



2015 Income Tax Returns

MARYMOUNT MANHATTAN COLLEGE

Return of Organization Exempt From Income Tax

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MARYMOUNT MANHATTAN COLLEGE Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 221 EAST 71ST STREET City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10021-4597				D Employer identification number 13-1628206	
	F Name and address of principal officer: DR. KERRY WALK 221 EAST 71ST STREET NEW YORK, NY 10021-4597				E Telephone number (212) 517-0400	
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				G Gross receipts \$ 76,030,248.	
	J Website: ▶ HTTP://WWW.MMM.EDU				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation: 1961 M State of legal domicile: NY		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MARYMOUNT MANHATTAN COLLEGE'S MISSION IS TO EDUCATE SOCIALLY AND ECONOMICALLY DIVERSE POPULATION BY FOSTERING INTELLECTUAL ACHIEVEMENT, PERSONAL GROWTH AND CAREER DEVELOPMENT.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a) 23.		
	4	Number of independent voting members of the governing body (Part VI, line 1b) 22.		
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a) 1,106.		
	6	Total number of volunteers (estimate if necessary) 22.		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.		
7b	Net unrelated business taxable income from Form 990-T, line 34 0.			
Revenue	8	Contributions and grants (Part VIII, line 1h) 3,034,251.	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g) 59,516,762.		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,480,374.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,448,981.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 66,480,368.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 70,880,847.		
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13,674,766.		
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 28,238,982.		
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.		
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,884,339.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 22,552,525.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 64,466,273.		
19	Revenue less expenses. Subtract line 18 from line 12 2,014,095.			
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 110,544,682.	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26) 49,404,278.		
	22	Net assets or fund balances. Subtract line 21 from line 20 61,140,404.		

Part II Signature Block

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

Sign Here	▶ Signature of officer _____		Date _____		
	▶ Type or print name and title _____				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARY-EVELYN ANTONETTI	<i>Mary Evelyn Antonetti</i>	5/11/2017		P00431862
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207		Phone no. 212-758-9700	
Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154-0102					

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

[] Yes [X] No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

[] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: 611600) (Expenses \$ 56,624,737. including grants of \$ 15,747,440.) (Revenue \$ 53,655,472.)

INSTITUTIONAL PROGRAM ACTIVITIES. OFFERING ASSISTANCE TO STUDENTS IN NEED IS ESSENTIAL TO ACHIEVE THE COLLEGE'S GOAL TO SERVE A SOCIALLY AND ECONOMICALLY DIVERSE STUDENT BODY. MMC CURRENTLY EDUCATES APPROXIMATELY 2,000 FULL- AND PART-TIME STUDENTS REPRESENTING 47 STATES AND 46 COUNTRIES. APPROXIMATELY 33% OF OUR STUDENTS ARE MINORITIES, AND 8.1% ARE DEGREE-SEEKING RETURNING ADULTS. MMC STUDENTS CAN PURSUE DEGREES IN 24 MAJOR PROGRAMS OF STUDY, CHOOSE FROM AMONG 37 MINORS AND PRE-PROFESSIONAL PROGRAMS, HOLD INTERNSHIPS AT RENOWNED NEW YORK CITY COMPANIES, ENGAGE IN SOPHISTICATED RESEARCH PROJECTS, STUDY ABROAD, AND PARTICIPATE IN SERVICE-LEARNING OPPORTUNITIES. SEE SCHEDULE O.

4b (Code: 611710) (Expenses \$ 5,698,038. including grants of \$) (Revenue \$ 11,160,384.)

RESIDENCE HALLS. APPROXIMATELY 725 STUDENTS MAKE THEIR HOME AT MMC. THE 55TH STREET RESIDENCE IS OWNED BY THE COLLEGE AND IS THE FIRST-YEAR RESIDENCE HALL. CONTINUING STUDENTS LIVE AT THE NEW COOPER SQUARE RESIDENCE HALL. EACH HALL IS LOCATED WITHIN A 30 MINUTE COMMUTE OF THE COLLEGE AND STAFFED WITH 24-HOUR SECURITY. RESIDENCE DIRECTORS AND RESIDENT ADVISORS STRIVE TO CREATE A SENSE OF COMMUNITY BY PROVIDING EDUCATIONAL AND SOCIAL PROGRAMS. ALL BEDS WERE FILLED AT 55TH STREET AND COOPER SQUARE, SO AN ADDITIONAL 25 BEDS WERE SUB-LICENSED FROM THE 1760 RESIDENCE HALL, A LOCATION WE PREVIOUSLY USED AS STUDENT HOUSING. SEE SCHEDULE O.

4c (Code: 900099) (Expenses \$ 276,424. including grants of \$) (Revenue \$ 243,859.)

ACADEMIC ACCESS. THE PROGRAM FOR ACADEMIC ACCESS ADDRESSES MANY FUNDAMENTAL PRINCIPLES OF MARYMOUNT MANHATTAN'S MISSION. IT IS A PROGRAM FOR STUDENTS WITH LEARNING DISABILITIES THAT IS SPECIFICALLY DESIGNED TO FOSTER ACADEMIC SUCCESS. THROUGH ACCOMMODATIONS AND MULTIFACETED SUPPORT, STUDENTS WITH LEARNING DIFFICULTIES ARE ABLE TO MANAGE THE MARYMOUNT MANHATTAN CURRICULUM ALONG WITH THEIR PEERS AND CLASSMATES. SEE SCHEDULE O.

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

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

4e Total program service expenses 62,599,199.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		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? <i>If "Yes," complete Schedule C, Part II.</i>		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? <i>If "Yes," complete Schedule C, Part III.</i>		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? <i>If "Yes," complete Schedule D, Part I.</i>		X
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>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		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? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	X	
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		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? <i>If "Yes," complete Schedule L, Part III.</i>	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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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? <i>If "Yes," complete Schedule R, Part VI.</i>		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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No response columns. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 709.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (23), 1b (22), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: WAYNE SANTUCCI 221 EAST 71ST STREET NEW YORK, NY 10021-4597 212-517-0544

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

Check if Schedule O contains a response or note to any line 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 related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDA BASILICE-HOERRNER TRUSTEE	1.00 0.	X						0.	0.	0.
(2) CAROL BERMAN TRUSTEE	1.00 0.	X						0.	0.	0.
(3) THOMAS C. CLARK TRUSTEE	1.00 0.	X						0.	0.	0.
(4) PAUL A. GALIANO TRUSTEE	1.00 0.	X						0.	0.	0.
(5) SUSAN GARDELLA TRUSTEE	1.00 0.	X						0.	0.	0.
(6) JOHN H. HUNT TRUSTEE	1.00 0.	X						0.	0.	0.
(7) HOPE D. KNIGHT CHAIRMAN	1.00 0.	X						0.	0.	0.
(8) BARBARA A. LOUGHLIN TRUSTEE	1.00 0.	X						0.	0.	0.
(9) PAUL C. LOWERRE TRUSTEE	1.00 0.	X						0.	0.	0.
(10) MICHAEL J. MATERASSO TRUSTEE	1.00 0.	X						0.	0.	0.
(11) CATHERINE M. PATTEN TRUSTEE	1.00 0.	X						0.	0.	0.
(12) NATASHA PEARL TRUSTEE	1.00 0.	X						0.	0.	0.
(13) JUDITH L. ROBINSON TRUSTEE	1.00 0.	X						0.	0.	0.
(14) CECILIA TUDELA-MONTERO TRUSTEE	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) RONALD J. YOO TRUSTEE	1.00 0.	X					0.	0.	0.	
16) LUCILLE ZANGHI TRUSTEE	1.00 0.	X					0.	0.	0.	
17) PATRICIA A. AGNELLO TRUSTEE - 11/2015	1.00 0.	X					0.	0.	0.	
18) HELEN DEMETRIOS TRUSTEE - 12/2015	1.00 0.	X					0.	0.	0.	
19) ABBY C. FIORELLA TRUSTEE - 12/2015	1.00 0.	X					0.	0.	0.	
20) EDWARD VAN SADERS TRUSTEE - 12/2015	1.00 0.	X					0.	0.	0.	
21) CATHERINE VINCIE TRUSTEE - 11/2015	1.00 0.	X					0.	0.	0.	
22) MICHAEL STEWART TRUSTEE - 03/2016	1.00 0.	X					0.	0.	0.	
23) KERRY WALK PRESIDENT - 07/1/2015	35.00 0.	X		X			170,876.	0.	54,771.	
24) PAUL CIRAULO EXCEC VP ADMIN & FINANCE, CFO	35.00 0.			X			256,969.	0.	40,603.	
25) DAVID PODELL V.P. ACADEMIC AFFAIRS	35.00 0.				X		240,201.	0.	56,014.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							2,932,434.	0.	536,647.	
d Total (add lines 1b and 1c)							2,932,434.	0.	536,647.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **40**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

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 **17**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MARILYN WILKIE VP INSTITUTIONAL ADVANCEMENT	35.00 0.				X			217,958.	0.	49,499.
(27) CAROL JACKSON VP STUDENT AFFAIRS	35.00 0.				X			192,644.	0.	30,415.
(28) WAYNE SANTUCCI CONTROLLER, ASSOCIATE VP	35.00 0.				X			169,697.	0.	96,593.
(29) DALE H HOCHSTEIN CHIEF INFORMATION OFFICER	35.00 0.					X		163,903.	0.	14,432.
(30) KATHLEEN LEBESCO ASSOC. DEAN OF ACADEMIC AFFAIR	35.00 0.					X		153,887.	0.	31,486.
(31) MARIA DEINNOCENTIIS AVP OF STUDENT FINANCIAL SVCS.	35.00 0.					X		149,679.	0.	31,285.
(32) LINDA SOLOMON PROFESSOR	35.00 0.					X		143,283.	0.	28,503.
(33) PATRICIA HANSEN DIRECTOR OF IT -THROUGH 7/2/15	35.00 0.					X		199,437.	0.	30,271.
(34) DR. JUDSON SHAVER FORMER PRESIDENT	35.00 0.						X	873,900.	0.	72,775.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 40

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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 **▶**

Part VIII Statement of Revenue

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

				(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 Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	476,209.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	509,161.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,680,131.					
	g Noncash contributions included in lines 1a-1f: \$		132,128.					
	h Total. Add lines 1a-1f			2,665,501.				
	Program Service Revenue				Business Code			
2a TUITION AND FEES			900099	53,655,472.	53,655,472.			
b RESIDENCE FEES			900099	11,160,384.	11,160,384.			
c ACADEMIC PROGRAMS			900099	243,859.	243,859.			
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f				65,059,715.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			485,727.			485,727.	
	4 Income from investment of tax-exempt bond proceeds			0.				
	5 Royalties			0.				
	6a Gross rents	(i) Real	336,721.					
		(ii) Personal						
		b Less: rental expenses		64,509.				
		c Rental income or (loss)		272,212.				
	d Net rental income or (loss)			272,212.			272,212.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	4,886,958.					
		(ii) Other						
		b Less: cost or other basis and sales expenses		4,915,200.				
		c Gain or (loss)		-28,242.				
	d Net gain or (loss)			-28,242.			-28,242.	
	8a Gross income from fundraising events (not including \$ 476,209. of contributions reported on line 1c). See Part IV, line 18	a		71,320.				
		b Less: direct expenses		169,692.				
c Net income or (loss) from fundraising events				-98,372.			-98,372.	
9a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses							
	c Net income or (loss) from gaming activities			0.				
10a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold							
	c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue			Business Code					
11a FOOD SERVICE REVENUE		110000	2,380,994.			2,380,994.		
b OTHER		900099	143,312.			143,312.		
c _____								
d All other revenue								
e Total. Add lines 11a-11d			2,524,306.					
12 Total revenue. See instructions.			70,880,847.	65,059,715.		3,155,631.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 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 domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	15,578,313.	15,578,313.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	169,127.	169,127.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,528,177.	2,404,492.	102,402.	21,283.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	20,543,503.	16,069,474.	3,552,805.	921,224.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,643,460.	1,315,952.	260,371.	67,137.
9 Other employee benefits	3,337,544.	2,672,492.	528,720.	136,332.
10 Payroll taxes	1,735,219.	1,389,425.	274,908.	70,886.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	215,335.		215,335.	
c Accounting	206,900.		206,900.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	107,634.	102,369.	4,360.	905.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,869,722.	3,529,859.	52,486.	287,377.
12 Advertising and promotion	211,503.	176,147.		35,356.
13 Office expenses	1,877,765.	1,637,082.	68,435.	172,248.
14 Information technology	1,014,039.	25,330.	981,656.	7,053.
15 Royalties	0.			
16 Occupancy	1,800,661.	1,748,316.	43,433.	8,912.
17 Travel	248,443.	215,564.	18,336.	14,543.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	783,590.	599,459.	110,216.	73,915.
20 Interest	2,047,893.	2,047,893.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	4,167,866.	4,018,774.	123,437.	25,655.
23 Insurance	408,186.	388,217.	16,533.	3,436.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a HOUSING RENTAL -----	4,278,391.	4,173,991.	104,400.	
b FOOD SERVICE OPERATIONS -----	2,089,767.	2,089,767.		
c BAD DEBT RESERVE -----	478,796.	446,612.		32,184.
d DUES & MEMBERSHIP -----	277,446.	254,568.	20,973.	1,905.
e All other expenses -----	1,589,459.	1,545,976.	39,495.	3,988.
25 Total functional expenses. Add lines 1 through 24e	71,208,739.	62,599,199.	6,725,201.	1,884,339.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	6,418,756.	1	4,355,863.	
	2 Savings and temporary cash investments	1,034,903.	2	1,035,758.	
	3 Pledges and grants receivable, net	1,634,847.	3	1,673,772.	
	4 Accounts receivable, net	583,067.	4	547,682.	
	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	0.	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.	
	7 Notes and loans receivable, net	0.	7	0.	
	8 Inventories for sale or use	0.	8	0.	
	9 Prepaid expenses and deferred charges	304,434.	9	714,357.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 122,625,838.			
	b Less: accumulated depreciation	10b 54,691,618.	69,485,224.	10c	67,934,220.
	11 Investments - publicly traded securities	29,803,614.	11	29,606,740.	
	12 Investments - other securities. See Part IV, line 11	0.	12	0.	
	13 Investments - program-related. See Part IV, line 11	0.	13	0.	
	14 Intangible assets	0.	14	0.	
	15 Other assets. See Part IV, line 11	954,837.	15	363,766.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	110,544,682.	16	106,232,158.		
Liabilities	17 Accounts payable and accrued expenses	4,512,182.	17	3,137,453.	
	18 Grants payable	0.	18	0.	
	19 Deferred revenue	2,291,043.	19	2,237,612.	
	20 Tax-exempt bond liabilities	40,989,989.	20	38,951,516.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 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	1,611,064.	25	1,575,610.	
	26 Total liabilities. Add lines 17 through 25	49,404,278.	26	45,902,191.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	38,061,541.	27	38,505,280.	
	28 Temporarily restricted net assets	9,724,435.	28	8,342,548.	
	29 Permanently restricted net assets	13,354,428.	29	13,482,139.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	61,140,404.	33	60,329,967.	
34 Total liabilities and net assets/fund balances	110,544,682.	34	106,232,158.		

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	70,880,847.
2	Total expenses (must equal Part IX, column (A), line 25)	2	71,208,739.
3	Revenue less expenses. Subtract line 2 from line 1	3	-327,892.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	61,140,404.
5	Net unrealized gains (losses) on investments	5	-482,545.
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	60,329,967.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

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.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2015; 15 Public support percentage from 2014 Schedule A; 16a 33 1/3% support test - 2015; 16b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; 17b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2015, 2014. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2014 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2015, 2014. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a	
b	A family member of a person described in (a) above?	11 b	
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11 c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI **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 of Contributors

2015

▶ **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.

Name of the organization MARYMOUNT MANHATTAN COLLEGE	Employer identification number 13-1628206
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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).

Name of organization MARYMOUNT MANHATTAN COLLEGE	Employer identification number 13-1628206
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____	\$ 129,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 67,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 61,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 42,868.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 35,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 37,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 22,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 22,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 22,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 17,995.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MARYMOUNT MANHATTAN COLLEGE	Employer identification number 13-1628206
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	_____	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____	\$ 13,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____	\$ 14,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 12,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 14,170.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 9,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 10,775.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 9,945.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 10,070.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 9,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 8,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 8,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 7,325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 6,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 6,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 5,775.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 5,692.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 5,460.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Name of organization MARYMOUNT MANHATTAN COLLEGE	Employer identification number 13-1628206
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	_____	\$ 54,095.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
75	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	_____	\$ 6,269.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
77	_____	\$ 10,312.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
78	_____	\$ 22,894.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ 36,092.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 7,618.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MARYMOUNT MANHATTAN COLLEGE

Employer identification number

13-1628206**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
74	STOCK _____ _____ _____	\$ <u>49,095.</u>	<u>12/18/2015</u>
76	STOCK _____ _____ _____	\$ <u>4,994.</u>	<u>12/11/2015</u>
77	STOCK _____ _____ _____	\$ <u>10,312.</u>	<u>12/11/2015</u>
78	STOCK _____ _____ _____	\$ <u>22,894.</u>	<u>03/03/2016</u>
79	STOCK _____ _____ _____	\$ <u>36,092.</u>	<u>12/31/2015</u>
80	STOCK _____ _____ _____	\$ <u>7,618.</u>	<u>05/24/2016</u>

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number

13-1628206

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
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
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
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
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
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
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

MARYMOUNT MANHATTAN COLLEGE

13-1628206

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2015

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	18,723,910.	17,863,772.	15,857,198.	14,801,211.	15,631,813.
b Contributions	127,711.	1,445,528.	200,093.	117,903.	118,664.
c Net investment earnings, gains, and losses	-139,387.	79,247.	2,462,666.	1,509,700.	-342,041.
d Grants or scholarships	641,751.	664,637.	656,185.	571,616.	607,225.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	18,070,483.	18,723,910.	17,863,772.	15,857,198.	14,801,211.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment 25.0000 %
 - c** Temporarily restricted endowment 75.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		18,094,588.		18,094,588.
b Buildings		87,317,711.	40,766,008.	46,551,703.
c Leasehold improvements		92,884.	7,740.	85,144.
d Equipment		14,660,815.	12,039,990.	2,620,825.
e Other		2,459,838.	1,877,878.	581,960.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				67,934,220.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) INTEREST PAYABLE	1,010,755.	
(3) ASSET RETIREMENT OBLIGATION	564,855.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,575,610.	

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

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART V, LINE 4

INTENDED USES OF ENDOWMENT FUNDS

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

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, 2016 AND 2015.

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

RECLASS OF STUDENT AID (15,747,440)

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

SPECIAL EVENTS EXPENSES (169,692)

SPACE RENTAL EXPENSES (64,509)

(234,201)

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

SPECIAL EVENTS EXPENSES 169,692

SPACE RENTAL EXPENSES 64,509

234,201

Part XIII Supplemental Information *(continued)*

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

RECLASS OF STUDENT AID \$15,747,440

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

Schools

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Employer identification number

13-1628206

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	X	
<u>SEE SUPPLEMENTAL PAGE</u>		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" to either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

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

SCHEDULE E, LINE 3

THE COLLEGE PUBLICIZES OUR NON-DISCRIMINATION POLICY ON ALL PUBLISHED MATERIALS SENT TO PROSPECTIVE, ADMITTED AND ENROLLED STUDENTS. IN ADDITION OUR POLICY IS ON OUR WEB OUTREACHES DIRECTLY AND INDIRECTLY BY A LINK TO OUR WEBPAGE INFORMATION.

SCHEDULE E, LINE 6(A)

FEDERAL WORK-STUDY PROGRAM	\$127,102

TOTAL FEDERAL GRANTS	\$127,102
NEW YORK STATE LIBRARY GRANT	\$5,662
NEW YORK STATE HEOP (HIGHER EDUCATION OPPORTUNITY PROGRAM) GRANT	\$273,155
NEW YORK STATE BUNDY GRANT	\$103,242

TOTAL NEW YORK STATE GRANTS	\$382,059

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Employer identification number

13-1628206

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **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.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		17,000.
(2) EAST ASIA AND THE PACIFIC			GRANTMAKING		14,527.
(3) EUROPE			GRANTMAKING		30,000.
(4) NORTH AMERICA			GRANTMAKING		94,000.
(5) SOUTH AMERICA			GRANTMAKING		5,000.
(6) SOUTH ASIA			GRANTMAKING		6,600.
(7) RUSSIA AND NEIGHBORING STATES			GRANTMAKING		2,000.
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					169,127.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					169,127.

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

Schedule F (Form 990) 2015

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

3 Enter total number of other organizations or entities. ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
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	8.	17,000.	CREDITED			
(2) SCHOLARSHIP	EAST ASIA/PACIFIC	8.	14,527.	CREDITED			
(3) SCHOLARSHIP	EUROPE/ICELAND/GREENLAND	12.	30,000.	CREDITED			
(4) SCHOLARSHIP	NORTH AMERICA	20.	94,000.	CREDITED			
(5) SCHOLARSHIP	SOUTH AMERICA	2.	5,000.	CREDITED			
(6) SCHOLARSHIP	SOUTH ASIA	4.	6,600.	CREDITED			
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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

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).

FORM 990, SCHEDULE F, PART I, LINE 2

MONITORING THE USE OF GRANT FUNDS 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. THE COLLEGE OFFERS FOREIGN STUDENTS LIMITED FUNDS. ALL STUDENTS ARE MONITORED BY A REVIEW OF THEIR ACADEMIC PROGRESS EACH SEMESTER. THIS REVIEW INCLUDES AN EXAMINATION OF EACH STUDENT'S QUALITATIVE (GPA) AND QUANTITATIVE (CREDITS COMPLETED) STANDARDS. FAILURE TO MEET ONE OR BOTH STANDARDS WILL RESULT IN THE STUDENT'S INSTITUTIONAL AID BEING PLACED IN A WARNING STATUS. CONTINUED FAILURE TO MEET STANDARDS WILL RESULT IN A LOSS OF ELIGIBILITY AND A SUSPENSION OF AID.

PART I, LINE 3, COLUMN (F)

THE COLLEGE USES THE ACCRUAL METHOD OF ACCOUNTING TO ACCOUNT FOR EXPENDITURES.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SCHOLAR BENEFIT (event type)	DANCE GALA (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	517,379.	30,150.		547,529.
	2 Less: Contributions	452,179.	24,030.		476,209.
	3 Gross income (line 1 minus line 2),	65,200.	6,120.		71,320.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	136,971.			136,971.
	7 Food and beverages		11,450.		11,450.
	8 Entertainment				
	9 Other direct expenses	15,884.	5,386.		21,270.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				169,691.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-98,371.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct 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 entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Employer identification number

13-1628206

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2015)

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 III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIP	1,561.	15,578,313.			
2					
3					
4					
5					
6					
7					

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.

FORM 990, SCHEDULE I, PART 1, LINE 2

MONITORING THE USE OF GRANT FUNDS

THE COLLEGE HAS A FAIR, EQUITABLE AND CONSISTENT AWARDED POLICY THAT MEETS FEDERAL, STATE AND INSTITUTIONAL REQUIREMENTS. STUDENTS ARE OFFERED A COMBINATION OF FEDERAL, STATE AND INSTITUTIONAL AID. 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. MMC'S AWARDED POLICY IS REVIEWED BY AN INDEPENDENT AUDITOR EACH YEAR TO ENSURE OUR COMPLIANCE WITH REGULATORY REQUIREMENTS AT MMC. STUDENTS ARE MONITORED EACH SEMESTER TO ENSURE THEY

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 III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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.

MEET THE REQUIREMENTS ATTACHED TO THE AID THEY ARE RECEIVING. THE REVIEW INCLUDES BOTH ENROLLMENT AND ACADEMIC PROGRESS COMPONENTS. MMC STUDENTS MUST MAINTAIN THEIR GPA AND COMPLETE THEIR CREDITS AS DESCRIBED IN THE COLLEGE CATALOGUE UNDER ACADEMIC SATISFACTORY ACADEMIC PROGRESS STANDARDS. ADDITIONALLY EACH GRANT RECEIVED HAS UNIQUE STANDARDS (SEE COLLEGE CATALOGUE) WHICH MUST BE MAINTAINED FOR CONTINUED AWARDING. A REVIEW IS CONDUCTED EACH SEMESTER BY THE FINANCIAL AID STAFF UNDER THE DIRECT SUPERVISION OF THE DIRECTOR OF FINANCIAL AID.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Compensation Information

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

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

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

13-1628206

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

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

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

	Yes	No
1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	KERRY WALK PRESIDENT - 07/1/2015	(i)	170,303.	0.	573.	33,462.	21,309.	225,647.
		(ii)	0.	0.	0.			
2	PAUL CIRAULO EXEC VP ADMIN & FINANCE, CFO	(i)	253,581.	0.	3,388.	25,781.	14,822.	297,572.
		(ii)	0.	0.	0.			
3	DAVID PODELL V.P. ACADEMIC AFFAIRS	(i)	238,062.	0.	2,139.	39,403.	16,611.	296,215.
		(ii)	0.	0.	0.			
4	MARILYN WILKIE VP INSTITUTIONAL ADVANCEMENT	(i)	214,908.	0.	3,050.	22,702.	26,797.	267,457.
		(ii)	0.	0.	0.			
5	CAROL JACKSON VP STUDENT AFFAIRS	(i)	187,823.	0.	4,821.	25,115.	5,300.	223,059.
		(ii)	0.	0.	0.			
6	WAYNE SANTUCCI CONTROLLER, ASSOCIATE VP	(i)	167,220.	0.	2,477.	20,499.	76,094.	266,290.
		(ii)	0.	0.	0.			
7	DALE H HOCHSTEIN CHIEF INFORMATION OFFICER	(i)	162,810.	0.	1,093.		14,432.	178,335.
		(ii)	0.	0.	0.			
8	KATHLEEN LEBESCO ASSOC. DEAN OF ACADEMIC AFFAIR	(i)	153,450.	0.	437.	15,898.	15,588.	185,373.
		(ii)	0.	0.	0.			
9	MARIA DEINNOCENTIIS AVP OF STUDENT FINANCIAL SVCS.	(i)	149,242.	0.	437.	15,280.	16,005.	180,964.
		(ii)	0.	0.	0.			
10	LINDA SOLOMON PROFESSOR	(i)	141,907.	0.	1,376.	14,598.	13,905.	171,786.
		(ii)	0.	0.	0.			
11	JAMES ROGERS DEAN OF ADMISSION	(i)	144,149.	0.	391.	14,500.	2,412.	161,452.
		(ii)	0.	0.	0.			
12	DR. JUDSON SHAVER FORMER PRESIDENT	(i)	317,179.	0.	556,721.	40,775.	32,000.	946,675.
		(ii)	0.	0.	0.			
13	PATRICIA HANSEN DIRECTOR OF IT -THROUGH 7/2/15	(i)	78,905.	0.	120,532.	20,286.	9,985.	229,708.
		(ii)	0.	0.	0.			
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

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.

FORM 990, SCHEDULE J, PART I, LINE 1A

HOUSING AND DISCRETIONARY SPENDING ACCOUNT

A HOUSING ALLOWANCE IN THE AMOUNT OF \$232,684 WAS PROVIDED TO THE FORMER 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 PROVIDED A DISCRETIONARY SPENDING ACCOUNT FOR DR. SHAVER IN THE AMOUNT OF \$11,371 PER THIS FISCAL YEAR, WHICH REPRESENTS REIMBURSEMENT FOR EXPENSES, AND IS TREATED AS TAXABLE COMPENSATION TO HIM AND INCLUDED IN COLUMN B(III) OF PART II. THIS BENEFIT WAS APPROVED BY THE BOARD OF TRUSTEES AFTER REVIEW AND APPROVAL BY THE BOARD'S COMPENSATION COMMITTEE.

FORM 990, SCHEDULE J, PART I, LINE 4A

SEVERANCE PAYMENTS

THE FOLLOWING PERSONS RECEIVED SEVERANCE PAYMENTS DURING THE YEAR:

DR. JUDSON SHAVER: \$317,179

PATRICIA HANSEN: \$120,532

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.

FORM 990, SCHEDULE J, PART 1, LINE 4B

NONQUALIFIED RETIREMENT PLAN

DR. SHAVER'S COMPENSATION REPORTED IN PART II, COLUMN (C) INCLUDES A

NON-VESTED \$14,275 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 K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

2015

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Employer identification number

13-1628206

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	649905WR3	12/22/2009	49,013,498.	REFUNDING DASNY SERIES 1999 BONDS		X		X		X
B											
C											
D											

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	8,753,498.			
2 Amount of bonds legally defeased				
3 Total proceeds of issue	49,013,498.			
4 Gross proceeds in reserve funds	4,360,562.			
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	831,194.			
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds				
11 Other spent proceeds	43,821,742.			
12 Other unspent proceeds				
13 Year of substantial completion	2001			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X			
15 Were the bonds issued as part of an advance refunding issue?		X		
16 Has the final allocation of proceeds been made?	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2 Are there any lease arrangements that may result in private business use of bond-financed property?								

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

Part III Private Business Use (Continued)

DASNY

Table with 9 rows and 8 columns (A, B, C, D). Rows include questions about management contracts, research agreements, and percentages of financed property used in private business use.

Part IV Arbitrage

Table with 10 rows and 8 columns (A, B, C, D). Rows include questions about Form 8038-T, rebate computation, and hedge issues.

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

SCHEDULE K, PART II, 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.

SCHEDULE K, PART IV, LINE 2B

THE 2009 BONDS WERE CURRENT REFUNDING BONDS AND THE MONEY WAS SPENT WITHIN TWO MONTHS TO PAY OFF THE OLD BONDS AND PAY COSTS OF ISSUANCE. THE COLLEGE THEREFORE QUALIFIES FOR THE 6-MONTH EXCEPTION TO REBATE REQUIREMENT.

SCHEDULE K, PART IV, LINE 7

THE COLLEGE HAS POLICIES AND PROCEDURES THAT IT FOLLOWS TO ENSURE COMPLIANCE WITH ARBITRAGE, YIELD RESTRICTION, AND REBATE REQUIREMENTS OF SECTION 148; HOWEVER, THESE POLICIES AND PROCEDURES HAVE NOT BEEN FORMALLY DOCUMENTED TO DATE. OVER THE LAST SEVERAL YEARS, THE COLLEGE HAS FOCUSED ON ENSURING THAT SUFFICIENT DOCUMENTATION EXISTS FOR ALL ITS POLICIES AND PROCEDURES. AS PART OF THIS ONGOING EFFORT, THE COLLEGE EXPECTS TO HAVE A WRITTEN POLICY IN PLACE BY THE CLOSE OF FY 2016 (6/30/16).

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

SCHEDULE K, PART V

THE COLLEGE HAS POLICIES AND PROCEDURES THAT IT FOLLOWS TO ADDRESS VIOLATIONS UNDER THE TAX-EXEMPT BONDS VOLUNTARY CLOSING AGREEMENT PROGRAM; HOWEVER, THESE POLICIES AND PROCEDURES HAVE NOT BEEN FORMALLY DOCUMENTED TO DATE. OVER THE LAST SEVERAL YEARS, THE COLLEGE HAS FOCUSED ON ENSURING THAT SUFFICIENT DOCUMENTATION EXISTS FOR ALL ITS POLICIES AND PROCEDURES. AS PART OF THIS ONGOING EFFORT, THE COLLEGE EXPECTS TO HAVE A WRITTEN POLICY IN PLACE BY THE CLOSE OF FY 2016 (6/30/16).

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2015

Department of the Treasury
Internal Revenue Service

▶ 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.

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

Open To Public Inspection

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Employer identification number

13-1628206

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-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	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$						

Part III 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) 2015

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUBSTANTIAL CONTRIBUTOR #33	SUBSTANTIAL CONTRIBUTOR	1,074,646.	STUDENT HOUSING PROVIDER		X
(2) SUBSTANTIAL CONTRIBUTOR #13	SUBSTANTIAL CONTRIBUTOR	885,081.	FOOD SERVICE VENDOR	X	
(3) SUBSTANTIAL CONTRIBUTOR #53	SUBSTANTIAL CONTRIBUTOR	224,079.	LEGAL SERVICE VENDOR		X
(4) SUBSTANTIAL CONTRIBUTOR #51	SUBSTANTIAL CONTRIBUTOR	110,734.	INVESTMENT MANAGER		X
(5) SUBSTANTIAL CONTRIBUTOR #33	SUBSTANTIAL CONTRIBUTOR	508,059.	STUDENT HOUSING SUBLICENSEE		X
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

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

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Employer identification number

13-1628206

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(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	X	7.	132,128.	HIGH/LOW PRICE MEAN
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶(_____)				
26 Other ▶(_____)				
27 Other ▶(_____)				
28 Other ▶(_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report 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) (2015)

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PAGE 70

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 M, PART I, COLUMN (B)

NUMBER OF CONTRIBUTORS

THE AMOUNT LISTED IN COLUMN (B) REFERS TO THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Employer identification number

13-1628206

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

MARYMOUNT MANHATTAN COLLEGE WAS FOUNDED IN 1936 BY THE RELIGIOUS OF THE SACRED HEART OF MARY AS A TWO-YEAR WOMEN'S COLLEGE AND AT THE TIME WAS A NEW YORK CITY EXTENSION OF MARYMOUNT COLLEGE IN TARRYTOWN, 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, COEDUCATIONAL, INDEPENDENT COLLEGE OF THE LIBERAL ARTS, ATTRACTING AND SERVING A DIVERSE COMMUNITY OF STUDENTS, FACULTY, AND STAFF.

AS THE COLLEGE MOVES FORWARD WITH ITS 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.

Name of the organization MARYMOUNT MANHATTAN COLLEGE	Employer identification number 13-1628206
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FORM 990, PART III - PROGRAM SERVICE, LINE 4B

THE 55TH STREET RESIDENCE HAS 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 CABLE, AND WI-FI 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.

COOPER SQUARE IS A NEW RESIDENCE HALL THAT OPENED IN FALL 2015 IN MANHATTAN'S EAST VILLAGE NEIGHBORHOOD ON EAST 6TH STREET AND COOPER SQUARE. STUDENTS LIVE IN DOUBLE OR TRIPLE ROOMS WITHIN A SUITE THAT HAS TWO OR THREE BEDROOMS, A KITCHENETTE, AND ONE OR TWO BATHROOMS. RA STAFF LIVE IN SINGLE ROOMS WITHIN A LARGER SUITE. ALL STUDENTS ARE PROVIDED WITH A BED, DESK, DRESSER, WARDROBE, CABLE ACCESS, AND WI-FI. COOPER SQUARE HAS 24 HOUR SECURITY AND A LOUNGE LEVEL (OPEN 24 HOURS), THAT CONTAINS A LOUNGE, A STUDY ROOM, A GYM, LAUNDRY FACILITIES, BIKE STORAGE, AND A MAILROOM. THERE IS AN OUTDOOR TERRACE ON THE 7TH FLOOR.

STUDENTS LIVING IN THE 1760 THIRD AVENUE RESIDENCE HALL, WHICH IS LOCATED AT 97TH STREET AND THIRD AVENUE, 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.

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

THE PROGRAM FOR ACADEMIC ACCESS ASSISTS LEARNING-DISABLED STUDENTS

Name of the organization MARYMOUNT MANHATTAN COLLEGE	Employer identification number 13-1628206
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THROUGH TUTORING SERVICES, COUNSELING, ADVISEMENT, AND PRIORITY REGISTRATION. ONCE ACCEPTED INTO THE PROGRAM, STUDENTS' PSYCHO-EDUCATIONAL EVALUATIONS ARE CAREFULLY EXAMINED AND PERSONALIZED ASSISTANCE IS GIVEN TO EACH STUDENT IN PLANNING THEIR PROGRAM. IN ADDITION TO BASIC ACCOMODATIONS, THE PROGRAM PROVIDES TWO HOURS OF INDIVIDUAL TUTORING PER WEEK WITH PROFESSIONAL, MATH TUTORING AS NEEDED, ACADEMIC COACHING TO DEVELOP EXECUTIVE FUNCTIONING SKILLS FOR TIME MANAGEMENT AND ORGANIZATION OF WORK, ACADEMIC ADVISEMENT AND COUNSELING THAT IS TAILORED TO SUIT THE INDIVIDUAL NEEDS OF OUR STUDENTS, PRIORITY REGISTRATION FOR COURSES, NOTE TAKERS FOR APPLICABLE COURSES, EXTENDED TESTING TIMES, MONTHLY PARENT MEETINGS THROUGHOUT THE ACADEMIC YEAR, AND TECHNICAL SUPPORT, INCLUDING KURZWEIL 3000 SOFTWARE AVAILABLE IN THE SHANAHAN LIBRARY. TO ENSURE THAT MARYMOUNT MANHATTAN COLLEGE CAN FOSTER A NURTURING ENVIRONMENT WITH SPECIALIZED ATTENTION FOR EACH STUDENT, THE ACADEMIC ACCESS PROGRAM ADMITS A SMALL NUMBER OF STUDENTS EACH YEAR.

FORM 990, PART VI, SECTION A, LINE 11B
BOARD REVIEW OF FORM 990

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

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

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

CONFLICT OF INTEREST POLICY 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.

Name of the organization MARYMOUNT MANHATTAN COLLEGE	Employer identification number 13-1628206
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THUS, THE BOARD REQUIRES EACH TRUSTEE (A) CONFIRM THAT HE OR SHE IS FAMILIAR WITH THIS POLICY, (B) DISCLOSE TO THE BOARD CHAIR ANY POSSIBLE PERSONAL, FAMILIAL OR BUSINESS RELATIONSHIPS THAT MIGHT GIVE RISE TO A CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST INVOLVING THE COLLEGE, AND (C) AGREE TO SERVE ONLY IN ACCORDANCE WITH THE LETTER AND SPIRIT OF THIS POLICY. A FORM FOR THIS PURPOSE IS ATTACHED, AND SHALL BE COMPLETED BY EACH TRUSTEE AT LEAST ANNUALLY.

A "BUSINESS RELATIONSHIP" IS ONE IN WHICH A TRUSTEE OR A MEMBER OF HIS OR HER FAMILY SERVES AS AN OFFICER, DIRECTOR, EMPLOYEE, PARTNER, TRUSTEE OR CONTROLLING STOCKHOLDER OF AN ORGANIZATION THAT DOES BUSINESS WITH THE COLLEGE. A "FAMILY MEMBER" IS A SPOUSE, PARENT, SIBLING OR CHILD OF A TRUSTEE, OR ANY OTHER RELATIVE LIVING IN THE TRUSTEE'S HOUSEHOLD. IF A TRUSTEE IS UNCERTAIN WHETHER TO DISCLOSE A PARTICULAR RELATIONSHIP, THE BOARD CHAIR SHOULD BE CONSULTED. THE CHAIR MAY ELECT TO SEEK THE JUDGMENT OF THE EXECUTIVE COMMITTEE IN DETERMINING WHETHER A RELATIONSHIP GIVES RISE TO A CONFLICT OF INTEREST OR SHOULD OTHERWISE BE DISCLOSED TO THE BOARD. THE CHAIR AND THE EXECUTIVE COMMITTEE SHALL KEEP ANY CONSULTATION CONFIDENTIAL UNLESS AND UNTIL THEY DETERMINE THAT THE BEST INTERESTS OF THE COLLEGE REQUIRE DISCLOSURE.

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

FORM 990, PART VI, SECTION B, LINE 15A & 15B
COMPENSATION REVIEW

Name of the organization MARYMOUNT MANHATTAN COLLEGE	Employer identification number 13-1628206
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THE ORGANIZATION HAS INSTITUTED A PROCESS 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 TREAS. REG. §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.

FORM 990, PART VI, SECTION C, LINE 19

PUBLIC DISCLOSURE OF GOVERNING DOCUMENTS

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 I AND PART X

IN 2015, THE COLLEGE ADOPTED ASU NO. 2015-03, SIMPLIFYING THE PRESENTATION OF DEBT ISSUANCE COSTS, WHICH REQUIRES DEBT ISSUANCE COSTS RELATED TO A RECOGNIZED DEBT LIABILITY TO BE PRESENTED ON THE BALANCE SHEETS AS A DIRECT DEDUCTION FROM THE DEBT LIABILITY. THE COLLEGE APPLIED THE PROVISION UPDATE RESTROSPECTIVELY TO 2014. AS A RESULT, THE PRESENTATION FOR PRIOR YEAR YEAR AMOUNTS HAS BEEN ADJUSTED ON PART 1 AND PART X.

Name of the organization MARYMOUNT MANHATTAN COLLEGE	Employer identification number 13-1628206
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ATTACHMENT 1FORM 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 STUDENT BODY 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.

MARYMOUNT MANHATTAN COLLEGE WAS FOUNDED IN 1936 BY THE RELIGIOUS OF THE SACRED HEART OF MARY (RSHM) AS AN URBAN EXTENSION OF MARYMOUNT COLLEGE IN TARRYTOWN, NEW YORK. THE COLLEGE BECAME INDEPENDENT IN 1961 AND COEDUCATIONAL AND NONSECTARIAN IN 1971, AND CURRENTLY ENROLLS APPROXIMATELY 2,000 FULL- AND PART-TIME STUDENTS.

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
COMPASS GROUP NORTH AMERICA	FOOD SERVICE	885,081.

Name of the organization MARYMOUNT MANHATTAN COLLEGE	Employer identification number 13-1628206
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ATTACHMENT 2 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
2400 YORKMONT ROAD CHARLOTTE, NC 28217		
U.S. SECURITY ASSOCIATES 200 MANSELL COURT, FIFTH FLOOR ROSWELL, GA 30076	SECURITY SERVICES	636,703.
KENCAL MAINTENANCE CORPO 399 KNOLLWOOD ROAD WHITE PLAINS, NY 10603	CLEANING SERVICES	404,949.
TEACHERS INSURANCE AND ANNUITY ASSOC. 750 THIRD AVENUE NEW YORK, NY 10017	INVESTMENT MANAGER	334,390.
B & B CONTRACTING GROUP, LLC 2502 TIGANI DRIVE WILINGTON, DE 19808	GENERAL CONTRACTOR	451,242.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Employer identification number

13-1628206

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

(a) Name, address, and EIN (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)					
(6)					

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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(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)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) 231-235 E 55TH ST CONDOMINIUM 58-2636459 622 THIRD AVENUE NEW YORK, NY 10017	STUDENT HOUSING	NY	MARYMOUNT	C CORP	1,169,254.	1,427,738.	70.7000	X	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) 231-235 E 55TH ST CONDOMINIUM	P	863,276.	PER OWNERSHIP %
(2) 231-235 E 55TH ST CONDOMINIUM	M	58,985.	PER OWNERSHIP %
(3)			
(4)			
(5)			
(6)			

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 sections 512-514)	(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
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

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

FORM 990, SCHEDULE R, PART II

THE COLLEGE IS A 70.70% OWNER OF A CONDOMINIUM (231-235 EAST 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 \$1,427,738, IS BASED ON THE COLLEGE'S OWNERSHIP PERCENTAGE BUT IN ACTUALITY THE COLLEGE DOES NOT HAVE RIGHTS TO MAJORITY OF THESE ASSETS.