAL FEDERAL GRANTS \$115,663

NEW YORK STATE LIBRARY GRANT	\$5,294
NEW YORK STATE HEOP (HIGHER EDUCATION	
OPPORTUNITY PROGRAM) GRANT	\$175,000
NEW YORK STATE BUNDY GRANT	\$108,473
TOTAL NEW YORK STATE GRANTS	\$288,767

(Form 990) P Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or IV. P Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or IV. P Attach to form 990, Part IV, line 14b, 15, or IV. P Attach to form 990, Part IV, line 14b, 15, or IV. P Attach to form 990, Part IV, line 14b, 15, or IV. P Attach to form 990, Part IV, line 14b, 15, or IV. P Attach to form 990, Part IV, line 14b, 15, or IV. P Attach to form 990, Part IV, line 14b, 15, or IV. P Attach to form 990, Part IV, line 14b, 15, or IV. P Attach to form 990, Part IV, line 14b, 15, or IV. P Attach to form 990, Part IV, line 14b, 15, or IV. P Attach to form 990, Part IV, line 14b, 15, or IV. P Attach to form 990, Part IV, line 14b, 15, or IV. P Attach to form 990, Part IV, line 14b, 15, or IV. P Attach to form 990, Part IV, line 14b, 15, or IV. P Attach to form 990, Part IV, line 14b, 15, or IV. P Attach to form 990, Part IV, line 14b, 15, or IV. P Attach to form 990, Part IV, line 14b, 15, or IV. P Attach to grants and other assistance? P Attach to form 990, Part IV, line 3 table can be duplicated if additional space is receled.) P Attach to grants and part IV, line 3 table can be duplicated if additional space is receled.) P Attach to grants and part IV, line 3 table can be duplicated if additional space is receled.) P Attach to grants and part IV, line 3 table can be duplicated if additional space is receled.) P Attach to grants and part IV, line 14b, 15, or IV, line 14b, 1			nent of A	ctivities	Outside the Uni	ted St	ates	OMB No. 1545-0047
Operation the Treating Termination about Schedule F (Form 940) and its instructions is at <i>virre.its.gov/form800</i> . Deep to 1000 million in the organization maintee the organization maintee the organization answered 'Ves' on Form 90. Part IV, ino 44b. Employee to interview of the organization answered 'Ves' on Form 90. Part IV, ino 44b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance? Import the formation of the treat or assistance, and the selection criteria used to award the grants are assistance? 2 For grantmakers. Does the organization amount of its grants and other assistance outside the United States. Import of the formation of the treat or assistance and the selection of the treat o	(Form	● 990) ► Complete	e if the organiza	tion answered	"Yes" on Form 990, Part IV,	line 14b,	15, or 16.	2013
NARYWOUT MANHATTAN COLLEGE Part General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 590, Part IV, ine 140. I For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (4) Program Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (4) Program Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (4) Program Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (5) Contrast, and the region (6) Region (7) Contrast, and the region in the region (7) Contrast, and the region (7) contrast in the region (7) contrast in the region (8) (9) (10) (10) (10) (10) (11) (10) (10) (10) (10) (10) (10) (10) (10) (10) (11) (10)						ww.irs.gov	/form990.	
Part III General Information on Activities Outside the United States. Complete if the organization answered "Yes" on For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grannes' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. X Yes No 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (Ø) Activities conducted in explore in the grant or assistance. (Ø) Activities conducted in a program matrix, englose in the grant of the space is the englo. (Ø) Itable selection in englose (Ø) Itable selection		0						
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(3) EUROPE CRANTMAKING 47,495. (4) MIDDLE EAST AND NORTH APPLICA CRANTMAKING 5,000. (5) NORTH AMBRICA CRANTMAKING 64,600. (6) RUSSIA/INDEPENDENT STATES CRANTMAKING 5,000. (7) SOUTH ASIA CRANTMAKING 5,000. (7) SOUTH ASIA CRANTMAKING 5,000. (8) CRANTMAKING 2,600. (9) CRANTMAKING 2,600. (10) CRANTMAKING 2,600. (11) CRANTMAKING 2,600. (12) CRANTMAKING CRANTMAKING (13) CRANTMAKING CRANTMAKING (14) CRANTMAKING CRANTMAKING (15) CRANTMAKING CRANTMAKING (16) CRANTMAKING CRANTMAKING (17) CRANTMAKING CRANTMAKING 3a< Sub-total,	(1) CI	ENTRAL AMERICA/CARIBBEAN			GRANTMAKING			21,500.
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3a Sub-total 157,195. b Total from continuation sheets to Part I 157,195. c Totals (add lines 3a and 3b) 157,195.	(17)							
sheets to Part I		Sub-total						157,195.
			the Instruction	s for Form 990			Sch	

Page 2

Schedule F	(Form 990)	2013
Ochiculare i	(1 01111 330)	/2010

Part II	Grants and Other Assista Part IV, line 15, for any re							d "Yes" on F	
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 Ente	er total number of recipient orga	anizations listed abo	ve that are recognized as o	charities by the	foreign country, red	cognized as ta	x-exempt		

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2013

Part III

Part III can be duplicated if	additional space is needed.						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SCHOLARSHIP	CENT. AMERICA/CARIBBEAN	4.	21,500.	CREDITED			
(2) SCHOLARSHIP	EAST ASIA/PACIFIC	4.	11,000.	CREDITED			
(3) SCHOLARSHIP	EUROPE/ICELAND/GREENLAND	8.	47,495.	CREDITED			
(4) SCHOLARSHIP	MIDDLE EAST/NORTH AFRICA	1.	5,000.	CREDITED			
(5) SCHOLARSHIP	NORTH AMERICA	7.	64,600.	CREDITED			
(6) SCHOLARSHIP	RUSSIA/NEWLY IND. STATES	1.	5,000.	CREDITED			
(7) SCHOLARSHIP	SOUTH ASIA	1.	2,600.	CREDITED			
(8)							
(9)							
<u>(10)</u>							
<u>(11)</u>							
<u>(12)</u>							
<u>(13)</u>							
<u>(14)</u>							
<u>(15)</u>							
<u>(16)</u>							
(17)							
<u>(18)</u>							

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

13-1628206

Page 3

MARYMOUNT MANHATTAN COLLEGE

Sched	ule F (Form 990) 2013			Page 4
Part	IV Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)		Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)		Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)		Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)		Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	X	Yes	No

Schedule F (Form 990) 2013

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

MONITORING THE USE OF GRANT FUNDS

FORM 990, SCHEDULE F, 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.

PART I, LINE 3, COLUMN (F)

THE COLLEGE USES THE ACCRUAL METHOD OF ACCOUNTING TO ACCOUNT FOR

EXPENDITURES.

	Supplemen	tal Information R	Regarding	g Fundrai	ising or Gaming	Activities	OMB No. 1545-0047
SCHEDULE G	Complete if t	he organization answe organization entered	red "Yes" to	Form 990, F	Part IV, lines 17, 18, or	19, or if the	2013
(Form 990 or 990-EZ)		-		or Form 990			Open to Public
Department of the Treasury Internal Revenue Service	Information ab	out Schedule G (Form				rs.gov/form990.	Inspection
Name of the organization						Employer identificat	ion number
MARYMOUNT MANHAT	TAN COLLEGE					13-162820	6
Fundraisi	ng Activities. Com	plete if the organ	nization a	nswered	"Yes" to Form 9	90, Part IV, line	17.
Part I Form 990)-EZ filers are not i	required to comp	lete this p	oart.			
1 Indicate whether	the organization rais	sed funds through	any of the	following	activities. Check a	all that apply.	
a Mail solicitat	ions	е	Solid	citation of	non-government g	rants	
b Internet and	email solicitations	f	Solid	citation of	government grant	S	
c Phone solici	tations	g	Spe	cial fundra	ising events		
d 🔄 In-person so	licitations						
2a Did the organizat							
	s listed in Form 990,						Yes No
	en highest paid indi least \$5,000 by the o		(fundraise	ers) pursua	ant to agreements	under which the	fundraiser is to be
compensated at		organization.					
						(v) Amount paid to	
(i) Name and addr		(ii) Activity		ndraiser have or control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
or entity (fu	ndraiser)	(,) to		outions?	from activity	fundraiser listed in col. (i)	organization
			Yes	No			
1							
2							
2							
3							
4							
5							
5							
6							
7							
8							+
-							
9							

Total

10

∥_____

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

586273

Schedule G (Form 990 or 990-EZ) 2013

13-1628206

		(a) Event #1 MEDAL DINNER	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
	1 Gross receipts	482,041.			482,041
	 Less: Contributions Gross income (line 1 minus 	415,156.			415,156
	line 2)	66,885.			66,885
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	108,737.			108,737
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	8,705.			8,705
	10 Direct expense summary. Add lines	1 through 9 in column (d)		•	117,442
1	11 Net income summary. Subtract line rt III Gaming. Complete if the org	<u>10 from line 3, column (d)</u> ganization answered "Y		<u></u>	-50,557
1 art	11 Net income summary. Subtract line	<u>10 from line 3, column (d)</u> ganization answered "Y	es" to Form 990, Par	<u></u>	-50, 557 rted more
1 art	11 Net income summary. Subtract line rt III Gaming. Complete if the org	<u>10 from line 3, column (d)</u> ganization answered "Y		<u></u>	-50, 557 rted more (d) Total gaming (add
1 art	11 Net income summary. Subtract line rt III Gaming. Complete if the org	10 from line 3, column (d) ganization answered "Y EZ, line 6a. (a) Bingo	es" to Form 990, Par (b) Pull tabs/instant	t IV, line 19, or repo	-50, 557 rted more (d) Total gaming (add
1 art	11 Net income summary. Subtract line rt III Gaming. Complete if the org than \$15,000 on Form 990-	10 from line 3, column (d) ganization answered "Y EZ, line 6a. (a) Bingo	es" to Form 990, Par (b) Pull tabs/instant	t IV, line 19, or repo	-50, 557 rted more (d) Total gaming (add
	 11 Net income summary. Subtract line rt III Gaming. Complete if the orgen than \$15,000 on Form 990- 1 Gross revenue 	10 from line 3, column (d) ganization answered "Y EZ, line 6a. (a) Bingo	es" to Form 990, Par (b) Pull tabs/instant	t IV, line 19, or repo	-50, 557 rted more (d) Total gaming (add
	 11 Net income summary. Subtract line rt III Gaming. Complete if the orgen than \$15,000 on Form 990- 1 Gross revenue	10 from line 3, column (d) ganization answered "Y EZ, line 6a. (a) Bingo	es" to Form 990, Par (b) Pull tabs/instant	t IV, line 19, or repo	-50, 557 rted more (d) Total gaming (add
	 Net income summary. Subtract line Gaming. Complete if the org than \$15,000 on Form 990- Gross revenue Cash prizes Noncash prizes Rent/facility costs 	10 from line 3, column (d) ganization answered "Y EZ, line 6a. (a) Bingo	es" to Form 990, Par (b) Pull tabs/instant	t IV, line 19, or repo	-50,557 rted more
	 Net income summary. Subtract line Gaming. Complete if the org than \$15,000 on Form 990- Gross revenue Cash prizes Noncash prizes 	10 from line 3, column (d) ganization answered "Y EZ, line 6a. (a) Bingo	es" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo	t IV, line 19, or repo	-50, 557 rted more (d) Total gaming (add
	 Net income summary. Subtract line Gaming. Complete if the org than \$15,000 on Form 990- Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses 	10 from line 3, column (d) ganization answered "Y EZ, line 6a. (a) Bingo	es" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo	t IV, line 19, or repo (c) Other gaming	-50, 557 rted more (d) Total gaming (add
1 ari	 Net income summary. Subtract line Gaming. Complete if the orgen than \$15,000 on Form 990- Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor 	10 from line 3, column (d) ganization answered "Y EZ, line 6a. (a) Bingo (a) Bingo Yes No 2 through 5 in column (d)	es" to Form 990, Par	t IV, line 19, or repo	-50, 557 rted more (d) Total gaming (add
	 Net income summary. Subtract line Gaming. Complete if the org than \$15,000 on Form 990- Gross revenue Cash prizes Noncash prizes Noncash prizes Rent/facility costs Other direct expenses Other direct expenses Volunteer labor Direct expense summary. Add lines Net gaming income summary. Subt Enter the state(s) in which the organization licensed to operate 	10 from line 3, column (d) ganization answered "Y EZ, line 6a. (a) Bingo (a) Bingo Yes No 2 through 5 in column (d) ract line 7 from line 1, columation ation operates gaming act	es" to Form 990, Par	t IV, line 19, or repo (c) Other gaming	-50,557 rted more (d) Total gaming (add col. (a) through col. (c))

JSA 3E1282 1.000 DHOOFE E299 Schedule G (Form 990 or 990-EZ) 2013

	MARYMOUNT MANHATTAN COLLEGE	13-162	8206	
Sched	ule G (Form 990 or 990-EZ) 2013			Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entit			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events book			
	records:			
	Name			
	Address			
15 a	Does the organization have a contract with a third party from whom the organization receives			
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$	and the		
	amount of gaming revenue retained by the third party ► \$			
С	If "Yes," enter name and address of the third party:			
	Marra N			
	Name ▶			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
47	Mandatan, diatributiana,			
17	Mandatory distributions:	aaada ta		
а	Is the organization required under state law to make charitable distributions from the gaming pro-			
ь.	retain the state gaming license?		Yes	NO
b	Enter the amount of distributions required under state law to be distributed to other exempt organization's own exempt activities during the tax year \mathbf{b} .	anizations		
Dari	or spent in the organization's own exempt activities during the tax year ► \$ Supplemental Information. Provide the explanation required by Part I, line 2b, columns	(iii) and	(v) and	
Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part	to provid	(v), anu e anv	
	additional information (see instructions).		cany	

Schedule G (Form 990 or 990-EZ) 2013

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	 Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. 		Open to Public Inspection
Name of the organization		Employer iden	tification number
MARYMOUNT MANHATTAN	COLLEGE	13-1628	8206
Part I General Informa	tion on Grants and Assistance		
the selection criteria use	naintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the gra ad to award the grants or assistance? organization's procedures for monitoring the use of grant funds in the United States.		and XYes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1)							
(2)							
_(3)							
_(4)							
(7)							
(10)							
(11)							
(12)							
 2 Enter total number of section 501(c)(3) and get 3 Enter total number of other organizations lister For Paperwork Reduction Act Notice, see the lns 	d in the line	1 table	ed in the line 1 tab	le		<u> </u>	lle I (Form 990) (2013)
JSA							

(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	1,389.	10,886,360.			
l .					
,					

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.

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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.

13-1628206

	CHEDULE J Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
				wered "Yes" to Form 990, Part IV, line 23. See separate instructions.	-	Open to	o Puk	olic	
	tent of the Treasury Revenue Service			90) and its instructions is at www.irs.gov/f			ectio		
Name o	of the organization				Employer identificat				
MARY	MOUNT MAN	HATTAN COLLEGE			13-16282	206			
Part	Question	s Regarding Compensation					I		
							Yes	No	
1a	-	propriate box(es) if the organization pr							
		Section A, line 1a. Complete Part III to	Ċ.						
		ss or charter travel	X	Housing allowance or residence for					
		or companions	37	Payments for business use of persor					
		emnification and gross-up payments	X	Health or social club dues or initiatio					
	X Discretion	onary spending account		Personal services (e.g., maid, chauffe	eur, cnet)				
b	or reimburse	boxes on line 1a are checked, did the ment or provision of all of the example.	xpens	es described above? If "No," com	garding paymer plete Part III t	0	v		
•	explain	anization require substantiation prior				1b	X	<u> </u>	
2		stees, and officers, including the CEC							
		-				2	x		
2		if any of the following the filing area				-			
3		n, if any, of the following the filing organ s CEO/Executive Director. Check all the							
	related organ	ization to establish compensation of th	ne CE	O/Executive Director, but explain in Pa	art III.				
	X Comper	sation committee		Written employment contract					
		dent compensation consultant	X	Compensation survey or study					
		00 of other organizations		Approval by the board or compensation	tion committee				
4		ar, did any person listed in Form 990, or a related organization:	Part	VII, Section A, line 1a, with respect to	the filing				
а	•	verance payment or change-of-control p	bayme	ent?		4a		Х	
b		or receive payment from, a suppleme					Х		
с		or receive payment from, an equity-ba						X	
		y of lines 4a-c, list the persons and p							
	Only section	501(c)(3) and 501(c)(4) organizations	s mus	t complete lines 5-9					
5		isted in Form 990, Part VII, Section A,		-	nv				
•	•	n contingent on the revenues of:	iirio						
а		ion?				5a		х	
b	Any related or	rganization?				5b		X	
	If "Yes" to line	e 5a or 5b, describe in Part III.							
6		isted in Form 990, Part VII, Section A,	, line [,]	1a, did the organization pay or accrue a	ny				
	compensation	n contingent on the net earnings of:							
а	The organizat	ion?				6a		X	
b	Any related of	rganization?				6b		X	
	If "Yes" to line	e 6a or 6b, describe in Part III.							
7		listed in Form 990, Part VII, Section							
		described in lines 5 and 6? If "Yes," de						X	
8		ounts reported in Form 990, Part VII							
		contract exception described in	-						
								X	
9		ine 8, did the organization also foll							
Eor Pr		ection 53.4958-6(c)?						0) 2012	
FUL Pa	ihei moi k Keano	sion Activolice, see the instructions for F	0111 9	30.	Sche	edule J (Fo	nii 99	J) 2013	

Page 2

Schedule J (Form 990) 2013

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	L	(B) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
DR. JUDSON SHAVER	(i)	363,101.	0	226,826.	69,471.	30,391.	689,789.	
1 PRESIDENT	(ii)	0	0	0	و	0	C	
PAUL CIRAULO	(i)	241,979.	C	0	24,308.	15,490.	281,777.	(
2 EXECUTIVE VP ADMIN & FIN, CFO	(ii)	0	0	0	d	0	C	
DAVID PODELL	(i)	228,541.	Q	00	23,008.	14,470.	266,019.	(
3 VICE PRESIDENT ACADEMIC AFFAIR	(ii)	0	0	0	d	0	C	(
MARILYN WILKIE	(i)	205,540.	Q	00	21,404.	29,023.	255,967.	(
4 VP INSTITUTIONAL ADVANCEMENT	(ii)	0	0	0	0	0	C) (
CAROL JACKSON	(i)	181,850.	QQ	0	18,023.	6,913.	206,786.	(
5 VICE PRESIDENT STUDENT AFFAIRS	(ii)	0	0	0	0	0	C)
WAYNE SANTUCCI	(i)	158,908.	00	0	17,146.	33,728.	209,782.	(
6 CONTROLLER, ASSOCIATE VP	(ii)	0	0	0	0	0	C)
KATHLEEN LEBESCO	(i)	140,893.	٥٥	0	14,932.	18,493.	174,318.	(
7 ASSOCIATE DEAN ACADEMIC AFFAIR	(ii)	0	0	0	0	0	C)
PATRICIA HANSEN	(i)	139,426.	00	0	14,317.	14,646.	168,389.	(
8 DIRECTOR OF IT	(ii)	0	0	0	0	0	C	(
LINDA SOLOMON	(i)	133,611.	٥	0	13,234.	13,418.	160,263.	(
9 PROFESSOR	(ii)	0	0	0	0	0	C)
JAMES ROGERS	(i)	133,393.	00	0	13,620.	12,740.	159,753.	(
10 DEAN OF ADMISSION	(ii)	0	0	0	0	0	C)
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							L
14	(ii)							
	(i)							
15	(ii)							
	(i)							<u>_</u>
16	(ii)				T			

Schedule J (Form 990) 2013

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCH J, PART I, LINE 1A

HOUSING ALLOWANCE, DISCRETIONARY SPENDING ACCOUNT AND CLUB DUES

A HOUSING ALLOWANCE IN THE AMOUNT OF \$204,469 WAS PROVIDED TO THE

PRESIDENT, DR. SHAVER, AND IS TREATED AS TAXABLE COMPENSATION TO HIM AND

INCLUDED IN COLUMN B(III) OF PART II. THE HOUSING ALLOWANCE WAS REVIEWED

AND APPROVED BY THE BOARD OF TRUSTEES AFTER REVIEW AND APPROVAL BY THE

BOARD'S COMPENSATION COMMITTEE.

THE COLLEGE ALSO PROVIDES A DISCRETIONARY SPENDING ACCOUNT FOR DR. SHAVER IN THE AMOUNT OF \$29,000, WHICH REPRESENTS REIMBURSEMENT FOR EXPENSES, AND IS TREATED AS TAXABLE COMPENSATION TO HIM. THIS BENEFIT WAS APPROVED BY THE BOARD OF TRUSTEES AFTER REVIEW AND APPROVAL BY THE BOARD'S COMPENSATION COMMITTEE.

THE COLLEGE PAID CLUB DUES IN THE AMOUNT OF \$4,110 ON BEHALF OF DR. SHAVER. THIS AMOUNT IS TREATED AS A NONTAXABLE BENEFIT TO HIM AND IS INCLUDED IN COLUMN D OF PART II, BECAUSE DR. SHAVER USES THE CLUB SOLELY

FOR COLLEGE BUSINESS.

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Page 3

Schedule J (Form 990) 2013

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCH J, PART 1, LINE 4B

NONQUALIFIED RETIREMENT PLAN

DR. SHAVER'S COMPENSATION REPORTED IN PART II, COLUMN (C) INCLUDES A NON-VESTED \$36,164 CONTRIBUTION TO A SECTION 457(F) NONQUALIFIED PLAN. THE MARYMOUNT MANHATTAN COLLEGE SECTION 457(F) DEFERRED COMPENSATION PLAN IS A BENEFIT PLAN APPLICABLE TO CERTAIN HIGHLY COMPENSATED EMPLOYEES AND/OR SENIOR MANAGEMENT OF MARYMOUNT MANHATTAN COLLEGE. IT PROVIDES FOR FUTURE PAYMENT OF COMPENSATION TO THE EMPLOYEE FOR SERVICES CURRENTLY RENDERED. AN ELIGIBLE EMPLOYEE CAN ELECT TO DEFER ANY AMOUNT OF COMPENSATION TO THE PLAN. THE EMPLOYEE HAS NO ACCESS TO OR CONTROL OVER THE ASSETS HELD BY THE PLAN UNTIL THE DATE ELECTED FOR DISTRIBUTION OR THE OCCURRENCE OF A DISTRIBUTION EVENT UNDER THE PLAN.

IF THE EMPLOYEE FAILS TO SATISFY THE SERVICE REQUIREMENTS PRIOR TO THE EARLIER OF SUCH DATES, THE BENEFITS WILL BE FORFEITED. THE 457(F) DEFERRED COMPENSATION PLAN WAS IMPLEMENTED ON JANUARY 1, 2010.

Schedule J (Form 990) 2013

SCHEDULE K (Form 990)			n answered	l "Yes" to Fo any additio	orm 990, I nal inforn	Part IV, li nation in	ine 24a. Prov		otions,				20	<u>1545-00</u> 0 13 to Publi	8
Internal Revenue Service	►Inform	ation about Sche	edule K (Fo	rm990) and	its instruc	ctions is a	at www.irs.g	ov/form99	0.				Inspec		
Name of the organization														n numbe	ŧ٢
MARYMOUNT MANH										1	3-16	52820)6		
Part I Bond Iss	ues			1			1			1		(h) (
	(a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price						(f) D	(f) Description of purpose			(g) Defeased		If of er	(i) Pooled financing	
										Yes	No	Yes	No	Yes	No
A DORMITORY AUTHORIT	TY OF THE STATE OF NEW YORK	14-6000293	649905WR3	02/09/200	9 49	,013,498.	REFUNDING D	ASNY SERIE	S 1999 BONDS		x		х		Х
В															
C															
D															
Part II Proceeds	6						1		1						
						Α		В	С			D			
1 Amount of bond	ls retired				4,8	00,000	•								
2 Amount of bond	Is legally defeased														
3 Total proceeds	of issue					13,498									
4 Gross proceeds	s in reserve funds				4,3	62,933	•								
5 Capitalized inte	rest from proceeds														
6 Proceeds in ref	unding escrows														
7 Issuance costs	from proceeds				1,2	80,173	•								
8 Credit enhance	ment from proceeds														
9 Working capital	expenditures from proceeds														
10 Capital expendi	tures from proceeds														
11 Other spent pro	ceeds				43,3	72,762	•								
12 Other unspent p	proceeds														
13 Year of substar	ntial completion				200	1									
					Yes	No	Yes	No	Yes	No)	Yes	<u>ا</u>	No	
	s issued as part of a current refund				Х								\rightarrow		
	s issued as part of an advance refu					X							\rightarrow		
	ocation of proceeds been made?					X							\rightarrow		
	anization maintain adequate bo				х										
final allocation of	of proceeds?	<u></u>	<u></u>		Δ										
Part III Private B	USINESS USE					•		D	^						
				_		A		B	C				D		
	ization a partner in a partnersh				Yes	No	Yes	No	Yes	No	<u> </u>	Yes	\rightarrow	No	
	roperty financed by tax-exempt bo					X			+				\rightarrow		
2 Are there any	lease arrangements that may	result in priva	te business	s use of											

Х

DASNY

MARYMOUNT MANHATTAN COLLEGE

Schedule K (Form 990) 2013	Schedule K	(Form 9	990) 2013
----------------------------	------------	---------	-----------

t III Private Business Use (Continued) DAS	SNY							
		Α		В		C I	[D
	Yes X	No	Yes	No	Yes	No	Yes	No
If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel	х							
Are there any research agreements that may result in private business use of bond-		x						
If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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		.4000 %		%		%		%
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				%		%		%
Total of lines 4 and 5		.4000 %		%		%		%
Does the bond issue meet the private security or payment test?		Х						
Has there been a sale or disposition of any of the bond-financed property to a non- governmental person other than a $501(c)(3)$ organization since the bonds were issued?.		x						
		%	b	%		%		9
If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	x							
t IV Arbitrage			1			1		
		Α		В		C	I	D
Has the issuer filed Form 8038-T. Arbitrage Rebate. Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
		Х						
If "No" to line 1, did the following apply?								
		X						
	Х							
		Х						
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate		_						
Is the bond issue a variable rate issue?		Х						
Has the organization or the governmental issuer entered into a qualified hedge with								[
		Х						1
						·		
Term of hedge								
		X						[
Was the hedge superintegrated?		~		1 1				1
	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	Interview any management or service contracts that may result in private business X If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? X Are there any research agreements that may result in private business use of bond-financed property? X If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? X 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 Image: Section 501(c)(3) organization or a state or local government Does the bond issue meet the private security or payment test? Image: Section 501(c)(3) organization or a state or local government Image: Section 501(c)(3) organization or a state or local government If "Yes" to line 8a, enter the private security or payment test? Image: Section 501(c)(3) organization of any of the bond-financed property sol or disposed of . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? Image: Section 501(c)(3) addition acordance with the requirements under Regulation sections 1.141-12 and 1.145-2? Image: Section 50(c)(3) addition additin accordance with the requirements under Re	Are there any management or service contracts that may result in private business use of bond-financed property? Yes No If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? X X Are there any research agreements that may result in private business use of bond- financed property? X X If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? X 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 4000 % 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 4000 % Does the bond issue meet the private security or payment test? X X Ha sthere been a sale or disposition of any of the bond-financed property to a non- governmental person other than a 501(c)(3) organization since the bonds were issued? X If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of 7 X If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? X X Has the issuer	Are there any management or service contracts that may result in private business Yes No Yes If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? X X X Are there any research agreements that may result in private business use of bond-financed property? X X X X If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? X X X X X If "Yes" to line 3c, does the organization or a state or local government . X <t< td=""><td>Are there any management or service contracts that may result in private business Yes No Yes No use of bond-financed property? X</td><td>Are there any management or service contracts that may result in private business Yes No Yes No Yes If "Yes' to line 3a, does the organization routinely engage bond coursel or other outside coursel to review any management or service contracts relating to the financed property? X Image: Contracts and the service contracts and the service contracts and the service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed property? X Image: Contracts and the service contracts and the service contracts and the service contracts and the service contracts are service contracts relating to the financed property? X Image: Contracts and the service contract and the service c</td><td>Are there any management or service contracts that may result in private business Yes No Yes No Use of bond-financed property? X Image: Contract relating to the financed property? X Image: Contract relating to the financed property? X Image: Contract relating to the financed property? Are there any research agreements that may result in private business use of bond-financed property? X Image: Contract relating to the financed property? X Image: Contract relating to the financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? X Image: Contract relating to the financed property? Enter the percentage of financed property used in a private business use by entities other than a sciento 501(c)(3) organization or a state or local government .4000 % % % Obes the bond issue meet the private scurfty or payment test? X Image: Contract relating to the financed property sold or disposed of other base as a result to private busines use as a result to incert agree financed property and the bond-financed property sold or disposed of other base as contracts atter or local government test? X Image: Contract agree financed property sold or disposed of the sub as any remedial actin taken procedures to ensure that all nonqualified bonds were issued? X Image: Contract agree financed property sold or disposed of the suse are remediated in acc</td><td>Are there any management or service contracts that may result in private business use of bond-financed property? No Yes No <thyes< th=""> No Yes N</thyes<></td></t<>	Are there any management or service contracts that may result in private business Yes No Yes No use of bond-financed property? X	Are there any management or service contracts that may result in private business Yes No Yes No Yes If "Yes' to line 3a, does the organization routinely engage bond coursel or other outside coursel to review any management or service contracts relating to the financed property? X Image: Contracts and the service contracts and the service contracts and the service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed property? X Image: Contracts and the service contracts and the service contracts and the service contracts and the service contracts are service contracts relating to the financed property? X Image: Contracts and the service contract and the service c	Are there any management or service contracts that may result in private business Yes No Yes No Use of bond-financed property? X Image: Contract relating to the financed property? X Image: Contract relating to the financed property? X Image: Contract relating to the financed property? Are there any research agreements that may result in private business use of bond-financed property? X Image: Contract relating to the financed property? X Image: Contract relating to the financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? X Image: Contract relating to the financed property? Enter the percentage of financed property used in a private business use by entities other than a sciento 501(c)(3) organization or a state or local government .4000 % % % Obes the bond issue meet the private scurfty or payment test? X Image: Contract relating to the financed property sold or disposed of other base as a result to private busines use as a result to incert agree financed property and the bond-financed property sold or disposed of other base as contracts atter or local government test? X Image: Contract agree financed property sold or disposed of the sub as any remedial actin taken procedures to ensure that all nonqualified bonds were issued? X Image: Contract agree financed property sold or disposed of the suse are remediated in acc	Are there any management or service contracts that may result in private business use of bond-financed property? No Yes No <thyes< th=""> No Yes N</thyes<>

DHOOFE E299

Page 2

Schedule K (Form 990) 2013

Part IV Arbitrage (Continued)								
		A		3		C)
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the								
requirements of section 148?		x						
Part V Procedures To Undertake Corrective Action								
		A		3		C		0
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?			100				100	
	X							
Part VI Supplemental Information. Provide additional information for responses to	o questio	ns on Sche	equie K (se	einstruct	ions).			
						S	chedule K (Fo	orm 990) 2013

Schedule K (Form 990) 2013

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

LINE 11

\$495,462 WAS SPENT ON ISSUE FEES, TITLE INSURANCE, AND STATE INSURANCE

FEES.

\$43,326,280 WAS USED TO REFUND A BOND DATED DECEMBER, 1999.

Page 4

SCHEDULE L

(Form 990 or 990-EZ)

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.

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

Inspection Employer identification number

\$

OMB No. 1545-0047

Open To Public

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

13-1628206

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

4	(a) Name of disqualified person	(b) Relationship between disqualified person	(a) Description of transaction	(d) Co	rrected?
-	(a) Name of disqualified person	and organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred by	he organization managers or disqualified p	ersons 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-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person ATTACHMENT 1	(b) Relationship with organization	(c) Purpose of Ioan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In a	default?		ard or	(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total					▶\$	325,000.						

Grants or Assistance Benefiting 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 of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2013

Part III

Page 2

Schedule L (Form 990 or 990-EZ) 2013

Part IVBusiness 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) Sha organiz reven	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
10)					

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

Schedule L (Form 990 or 990-EZ) 2013

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	organi	aring of ization's nues?
					Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

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

SCHEDULE L, PAR	<u>T II</u>			<u>A</u>	TACHMENT 1			
NAME	RELATIONSHIP	PURPOSE	TO FROM	ORIGINAL	BALANCE DUE	Y N	Y N	Y N
JUDSON SHAVER	PRESIDENT OF COLLEGE	PURCHASE A CONDO	x	325,000.	325,000.	Х	Х	х

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

MA

Employer identification number
13-1628206

MAI	RYMOUNT MANHATTAN COLLEGE				-	13-1628206
Ра	rt I Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribut amounts reported Form 990, Part VIII, I	on	(d) Method of determining noncash contribution amounts
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	Х	11.	82,5	738.	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					

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 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement

			Yes	No
30 a	During the year, did the organization receive by contribution any property reported in Part I, lines 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?	30a		Х
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?	31		Х
32 a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a		Х
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			

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

Schedule M (Form 990) (2013)

Page 2

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.



Department of the Treasury Internal Revenue Service Name of the organization

MARYMOUNT MANHATTAN COLLEGE

BOARD REVIEW OF FORM 990

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

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 CHAIR REVIEWS THE FORM 990 (INCLUDING SCHEDULE B). THEN THE FORM 990 (NOT INCLUDING SCHEDULE B) IS REVIEWED AND APPROVED IN A MEETING ATTENDED BY THE AUDIT COMMITTEE CHAIR, COMMITTEE MEMBERS, MANAGEMENT AND THE INDEPENDENT ACCOUNTANTS. AFTER APPROVAL, THE ENTIRE BOARD OF TRUSTEES IS PROVIDED A PUBLIC INSPECTION COPY OF THE RETURN FOR REVIEW PRIOR TO FILING THE RETURN WITH THE IRS. THE AUDIT COMMITTEE CHAIR, EXECUTIVE VICE PRESIDENT OF ADMINISTRATION AND FINANCE AND THE INDEPENDENT ACCOUNTANTS ARE AVAILABLE TO THE BOARD FOR QUESTIONS. BECAUSE THE BOARD OF TRUSTEES 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 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

Schedule O (Form 990 or 990-EZ) 2013		Page 2
Name of the organization	Employer identification number	
MARYMOUNT MANHATTAN COLLEGE	13-1628206	

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, THE BOARD CHAR 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, LINES 15A AND 15B

THE ORGANIZATION HAS INSTITUTED A PROCESS TO REVIEW TO REVIEW THE COMPENSATION PAID TO ITS PRESIDENT, OFFICERS, AND KEY EMPLOYEES GIVING RISE TO A REBUTTABLE PRESUMPTION THAT THE COMPENSATION IS REASONABLE IN ACCORDANCE WITH IRC §53.4958-6. COMPENSATION FOR THE PRESIDENT, EXECUTIVE VICE PRESIDENT OF ADMINISTRATION AND FINANCE, VICE PRESIDENT OF ACADEMIC AFFAIRS, VICE PRESIDENT OF INSTITUTIONAL ADVANCEMENT, AND THE VICE PRESIDENT OF STUDENT AFFAIRS 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.

586273

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Employer identification number

ATTACHMENT 1

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.

FORM 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 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

MARYMOUNT MANHATTAN COLLEGE IS AN INDEPENDENT, PRIVATE COLLEGE OF THE LIBERAL ARTS THAT WAS FOUNDED IN 1936 BY THE RELIGIOUS OF THE SACRED HEART OF MARY AS A TWO-YEAR WOMEN'S COLLEGE AND AT THE TIME

V 13-7.15

Schedule O (Form 990 or 990-EZ) 2013

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

ATTACHMENT 2 (CONT'D)

NEW YORK. IN 1948, THE COLLEGE MOVED TO ITS PRESENT LOCATION ON EAST 71ST STREET IN NEW YORK CITY AND BECAME A FOUR-YEAR BACHELOR'S DEGREE-GRANTING INSTITUTION; THE FIRST CLASS GRADUATED FROM THE COLLEGE IN 1950. IN 1961, THE REGENTS OF THE UNIVERSITY OF THE STATE OF NEW YORK GRANTED MARYMOUNT MANHATTAN AN ABSOLUTE CHARTER AS AN INDEPENDENT FOUR-YEAR COLLEGE. MARYMOUNT MANHATTAN HAS BEEN AN ACCREDITED MEMBER OF THE MIDDLE STATES ASSOCIATION OF COLLEGES AND SECONDARY SCHOOLS SINCE THAT TIME. FAITHFUL TO THE VISION OF ITS FOUNDERS, MARYMOUNT MANHATTAN IS THRIVING AS A NONSECTARIAN, COEDUCATION, INDEPENDENT COLLEGE OF THE LIBERAL ARTS, ATTRACTING AND SERVING A DIVERSE COMMUNITY OF STUDENTS, FACULTY, AND STAFF. AS THE COLLEGE MOVES FORWARD WITH ITS FIVE-YEAR 2013-2017 STRATEGIC PLAN, 'DEVELOPING A SUSTAINABLE MODEL', ROOTED IN HERITAGE, VALUES AND STRENGTHS OF MARYMOUNT MANHATTAN AND FOCUSES ON ADVANCING THE MISSION BY IMPROVING ACADEMIC QUALITY, STRENGTHENING FINANCES AND ENHANCING FACILITIES, 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 1,833 FULL- AND PART-TIME STUDENTS. TODAY, THE COLLEGE DRAWS STUDENTS FROM 43 STATES AND 69 COUNTRIES; APPROXIMATELY 33% OF OUR STUDENTS ARE MINORITIES. RETURNING ADULTS (DEGREE-SEEKING) COMPRISE 9.5% OF OUR STUDENTS. MMC STUDENTS CAN PURSUE DEGREES IN 18 MAJOR PROGRAMS

WAS A NEW YORK CITY EXTENSION OF MARYMOUNT COLLEGE IN TARRYTOWN,

ATTACHMENT 2 (CONT'D)

OF STUDY AND CHOOSE FROM AMONG 40 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.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

APPROXIMATELY 630 STUDENTS MAKE THEIR HOME AT MARYMOUNT MANHATTAN IN ONE OF OUR TWO RESIDENCE HALLS. THE 55TH STREET RESIDENCE IS OUR FIRST-YEAR RESIDENCE 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, GYM AND BALCONY. CONTINUING STUDENTS CAN OPT TO LIVE AT THE 1760 THIRD AVENUE RESIDENCE HALL, WHICH IS LOCATED AT 97TH STREET AND THIRD AVENUE, AND STUDENTS IN THIS HALL RESIDE IN DOUBLE AND TRIPLE ROOMS WITH PRIVATE BATHROOMS, REFRIGERATOR AND MICROWAVE. EACH STUDENT HAS A BED, DRESSER, AND DESK. 1760 THIRD AVENUE RESIDENCE HALL IS STAFFED WITH 24-HOUR SECURITY AND OFFERS A 3,500 SQUARE FOOT, ON-SITE FITNESS FACILITY, MOVIE SCREENING ROOM, GAME ROOM, LAUNDRY FACILITIES, COMMUNAL KITCHENS, LOUNGE SPACE, AND ACCESS TO COMPUTERS AND A 24-HOUR STUDY LOUNGE.

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

ATTACHMENT 3 (CONT'D)

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 4

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MCGOWAN BUILDERS INC. 345 5TH AVE, #1109 NEW YORK, NY 10016	GENERAL CONTRACTING	1,671,980.
ARAMARK EDUCATION 1101 MARKET STREET PHILADELPHIA, PA 19107	FACILITY & FOOD SRVC	692,201.
U.S. SECURITIES ASSOCIATES 1400 BROADWAY, SUITE 2312 NEW YORK, NY 10018	SECURITY SERVICES	430,346.
B.W. MECHANICAL INC. 2109 EMMORTON PARK ROAD, SUITE 118 EDGEWOOD, MD 21040	HEATING AND AC SRVC.	402,343.
COMPASS GROUP NORTH AMERICA 2400 YORKMONT ROAD CHARLOTTE, NC 28217	FOOD SERVICE	375,684.

13-1628206

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

See separate instructions.

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

Internal Revenue Service Name of the organization

Department of the Treasury

MARYMOUNT MANHATTAN COLLEGE

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

(a) Name, address, and EIN (if applicable) 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
_(1)					
(2)					
(3)					
(4)					
(5)					

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	Section 5 contr ent	g) 512(b)(13) rolled ity?
						Yes	No
_(1)	-						
_(2)							
_(3)							
_(4)	_						
_(5)	_						
_(6)	-						
	_						

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

JSA 3E1307 1.000 Schedule R (Form 990) 2013



13-1628206

Schedule R (Form 990) 2013

Page **2**

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	Disprop alloca	ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
(4)							Yes	No		Yes	No	
<u>(1)</u>												
(2)												
(3)												
(4)												
<u>(5)</u>												
(6)												
(7)												

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)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?
								Yes No
(1) 231-235 EAST 55TH STREET CONDOMINIUM 58-2636459	_							
FIRSTSERVICE RESIDENTIAL - 622 THIRD AVE NEW YORK, NY 100	STUDENT HOUSING	NY	MARYMOUNT	C CORP	1,091,327.	1,283,229.	70.7000	x
_(2)	-							
<u>(3)</u>	-							
<u>(4)</u>	-							
	-							
(6)	-							
	-							

JSA 3E1308 1.000 MARYMOUNT MANHATTAN COLLEGE

13-1628206

Schedule R (Form 990) 2013

Part	Transactions With Related Organizations Complete if the organization answer	ed "Yes" on Form 990, Pa	art IV, line 34, 35b, or 36.							
Note.	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No				
	During the tax year, did the organization engage in any of the following transactions with one or									
a F	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a		Х				
b	Gift, grant, or capital contribution to related organization(s)			1b		Х				
c (Gift, grant, or capital contribution from related organization(s)			1c	+ +	X				
d L	Loans or loan guarantees to or for related organization(s)			1d	+ +	X				
e L	Loans or loan guarantees by related organization(s)			1e		<u>X</u>				
f	Dividends from related organization(s)			1f		Х				
g S	Sale of assets to related organization(s)			1g		Х				
ĥF	Purchase of assets from related organization(s)			1h		Х				
i E	Exchange of assets with related organization(s)			1i		Х				
j L	Lease of facilities, equipment, or other assets to related organization(s)			<u>1</u> j		X				
F I	Lease of facilities, equipment, or other access from related ergenization(c)			1k		х				
	 k Lease of facilities, equipment, or other assets from related organization(s) I Performance of services or membership or fundraising solicitations for related organization(s) 									
mF										
n S	 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 									
0 5	Sharing of paid employees with related organization(s)			<u>1n</u> 10	+ +	X X				
рF	Reimbursement paid to related organization(s) for expenses			1p	X					
q F	Reimbursement paid by related organization(s) for expenses			1q		Х				
•										
r (Other transfer of cash or property to related organization(s)			1r		Х				
s (Other transfer of cash or property from related organization(s)			1s		Х				
	If the answer to any of the above is "Yes," see the instructions for information on who must com				ls.					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of de amount in		ıg				
(1)	E 55TH ST CONDOMINIUM	P	857,675.	PER OWNER	RSHII	P %				
(2)	E 55TH ST CONDOMINIUM	м	57,267.	PER OWNER	RSHII	P %				
<u>\-/</u>										
(3)										
(4)										
(5)										
<u>(5)</u>										
<u>(6)</u>										
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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(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?		(k) Percentage ownership
			section 512-514)	Yes	No			Yes	No		Yes	No	<u> </u>
_(1)	-												
_(2)	-												
(3)	-												
(4)	-												
(5)	-												
(6)	-												
	-												
	-												
(9)	-												
(10)	-												
(11)	_												
(12)	_												
(13)	_												
(14)	-												
(15)													<u> </u>
(16)	•												

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Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

PART II

THE COLLEGE IS A 70.70% OWNER OF A CONDOMINIUM (231-235 55TH STREET CONDOMINIUM) THAT IS USED FOR DORMITORY PURPOSES, WHICH HOUSES UP TO 512 STUDENTS. THE RESIDENCE IS OUR FIRST-YEAR RESIDENCE 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, GYM, BALCONY AND HEALTH CENTER. THE OTHER 29.30% ARE CONDOMINIUMS OWNED BY A PRIVATE DEVELOPER AND INDIVIDUALS WHO ARE NOT AFFILIATED WITH THE COLLEGE.

THE CONDOMINIUM PORTION IS REQUIRED TO HAVE A CERTAIN AMOUNT OF ASSETS AND THEREFORE THE AMOUNT NOTED IN PART IV (G), SHARE OF END-OF-YEAR ASSETS, IN THE AMOUNT OF \$1,283,229, IS BASED ON THE COLLEGE'S OWNERSHIP PERCENTAGE BUT IN ACTUALITY THE COLLEGE DOES NOT HAVE RIGHTS TO MAJORITY OF THESE ASSETS.