Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

6

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

۱ For t		The organization may have to use a copy of this return to		÷ .	Inspecti	on
	he 201	2 calendar year, or tax year beginning 07/01, 2012, an	nd ending		′30 ,20 ₁₃	
Check if	applicable	C Name of organization		D Employer identifica	tion number	
		MARYMOUNT MANHATTAN COLLEGE				
	dress inge	Doing Business As		13-1628206		
Nan	me change	Number and street (or P.O. box if mail is not delivered to street address) Roo	om/suite	E Telephone number		
Initi	ial return	221 EAST 71ST STREET		(212) 517-04	100	
Ter	minated	City or town, state or country, and ZIP + 4				
Am retu	ended urn	NEW YORK, NY 10021-4597		G Gross receipts \$	75,401,	,146.
	olication nding	F Name and address of principal officer: DR. JUDSON SHAVER		H(a) Is this a group return affiliates?	n for Yes	X
		221 EAST 71ST STREET NEW YORK, NY 10021-4597		H(b) Are all affiliates inclu	ided? Yes	No
Tax-e	exempt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No," attach a list.	(see instructions)	
Web	site: 🕨	HTTP://WWW.MMM.EDU		H(c) Group exemption nu	mber 🕨	
Form	n of organ	ization: X Corporation Trust Association Other ►	L Year of forma	tion: 1961 M State of	f legal domicile:	NY
Part I	Su	nmary				
1	Briefly	v describe the organization's mission or most significant activities:				
	MARY	MOUNT MANHATTAN COLLEGE'S MISSION IS TO EDUCATE	A SOCIAL	LY AND		
	ECON	NOMICALLY DIVERSE POPULATION BY FOSTERING INTELL	ECTUAL AC	HIEVEMENT,		
ŝ	PERS	SONAL GROWTH AND CAREER DEVELOPMENT.				
Governance 5	Check	this box	f more than 25%	6 of its net assets.		
ຜ ສ 3	Numb	er of voting members of the governing body (Part VI, line 1a)		3		21.
	Numb	er of independent voting members of the governing body (Part VI, line 1b)		4		20.
5	Total	number of individuals employed in calendar year 2012 (Part V, line 2a)		5	1	,035.
Activities 9 G F		number of volunteers (estimate if necessary)				20.
7 a	Total	gross unrelated business revenue from Part VIII, column (C), line 12		7a		(
b		nrelated business taxable income from Form 990-T, line 34				(
		,		Prior Year	Current Ye	ear
. 8	Contri	butions and grants (Part VIII, line 1h)		1,671,651.	2,284,	,202.
9 9 10	Progra	am service revenue (Part VIII, line 2g)		55,222,761.	56,737,	,316.
a 10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d) PUBLIC INSPE		307,682.	1,603,	
<u>د</u> 11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-2,871.		,480.
12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		57,199,223.	60,715,	
13		s and similar amounts paid (Part IX, column (A), lines 1-3)		9,922,842.	10,575,	
14	Benef	its paid to or for members (Part IX, column (A), line 4)	••••	0	,	(
45	Salari	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)	••••	28,110,255.	28,156,	,763.
8 16		ssional fundraising fees (Part IX, column (A), line 11e)		43,922.	,	(
Exbenses	h Total t	fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 1 <u>484</u> , 230.				
^{¹ 17}	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		20,230,451.	20,649,	,681.
18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	••••	58,307,470.	59,382,	
19		nue less expenses. Subtract line 18 from line 12		-1,108,247.	1,333,	
-				nning of Current Year	End of Yea	
Fund Balances 75 75 75 75 75 75 75 75 75 75 75 75 75	Total	assets (Part X, line 16)		111,648,536.	112,148,	
21	Total	liabilities (Part X, line 26)		54,314,060.	53,294,	
22	Net as	ssets or fund balances. Subtract line 21 from line 20	••••	57,334,476.	58,853,	
Part II		anature Block				,
		f perjury, I declare that I have examined this return, including accompanying schedules and lete. Declaration of preparer (other than officer) is based on all information of which prepar	statements, and t	to the best of my knowled	lge and belief, it i	is true,
correct, a	and comp	plete. Declaration of preparer (other than officer) is based on all information of which prepar	rer has any knowl	edge.		
Sign						
Here		Signature of officer		Date		
		Type or print name and title				
			Date	Check if	PTIN	
	1 1 1110	Type preparer's name Preparer's signature		self-	P0091	6443
aid			5/15/14	employed 🕨		
	r Bart	bara E Hunt, Senior Tax Manager	5/15/14	employed ►		0110
repare	r Bart Firm's	ara E Hunt, Senior Tax Manager		EIN ▶ 13-5	565207	
Paid Preparer Jse Only May the	r Bart Firm's Firm's	bara E Hunt, Senior Tax Manager)2	EIN ► 13-5 Phone no. ► 212-		No

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return**

Х

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions

	Enter mer sidentnying humber, see mst				
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or			
print File by the	MARYMOUNT MANHATTAN COLLEGE	13-1628206			
due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions. 221 EAST 71st STREET	Social security number (SSN)			
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
	NEW YORK, NY 10021				

Enter the Return code for the return that this application is for (file a separate application for each return)

Application		Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720- (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of ▶ WAYNE SANTUCCI

Telephone No. ▶ 212-517-0544 FAX No. ▶	
• If the organization does not have an office or place of business in the United States, check this box	· · · · · · · · · · · · · · · · · · ·
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	. If this is
for the whole group, check this box If it is for part of the group, check this box	
a list with the names and EINs of all members the extension is for.	
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension	on of time
until 02/17 , 20 14 , to file the exempt organization return for the organizatio	on named above. The extension is
for the organization's return for:	
► calendar year 20 or	
• X tax year beginning $07/01/$, 20 <u>12</u> , and ending $06/30$. 20 13 .
, <u>12</u> , , , , , , , , , , , , , , , , , , ,	,
2 If the tax year entered in line 1 is for less than 12 months, check reason:	Final return
Change in accounting period	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative ta	ix, less any
nonrefundable credits. See instructions.	3a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable of	
estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by u	
(Electronic Federal Tax Payment System). See instructions.	3c \$
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Forr	
For Privacy Act and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev. 1-2013)

 If you are 	e filing for an Additional (Not Automatic) 3-Month Extension, complete only P	art II and check this box
Note. Only	complete Part II if you have already been granted an automatic 3-month exten	sion on a previously filed Form 8868.
	e filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the	original (no copies needed).
		Enter filer's identifying number, see instructions
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
Type or		
print	MARYMOUNT MANHATTAN COLLEGE	13-1628206
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
due date for	221 EAST 71st STREET	
filing your return, See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	NEW YORK, NY 10021-4597	

Enter the Return code for the return that this application	is for (file a	a separate application for each return)	. 0 1
Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
STOP! Do not complete Part II if you were not already	granted ar	n automatic 3-month extension on a previously filed For	m 8868.
● The books are in the care of ▶ WAYNE SANTUCCI		······································	
Telephone No. ► 212-517-0544	I	FAX No. ►	
If the organization does not have an office or place of	business ir	the United States, check this box	
• If this is for a Group Return, enter the organization's for	ur digit Gro	oup Exemption Number (GEN) If the second seco	
for the whole group, check this box \ldots .	f it is for pa	art of the group, check this box \ldots \blacktriangleright and at	tach a
list with the names and EINs of all members the extension	n is for.		
4 I request an additional 3-month extension of time un	ntil <u>05/15</u>	, 20 _14	
5 For calendar year, or other tax year beginni	ing <u>07/01</u>	, 20 12 , and ending 06/30,	20 <u>13</u> .
6 If the tax year entered in line 5 is for less than 12 m	onths, cheo	ck reason: Initial return Final return	
Change in accounting period			
7 State in detail why you need the extension INFORM	MATION	NECESSARY TO PREPARE A COMPLETE AND	
ACCURATE RETURN IS NOT YET AVAILA	BLE.	7) 	
8a If this application is for Form 990-BL 990-PE 99	0-T. 4720	or 6069, enter the tentative tax, less any	

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit and any		
	amount paid previously with Form 8868.	8b	\$
С	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS		
	(Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature 🕨

Darsara & Hinto

Title ▶ Senior Tax Manager Date ▶ 2/10/14

KPMG LLP

Form 8868 (Rev. 1-2013)

MARYMOUNT	MANHATTAN	COLLEGE
		0011101

Form 990 (2012)

Page 2

	Briefly describe the organization's mission:
	ATTACHMENT 1
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other
	the total expenses, and revenue, if any, for each program service reported.
1	(Code: 611600) (Expenses \$ 41,958,273. including grants of \$ 10,575,608.) (Revenue \$ 47,400,093.)
	_ATTACHMENT 2
_	$(C_{ade:} (11710))$ (Even proce
)	(Code: 611710) (Expenses \$ 8,610,193. including grants of \$) (Revenue \$ 9,139,423.)
	ATTACHMENT 3
	(Code: 900099) (Expenses \$including grants of \$) (Revenue \$)
	(Code: 900099 _) (Expenses \$) (Revenue \$
	(Code: 900099)(Expenses \$)(Revenue \$
	(Code: 900099)(Expenses \$ 272,913. including grants of \$)(Revenue \$ 197,800.) THE PROGRAM FOR ACADEMIC ACCESS ADDRESSES MANY FUNDAMENTAL PRINCIPLES OF MARYMOUNT MANHATTAN'S MISSION. THROUGH THE PROGRAM FOR ACADEMIC ACCESS, WE STRIVE TO ENSURE ACADEMIC SUCCESS OF EVERY
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	(Code: 900099)(Expenses \$)(Revenue \$

MARYMOUNT MANHATTAN COLLEGE

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Yes, No 2 Is the organization required to complete Schedule B, Schedule C Contributors (see instructions)? 2 X 2 Is the organization agage in direct opilical campaing activities on behaff of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 3 X 4 Section 501(c)(3) organizations. Bid the organization agage in libbying activities on behaff of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II. 3 X 5 Is the organization a section 501(c)(6), or 501(c)(6), organization that receives membership dues, assessments, or similar amounts and efficient II. Revenue Procedure 80: 419' If "Yes," complete Schedule C, Part II. 4 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7 X 7 Did the organization simular inaccollections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 7 X 9 Did the organization simular oblections of works of art, historical treasures, or other similar assetset? If "Yes," complete Schedul		990 (2012)			I	-age 3
1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. 1 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 2 X 3 Did the organization engage in direct or indirect Dolitical campaign activities on behalf of or in opposition to candidates for public Offer II "Yes," complete Schedule C. Part II. 3 X 4 Section 501(c)(3) organizations. Did the organization section 501(c)(4) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? II "Yes," complete Schedule C, Part II. 4 X 5 Did the organization asconton 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? II "Yes," complete Schedule C, Part II. 5 X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space. The environment, historic and areas or historic structures II "wes", complete Schedule D, Part II. 7 X 7 Did the organization report an amount in Part X. Ine 21, for escrow or custodial account liability: serves a custodian for amounts not listed in Part X. Ine 121, for escrow or custodial account liability: serves a custodian for amounts not listed in Part X. Ine 21, for escrow or custodial account liability: serves a custodian for amounts not listed in Part X. Ine 21, for escrow plete Schedule D, Part V. 10 X <th>Part</th> <th>IV Checklist of Required Schedules</th> <th></th> <th></th> <th></th> <th></th>	Part	IV Checklist of Required Schedules				
complete Schedule A 1 X 2 Is the organization required to complete Schedule B, Schedule of Combutors (see instructions)? 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 3 X 4 Section 501(c)(3) organizations. Bid the organization engage in lobbying activities, or have a section 501(n) election 501(c)(4), 501(c)(5), or 501(c)(6) or 501(c)			г		Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Nss," complete Schedule C, Part II. 4 X 4 Section 501(c)(3) organizations, Did the organization engage in lobbying activities on have a section 501(h). 4 X 5 Is the organization a section 501(c)(4). 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yss," complete Schedule 0, Part II. 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. 7 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization, directly or through a related organization, hold assets in temporarily restricted ned norments? If "res," complete Schedule D, Part II. 8 X 9 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 120, Part VI. 9 X 10 </th <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td>	1					
 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 4 Section 501(c)(3) organizations. Did the organization as defined in Revenue Procedure (2, Part II) assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part II. 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 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, inc 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, inc 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, inc 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, inc 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, inc 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, inc 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, inc 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, inc 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, inc 21, for escrow or custodial account liability, serve as a custodian for amounts program related organization, hold assets in Part X, l	_					
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endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VII, VII, VX, or X as applicable. 10 Image: Complete Schedule D, Part VI, VII, VII, VX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a 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? If "Yes," complete Schedule D, Part VII 11b 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? If "Yes," complete Schedule D, Part VII. 11c X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11c X d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization neltade in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization naintain an office, emp	10	•	•	-		
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 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if				
14 a Did the organization maintain an office, employees, or agents outside of the United States? 14 a 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? If "Yes," complete Schedule F, Parts I and IV 14 a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 14 b X						X
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15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any						
		-	• -	14b		X
organization or antity located outside the United States? If "Vee" complete Schedule E. Darte II and IV	15					57
		organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	• -	15		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16			4.0		37
to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV			• -	16		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	17			47		v
on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	40		• -	17		
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18			10	v	
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		• -	IÓ	Λ	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III.	19			10		v
If "Yes," complete Schedule G, Part III 19 X 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	20 -					
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?						- 23

Form **990** (2012)

JSA

Form 9	990 (2012)		F	⊃age 4
Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	0.51		37
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		v	
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		v
	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a		Х
a L	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	208		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		Х
_	Schedule L, Part IV	200		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		Х
20		29	X	
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
30	•	30	Х	
21	conservation contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>	30	21	
31		31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
32	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
34	or IV, and Part V, line 1.	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note . All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2012)

MARYMOUNT MANHATTAN COLLEGE

	Statements Regarding Other IRS Filings and Tax Compliance			F
a	Check if Schedule O contains a response to any question in this Part V.			
			Yes	
1 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 33		100	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4	X	,
	reportable gaming (gambling) winnings to prize winners?	1c		•
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 1,035			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
		50 50		_
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		_
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6 -		
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	2
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	2
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
•		0		
	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the organization make any taxable distributions under section 4966?	9a		_
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
I	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
α	-			
Ŀ	Note. See the instructions for additional information the organization must report on Schedule O.			
Ø	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_
4a		14a 14b		_

Form 9	00 (2012) MARYMOUNT MANHATTAN COLLEGE 13-1628	3206		Page
Part				a "No
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in			
	Check if Schedule O contains a response to any question in this Part VI	• • •	• •	Х
Sect	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	-		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			37
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			37
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		-
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Ļ	Х
ecti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	r'	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
3	Did the organization have a written whistleblower policy?	13	Х	
1	Did the organization have a written document retention and destruction policy?	14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
ect	on C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	501(c)	(3)s o	nly)
	available for public inspection. Indicate how you made these available. Check all that apply.	. ,		
	X Own website Another's website X Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	f inte	rest r	olicv
	and financial statements available to the public during the tax year.		r	-)
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	he		
	organization: ▶wayne santucci 221 East 71st street new york, ny 10021-4597 (212)517-0544			
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	hours for related organizations below dotted line)	요 등 중 풍		Key employee	Key employee compensated			organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) LINDA BASILICE-HOERRNER TRUSTEE (EFFECTIVE 5/2013)	1.00	X						C	0	0
(2) GLORIA SPINELLI BOHAN TRUSTEE	1.00	Х						O	0	0
(3) JAMES E. BUCKMAN TRUSTEE	1.00	Х						C	0	0
(4) THOMAS C. CLARK TRUSTEE	1.00	Х						C	0	0
_(5) TERESITA FAY TRUSTEE	1.00	Х						0	0	0
(6) ANNE C. FLANNERY TRUSTEE	1.00	Х						0	0	0
(7) PAUL A. GALIANO TRUSTEE	1.00	X						0	0	0
(8) SUSAN GARDELLA TRUSTEE	1.00	Х						0	0	0
(9) MARY TWOMEY GREASON TRUSTEE	1.00	Х						C	0	0
(10)HOPE D. KNIGHT TRUSTEE	1.00	Х						C	0	0
(11) BARBARA A. LOUGHLIN TRUSTEE (EFFECTIVE 5/2013)	1.00	Х						C	0	0
(12) PAUL C. LOWERRE TRUSTEE	1.00	Х						0	0	0
(13) SALLIE MANZANET-DANIELS TRUSTEE	1.00	Х						0	0	0
(14) MICHAEL J. MATERASSO TRUSTEE	1.00	Х						0	0	0

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Form 990 (2012)

MARYMOUNT MANHATTAN COLLEGE

(A) Name and title	(B) Average hours per week (list any hours for related	iot ch unles r and	s per la di	tion nore son i recto	e than or is both or/truste ⊈ 里	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimat amount other compensa from th	ated nt of er nsation	
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organiza and rela organizat	ted
) NATASHA PEARL TRUSTEE	1.00	Х						0	C		
) JUDITH L. ROBINSON TRUSTEE	1.00	Х						0	C		
) JOANNE SAFIAN TRUSTEE	1.00	Х						0	C		
3) CECILIA TUDELA-MONTERO TRUSTEE (EFFECTIVE 3/2013)	1.00	Х						0	C		
) RONALD J. YOO TRUSTEE	1.00	Х						0	C		
)) LUCILLE ZANGHI TRUSTEE	1.00	Х						0	C		
) DR. JUDSON SHAVER PRESIDENT	35.00	Х		x				567,541.	C	98,	, 58
2) PAUL CIRAULO EXEC. VP OF ADMIN & FINANCE	35.00			X				252,850.	C	33,	, 94
 DAVID PODELL VP OF ACADEMIC AFFAIRS CAROL JACKSON 	35.00 0 35.00				Х			237,438.	C	32,9	
VICE PRESIDENT STUDENT AFFAIRS	<u> </u>				Х			185,580.	C	22,	, 81
PRES INSTITUTIONAL ADVANCEMENT	0				Х		-	175,489.	C	,	, 53
c Total from continuation sheets to Part VII, Se d Total (add lines 1b and 1c)						· · ·		2,404,312. 2,404,312.	0 0 0		
Total number of individuals (including but not l reportable compensation from the organization	n 🕨	30)			,			· ·	Yes	s
 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu For any individual listed on line 1a, is the schedule of the sched	ıle J for sud	ch ind	ividu	ial .	• •		•			3	
organization and related organizations gre	eater than	\$15	0,00)0? [`]	lf	"Yes	," (complete Schedul	le J for such	4 X	
Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										5	
Complete this table for your five highest com compensation from the organization. Report c year.											
(A) Name and business add	ress							(B) Description of ser	rvices ((C) Compensatior	n
ATTACHMENT 4											
							+				

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 **>** 12 JSA 2E1055 3.000

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Form 990 (2012) Part VII Section A. Officers, Directors, Tru	istees Ke	v Fm	nlo	vee		and H	lia	hest Compensat	ed Employe		ntinue		Page
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r box,	not ch unles	(C Posi ieck s per	;) ition more rson irect	e than o tha bother that the bother the bother that the bother that the bother that the bother	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportabl compensation related organizatio (W-2/1099-M	e from ns	Est am comp fro orga and	(F) timated ount o other bensation the anization l relate nization	of tion e on ed
26) PETER BAKER	35.00					ed							
VP OF INSTITUTIONAL RESEARCH 27) WAYNE SANTUCCI ASSOCIATE VP / CONTROLLER	0 35.00 0				X X			154,205. 155,754.		0		26,5	
ASSOCIATE VF / CONTROLLER 28) KATHLEEN LEBESCO ASSOCIATE DEAN ACDMC AFFAIRS	35.00				~	x		137,531.		0		45,5 29,6	
29) PATRICIA HANSEN DIRECTOR OF INFORMATION TECHNO	35.00					X		137,531.		0		23,1	
30) LINDA SOLOMON PROFESSOR	35.00 0	-				X		137,260.		0		28,0	
1) BREE BULLINGHAM DIRECTOR OF HUMAN RESOURCES	35.00 0					Х		132,152.		0		13,9	
32) JAMES ROGERS DEAN OF ADMISSIONS	35.00 0					Х		130,981.		0		22,3	
		-											
		-											
 1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) 2 Total number of individuals (including but not reportable compensation from the organization 	ection A		listeo		• • • •		> re	cceived more than	\$100,000 of				
3 Did the organization list any former offic				stee	e, I	key e	emp	loyee, or highes	t compensat	ed		Yes	١
employee on line 1a? If "Yes," complete Sched4 For any individual listed on line 1a, is the scheder of the sc	ule J for su	ch ind	ividu	ıal ,	••	•••	••			•	3		
organization and related organizations gro	eater than	\$15	60,00)0?	lf	"Yes	,"	complete Schedu	le J for su	ch	4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5		
 Section B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report of year. 													
(A) Name and business add	dress							(B) Description of services			(C) Compensation		
2 Total number of independent contractors (in	ncludina bi	it not	lim	iter	t to	thos		isted above) who	received				_

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
its its	1a	Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
s, G	c	Fundraising events	294,525.				
Gift lar	d	Related organizations	. ,				
ini ini		Government grants (contributions)	428,592.				
tion r S	e f		12070321				
ibut	t	All other contributions, gifts, grants, and similar amounts not included above . 1f	1,561,085.				
d O LT							
anco	g h	Noncash contributions included in lines 1a-1f: \$		0.004.000			
e		Total. Add lines la-li	Business Code	2,284,202.			
ent	-			47 400 000	47 400 000		
Re	2a	TUITION AND FEES	900099	47,400,093.	47,400,093.		
ce	b	RESIDENCE FEES	900099	9,139,423.	9,139,423.		
ŝŻ	С	ACADEMIC PROGRAMS	900099	197,800.	197,800.		
n Sí	d						
ran	е						
Program Service Revenue	f	All other program service revenue					
<u> </u>	g	Total. Add lines 2a-2f		56,737,316.			
	3	Investment income (including dividends, inter					
		other similar amounts)	🏲	334,736.			334,736.
	4	Income from investment of tax-exempt bond	proceeds 🏲	0			
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	с	Rental income or (loss)					
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 15,854,804.					
	b	Less: cost or other basis					
		and sales expenses 14,586,033.					
	с	Gain or (loss) 1,268,771.					
	d	Net gain or (loss)	. <u></u>	1,268,771.			1,268,771.
ne	8a	Gross income from fundraising					
		events (not including \$294,525.					
ě		of contributions reported on line 1c).					
2		See Part IV, line 18 a	40,725.				
Other Reven	b	Less: direct expenses b	I I				
õ	С	Net income or (loss) from fundraising events	. <u></u>	-58,883.			-58,883.
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities .		0			
	10a	Gross sales of inventory, less					
		returns and allowances					
	b	Less: cost of goods sold b					
	C	Net income or (loss) from sales of inventory.		0			
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900099	149,363.			149,363.
	b						
	с						
	d	All other revenue					
	е	Total. Add lines 11a-11d	•	149,363.			
	12	Total revenue. See instructions		60,715,505.	56,737,316.		1,693,987.
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Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

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MARYMOUNT MANHATTAN COLLEGE

Section	n 501(c)(3) and 501(c)(4) organizations mu Check if Schedule O contains a resp				
	include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Gra	ants and other assistance to governments and				
org	anizations in the United States. See Part IV, line 21 .	0			
2 Gra	ants and other assistance to individuals in				
the	e United States. See Part IV, line 22	10,575,608.	10,575,608.		
3 Gra	ants and other assistance to governments,				
	ganizations, and individuals outside the				
	ited States. See Part IV, lines 15 and 16	0			
	nefits paid to or for members	0			
	mpensation of current officers, directors,				10 - 11
tru	stees, and key employees	1,722,344.	1,638,082.	71,747.	12,51
	mpensation not included above, to disqualified				
•	rsons (as defined under section 4958(f)(1)) and				
	sons described in section 4958(c)(3)(B)	0			
7 Oth	her salaries and wages	20,342,918.	15,852,921.	3,706,543.	783,45
8 Per	nsion plan accruals and contributions (include section				
401	1(k) and 403(b) employer contributions)	1,677,420.	1,329,681.	287,229.	60,51
9 Otl	her employee benefits	2,836,586.	2,248,545.	485,716.	102,32
0 Pa	yroll taxes	1,577,495.	1,250,471.	270,118.	56,90
I Fee	es for services (non-employees):				
a Ma	anagement	0			
b Le	gal	486,548.		486,548.	
c Ac	counting	243,382.		243,382.	
d Lo	bbying	49,200.			49,20
	ofessional fundraising services. See Part IV, line 17	0			
f Inv	vestment management fees	80,004.	63,419.	13,699.	2,88
g Oth	her. (If line 11g amount exceeds 10% of line 25, column				
(A) a	amount, list line 11g expenses on Schedule O.)	3,578,812.	3,343,778.	67,212.	167,82
2 Ad	vertising and promotion	446,651.	426,671.		19,98
3 Off	fice expenses	1,667,302.	1,447,953.	120,625.	98,72
4 Inf	ormation technology	897,114.		897,114.	
5 Ro	yalties	0			
6 Oc	cupancy	1,461,264.	1,415,163.	39,254.	6,84
		287,375.	241,921.	32,879.	12,57
B Pa	yments of travel or entertainment expenses				
for	any federal, state, or local public officials	0			
9 Co	nferences, conventions, and meetings	555,791.	437,775.	67,846.	50,17
	erest	2,277,263.	2,277,263.		
1 Pa	yments to affiliates	0			
2 De	preciation, depletion, and amortization	3,662,119.	3,550,851.	94,742.	16,52
3 Ins	surance	313,287.	248,342.	53,645.	11,30
4 Oth	ner expenses. Itemize expenses not covered				
	ove (List miscellaneous expenses in line 24e. If				
	e 24e amount exceeds 10% of line 25, column				
. ,	amount, list line 24e expenses on Schedule O.)				
	<u>UIPMENT_RENTAL_&_MAINTENAN_</u>	255,739.	183,325.	66,348.	6,06
	D_DEBT_RESERVE	219,167.	219,167.		
	<u>ES & MEMBERSHIP</u>	275,015.	259,920.	12,819.	2,27
d HOI	USING_RENTAL	3,038,945.	3,038,945.		
e All	other expenses	854,703.	791,578.	38,977.	24,14
	tal functional expenses. Add lines 1 through 24e	59,382,052.	50,841,379.	7,056,443.	1,484,23
org	int costs. Complete this line only if the ganization reported in column (B) joint costs m a combined educational campaign and				
fun	ndraising solicitation. Check here ► _ if	0			

0

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following SOP 98-2 (ASC 958-720)

Form 990 (2012)

MARYMOUNT MANHATTAN COLLEGE

	't X	Balance Sheet					Fage II
		Check if Schedule O contains a response	to any que	estion in this Par			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			640,430.	1	6,001,390.
	2	Savings and temporary cash investments			10,537,994.	2	2,034,882
	3	Pledges and grants receivable, net			2,507,965.	3	1,965,861
	4	Accounts receivable, net			485,260.	4	903,625
	5	Loans and other receivables from current and	former off	icers, directors,			
		trustees, key employees, and highest co	ompensate	ed employees.			
		Complete Part II of Schedule L			325,000.	5	325,000
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu organizations (see instructions). Complete Part II of Sche), and contri untary emplo	buting employers	0	6	
ets	7	Notes and loans receivable, net			0	7	
Assets	8	Inventories for sale or use			0	8	
◄	9	Prepaid expenses and deferred charges			691,749.	9	549,914
	-	Land, buildings, and equipment: cost or	i i i		,		/ -
		other basis. Complete Part VI of Schedule D	10a 1	15,253,007.			
	b	Less: accumulated depreciation		43,118,380.	70,067,794.	10c	72,134,627
	11					11	25,565,710
	12	Investments - other securities. See Part IV, line 11				12	,
	13	Investments - program-related. See Part IV, line 11			0	13	
	14	Intangible assets			0	14	
	15	Other assets. See Part IV, line 11			2,808,442.	15	2,667,446
	16	Total assets. Add lines 1 through 15 (must equal			111,648,536.	16	112,148,455
_	17	Accounts payable and accrued expenses			3,775,153.	17	4,535,996
	18				0	18	1,000,000
	19	Grants payable Deferred revenue			1,474,084.	19	1,092,940
	20	Tay-evempt bond liabilities			47,375,000.	20	45,975,000
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Pa	art IV of So	bedule D	1//3/3/0000	21	10, 5, 5, 6, 600
Ψ	22	Loans and other payables to current and for			0	21	
bili	22	trustees, key employees, highest compen					
Lia		disqualified persons. Complete Part II of Schedule			0	22	
	23	Secured mortgages and notes payable to unrelate				22	
	23 24	Unsecured notes and loans payable to unrelated			0	23 24	
	24 25	Other liabilities (including federal income tax,			0	24	
	2J	parties, and other liabilities not included on lines					
			,	•	1,689,823.	25	1,690,731
	26	of Schedule D Total liabilities. Add lines 17 through 25			54,314,060.	26	53,294,667
	20	Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check her		51/511/000.	20	0072017007
лс П	27	Unrestricted net assets			35,170,400.	27	35,976,096
ala	28	Temporarily restricted net assets			10,573,172.	28	11,168,885
Ъ	29	Permanently restricted net assets			11,590,904.	29	11,708,807
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.					
ŝ	30	Capital stock or trust principal, or current funds				30	
۵U	31	Paid-in or capital surplus, or land, building, or equ		d		31	
As	32	Retained earnings, endowment, accumulated inco				32	
<u>'</u>	33	Total net assets or fund balances			57,334,476.	33	58,853,788
	33 34	Total liabilities and net assets/fund balances		•••••	111,648,536.	34	112,148,455
	√ T				····, · · · · , · · · · · · · · · · · ·	57	Form 990 (2012

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MARYMOUNT	MANHATTAN	COLLEGE
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Form 990 (2012)

Part XI

Part XII

10

	MARIMOUNI MANNAIIAN COLLEGE	10-1	020200			
990 (2012)				Pa	ge 12	
t XI Reconcil	ation of Net Assets					
Check if	Schedule O contains a response to any question in this Part XI			Х		
	ust equal Part VIII, column (A), line 12)			715,5	505.	
	must equal Part IX, column (A), line 25)	2	59,3	382,0)52.	
	penses. Subtract line 2 from line 1	3	1,3	333,4	153.	
	d balances at beginning of year (must equal Part X, line 33, column (A))	4	57,3	334,4	176.	
	ains (losses) on investments	5	1	185,8	359.	
-	and use of facilities	6			(
	1868	7			(
	stments	8	(
	net assets or fund balances (explain in Schedule O)	9			(
•	d balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
		10	58,8	353,7	788.	
t XII Financia	Statements and Reporting Schedule O contains a response to any question in this Part XII					
				Yes	No	
Accounting meth	od used to prepare the Form 990: Cash X Accrual Other					
-	on changed its method of accounting from a prior year or checked "Other,"	explain ir	-			
Schedule O.						
a Were the organi	ation's financial statements compiled or reviewed by an independent accountant?)	2a		Х	
	box below to indicate whether the financial statements for the year were c					
	•					
	parate basis, consolidated basis, or both:					

b	Were the organization's financial statements audited by an independent accountant?	2b					
	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:						
	X Separate basis Consolidated basis Both consolidated and separate basis						

С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for 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.
	As a result of a faderal award, was the arganization required to undergo on sudit or sudits as set forth in

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

Х Form 990 (2012)

Х

Х 2c

Х

3a

3b

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Attach to Form 990 or Form 990-EZ. See separate instructions. Inspection Internal Revenue Service Employer identification number Name of the organization MARYMOUNT MANHATTAN COLLEGE 13-1628206 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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 Х A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 331/3% 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 331/3% 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type I b Type II **c** Type III-Functionally integrated **d** Type III-Non-functionally integrated а By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified е persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? No Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) Х (ii) A family member of a person described in (i) above? 11g(ii) Х (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Х Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary (iv) Is the (v) Did you notify (vi) Is the organization in organization (described on lines 1-9 the organization organization in support col. (i) listed in above or IRC section in col. (i) of col. (i) organized your governing (see instructions)) your support? in the U.S.? document? Yes No Yes No Yes No (A) (B) (C) (D)

1	Го	ta	al

(E)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012



Schedule A (Form 990 or 990-EZ) 2012

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support	() 0000	"	() 00 (0	() 00 ()	() 00 (0	
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup					1 1	
14	Public support percentage for 2012 (li					14	%
15	Public support percentage from 2011					15	%
16a	331/3% support test - 2012. If the o	-					
	this box and stop here. The organization						
b	331/3% support test - 2011. If the c						
	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part IV how the organization meets t			•	•		supported
b	organization 10%-facts-and-circumstances test - 2	2011. If the org	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	
	15 is 10% or more, and if the orga						•
	Explain in Part IV how the organizati				-	-	
18	supported organization Private foundation. If the organization	did not check	a box on line 13	, 16a, 16b, 17a	a, or 17b, check	this box and see	e
	instructions					<u></u>	<u>▶∟</u>

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012

Part IIISupport 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.)

	tion A. Public Support	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e)2012	(f) Tota	l
1		.,					,	.,	
-	received. (Do not include any "unusual grants.")								
2	Gross receipts from admissions, merchandise								
	sold or services performed, or facilities								
	furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that are not an								
	unrelated trade or business under section 513								
4	Tax revenues levied for the								
	organization's benefit and either paid								
	to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the								
	organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3								
	received from disqualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified								
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
с	Add lines 7a and 7b.								
8	Public support (Subtract line 7c from								
	line 6.)								
ec	tion B. Total Support								
aler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Tota	l
9	Amounts from line 6								
0 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.								
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
с	Add lines 10a and 10b								
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly								
~	carried on								
2	Other income. Do not include gain or loss from the sale of capital assets								
	(Explain in Part IV.)								
3	Total support. (Add lines 9, 10c, 11,								
	and 12.)								
4	First five years. If the Form 990 is for	the organizatio	n's first, second.	third, fourth, or	fifth tax vear a	sase	ection 501((c)(3)	
	organization, check this box and stop here	-							
iec	tion C. Computation of Public Sup								
5	Public support percentage for 2012 (line 8			mn (f))		15			%
6	Public support percentage from 2011 Sche					16			%
ec	tion D. Computation of Investmer					-			
	Investment income percentage for 2012 (li			13. column (f))		17			%
7						18			%
	Investment income percentage from 2011								
8	Investment income percentage from 2011 331/3% support tests - 2012. If the or			x on line 14. and	d line 15 is more	than	331/3 %. a	and line	
8	331/3% support tests - 2012. If the or	ganization did n	ot check the box						\square
		ganization did n is box and sto	ot check the box p here. The org	anization qualifies	s as a publicly s	suppo	rted organi	zation 🕨	
8 9 a	331/3% support tests - 2012. If the or, 17 is not more than 331/3%, check th	ganization did n is box and sto anization did not	ot check the box p here. The org check a box on	anization qualifies line 14 or line 19	s as a publicly s 9a, and line 16 is	suppo more	rted organi than 331/3	zation >	

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Schedule A (Form 990 or 990-EZ) 2012

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

Schedule B

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

Schedule of Contributors

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

OMB No. 1545-0047

2012

Employer identification number

13-1628206

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

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

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

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

Employer identification number 13-1628206

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 1		\$ 107,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 2		\$ 10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 3 - -		\$\$	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ 50,120.	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ 100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ 101,000.	Person X Payroll Noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>50,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		•••••• \$ 250,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$48,079.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		e 40.915	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		• \$100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		• \$100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number 13-1628206

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13		\$ 50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>14</u>		• \$ <u>\$ 85,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
15 		\$ \$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
16 		• \$ \$ 15,100.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>17</u>	· · ·	\$\$	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_18		•••••• \$ 25,000.	Person X Payroll Noncash (Complete Part II if there is

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

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(a)	(b)	(c)	(d)
(a) No.	(D) Name, address, and ZIP + 4	(C) Total contributions	(a) Type of contribution
		c 30,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$6,150.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
- 21		\$\$	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		★ 30.000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		• \$ <u>\$</u> \$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 25 _		- \$ 10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
26		- \$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 27 _		- \$9,990.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		- \$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29 _		- _ \$15,150.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		- \$10,000.	Person X Payroll

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person X
		\$ <u>12,500.</u>	Payroll Noncash
			(Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
32		\$ 10,000.	Person X Payroll Noncash
			(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33			Person
		10.000	Payroll
		\$ <u>10,000</u> .	Noncash
			(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34			Person
		\$ 20,000.	Payroll Noncash
		Ψ	(Complete Part II if there is
			a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$ 10,000.	Person X Payroll Noncash
			(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36			Person X
		\$9,600.	Payroll Noncash

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(C)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 39		\$11,250.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	· · · · · · · · · · · · · · · · · · ·	\$10,000.	Person X Payroll Noncash

Employer identification number 13-1628206

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
43		• \$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
Io.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>44</u> 		\$ 14,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
45_ 		\$15,000.	Person X Payroll Image: Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
46		• \$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
47	· · · · · · · · · · · · · · · · · · ·	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
48		\$ 15,500.	Person X Payroll Noncash (Complete Part II if there is

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

JSA 2E1253 1.000

Employer identification number 13-1628206

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
49		\$ 10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
50		\$7,145.	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
51 		\$ 9,000.	Person X Payroll Image: Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
52		• \$7,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_53		• \$5,124.	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
54		•••••• \$ •••••••••••••••••••••••••••••	Person X Payroll Noncash (Complete Part II if there is

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

JSA 2E1253 1.000

			ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55 _		\$ 95.	Person X Payroll Noncash
			(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56 _		\$ 5,115.	Person X Payroll X Noncash X
			(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ <u>57</u> _		\$ \$7,000.	Person X Payroll Noncash
			(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$5,000.	Person X Payroll Noncash
			(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>59</u> _		\$5,000.	Person X Payroll Noncash (Complete Part II if there is
			a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
60		\$ 5,530.	Payroll Noncash

(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
61		•••••• \$ 7,560.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
. <u>62</u>		\$7,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
. 63		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		• \$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
66		\$ <u>9,875.</u>	Person X Payroll Noncash	

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization MARYMOUNT MANHATTAN COLLEGE

Employer identification number 13-1628206

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
67		• \$ <u>6,970.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
68		• \$6,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
69		• \$7,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
70		• \$ 7,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
71		• \$231,644.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
72		• \$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

JSA 2E1253 1.000

(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
		• \$45,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
74		• \$5,000.	Person X Payroll Noncash (Complete Part II if there is	
			a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	

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ne of o	rganization MARYMOUNT MANHATTAN COLLEGE	Em	ployer identification number 13-1628206
art II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional spac	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (see instruction	
4_	STOCK	 \$ <u>50</u>	<u>,120.</u> <u>12/13/2012</u>
a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimat (see instruction	Date received
17	STOCK	\$20	,218. 12/13/2012
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (see instruction	Date received
21	STOCK	 \$25_	<u>,087.</u> <u>12/20/2012</u>
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (see instruction	Date received
50	STOCK	 \$7-	<u>,145.</u> <u>10/03/2012</u>
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (see instruction	
53	STOCK	 \$5	<u>,124.</u> <u>12/31/2012</u>
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (see instruction	Data racalvad
56	STOCK	 \$5	,115. VARIOUS
		Ψ	

	form 990, 990-EZ, or 990-PF) (2012)			Page
me of org	anization MARYMOUNT MANHATTAN COI	LLEGE		Employer identification number
ort III /	Exclusively religious, charitable, etc.,	individual contribu	itions to sostio	13-1628206
	hat total more than \$1,000 for the ye	ar. Complete colur	nns (a) through	(e) and the following line entry.
	or organizations completing Part III, er	•		
С	ontributions of \$1,000 or less for the	year. (Enter this inf	ormation once.	See instructions.) ► \$
	Ise duplicate copies of Part III if additio	nal space is neede	d.	
a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Part I				
-				
		(e) Transf	er of gift	
	Transferee's name, address, and	d 7IP + 4	Rela	tionship of transferor to transferee
ŀ				
a) No.				
a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
urti				
-		(e) Transf	er of gift	
			or or give	
	Transferee's name, address, and	d ZIP + 4	Rela	tionship of transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use	of aift	(d) Description of how gift is held
Part I	(2) i ai poco oi giit	(0) 000	or give	
		(e) Transf	er of gift	
	Transferee's name, address, and		Polo	tionship of transferor to transferee
-		u 21F T 4		
a) No.				
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
uiti				
ŀ		(e) Transf	er of gift	
	Transferee's name, address, and	d ZIP + 4	Rela	tionship of transferor to transferee
			1	Schedule B (Form 990, 990-EZ, or 990-PF) (201

Internal Revenue Service	See sepa	rate instructions.		Inspection
If the organization answer	ed "Yes," to Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V, line 46	6 (Political Campaign Activit	ties), then
	nizations: Complete Parts I-A and B. Do not cor	•		
	han section 501(c)(3)) organizations: Complet	e Parts I-A and C below.	Do not complete Part I-B.	
•	ons: Complete Part I-A only.			
U	ed "Yes," to Form 990, Part IV, line 4, or For	, ,		
	inizations that have filed Form 5768 (election		•	•
	inizations that have NOT filed Form 5768 (ele	•	<i>,,</i> ,	•
•	ed "Yes," to Form 990, Part IV, line 5 (Proxy or (6) organizations: Complete Part III.	Tax) or Form 990-EZ, Pa	irt V, line 35c (Proxy Tax), ti	nen
Name of organization	or (6) organizations. Complete Part III.		Employer identi	fication number
MARYMOUNT MANHATI	AN COLLEGE		13-16	
	if the organization is exempt unde	r section 501(c) or i		
	on of the organization's direct and indirect			
• • • • • • • • • • • • • • • • • • • •				
Part I-B Complete	if the organization is exempt under	section 501(c)(3).		
1 Enter the amount o	f any excise tax incurred by the organiza	tion under section 495	5▶\$	
2 Enter the amount o	f any excise tax incurred by organization	managers under secti	ion 4955 🔔 🕨 \$	
3 If the organization i	ncurred a section 4955 tax, did it file For	m 4720 for this year?		Yes No
	ade?			🗌 Yes 🔛 No
b If "Yes," describe in				
	if the organization is exempt unde).
	lirectly expended by the filing organizat		•	
	f the filing organization's funds contribut	-		
	n activities			
	ion expenditures. Add lines 1 and 2. I			
	zation file Form 1120-POL for this year?			
	ddresses and employer identification nur			
	payments. For each organization listed,			
	ical contributions received that were pro			
as a separate segre	gated fund or a political action committe	e (PAC). If additional s	space is needed, provide	e information in Part IV.
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
	Nation and the Instructions for Form 000 or 000 F	7	Schodul	e C (Form 990 or 990-EZ) 2012

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

Schedule C (Form 990 or 990-EZ) 2012

OMB No. 1545-0047

Open to Public

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JSA 2E1264 1.000

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Department of the Treasury

SCHEDULE C

(Form 990 or 990-EZ)

Sch	edule C (Form 990 or 990-EZ) 2012 MARTING	JONI MANHAITAN COLLEGE	10-1	020200 Faye Z
Pa	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	l filed Form 5768 (elec	tion under
Α	Check ► if the filing organization	belongs to an affiliated group (and list in Pa	art IV each affiliated gr	oup member's
	name, address, EIN, exp	enses, and share of excess lobbying expendence	ditures).	
В	Check ► if the filing organization	n checked box A and "limited control" provisi	ions apply.	
	Limits on Lob	bying Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" n	eans amounts paid or incurred.)	organization's totals	group totals
1 a	a Total lobbying expenditures to influen	ce public opinion (grass roots lobbying)		
I	 Total lobbying expenditures to influen 	ce a legislative body (direct lobbying)		
	Total lobbying expenditures (add lines	and 1b)		
•		add lines 1c and 1d)		
1	Lobbying nontaxable amount. Enter	the amount from the following table in both		
	columns.			
	If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
9	g Grassroots nontaxable amount (enter	25% of line 1f)		
I	 Subtract line 1g from line 1a. If zero o 			
i	Subtract line 1f from line 1c. If zero or			
j		o on either line 1h or line 1i, did the organiz		
	reporting section 4911 tax for this yea	r?	<u></u>	Yes No

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

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total	
2 a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column (e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2012

Sche	MARYMOUNT MANHATTAN COLLEGE dule C (Form 990 or 990-EZ) 2012		13	-1628	206	P	age 3
-	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 5768	3		
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(i	a)		(b)		
	cription of the lobbying activity.	Yes	No		Amoun	t	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
а	referendum, through the use of: Volunteers?		Х				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X					
C	Media advertisements?		Х				
d	Mailings to members, legislators, or the public?		Х				
е	Publications, or published or broadcast statements?		Х				
f	Grants to other organizations for lobbying purposes?		Х				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х				57 ,	051
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X				
i	Other activities?		Х			57	0 5 1
J 2a	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		x			57,	051
∠a b	If "Yes," enter the amount of any tax incurred under section 4912						
č	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		-				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Х				
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(-)(-)	,		Y	′es	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?	• • •			2 3		
_	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501						
T G	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."		-			, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amo						
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	-		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion		I				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible land political expenditure next year?	-	-	4			
5	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		•••	5			
-	rt IV Supplemental Information	<u></u>					
Con	nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.				•		
SEI	E PAGE 4						

Schedule C (Form 990 or 990-EZ) 2012

Part IV Supplemental Information (continued)

LOBBYING EXPENSES

MARYMOUNT MANHATTAN COLLEGE RETAINED THE FIRM OF WINNING STRATEGIES WASHINGTON, LLC. AND PAID \$49,200 IN CONSIDERATION FOR LOBBYING SERVICES AND ADVICE REGARDING MATTERS IN FURTHERANCE OF THE COLLEGE'S EDUCATIONAL MISSION. AN ADDITIONAL \$7,851 OF EMPLOYEE COMPENSATION IS INCLUDED IN THE LOBBYING TOTAL TO REFLECT EMPLOYEE TIME SPENT WORKING WITH THE EXTERNAL FIRM IN FURTHERANCE OF THE COLLEGE'S EDUCATIONAL MISSION.

JSA 2E1500 1.000 DHOOFE E299 5/15/2014 8:45:21 AM V 12-7.12

SCHEE	DULE	D
(Form	990)	

Department of the Treasury

Supplemental Financial Statements

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

OMB No. 1545-0047
2012
Open to Public

	nal Revenue Service	Attach to	Form 990. See separate instruction	is. Inspection
Name	e of the organization			Employer identification number
		ATTAN COLLEGE		13-1628206
Par		ations Maintaining Donor Adv ation answered "Yes" to Form 9	ised Funds or Other Similar Funds 90, Part IV, line 6.	•
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at	end of year		
2		butions to (during year)		
3		s from (during year)		
4		at end of year		
5			advisors in writing that the assets held	in donor advised
•	funds are the org	anization's property, subject to the	e organization's exclusive legal control?	Yes 📖 No
6	-	-	nd donor advisors in writing that grant f	
	•		t of the donor or donor advisor, or for a	
	conferring imper	missible private benefit?		
Par			the organization answered "Yes" to	Form 990, Part IV, line 7.
1		nservation easements held by the		
		on of land for public use (e.g., recre		n of an historically important land area
		of natural habitat		n of a certified historic structure
_		n of open space		
2			eld a qualified conservation contribution	in the form of a conservation
	easement on the	last day of the tax year.		Held at the End of the Tax Year
_	Total number of	concernation accomente		
a				
b			· · · · · · · · · · · · · · · · · · ·	
C			historic structure included in (a)	. <u>2c</u>
d			acquired after 8/17/06, and not on a	
3			sferred, released, extinguished, or tern	ninated by the organization during the
	-			
ŀ			rvation easement is located \blacktriangleright	
5	-		ing the periodic monitoring, inspection,	
			sements it holds?	
6	Staff and volunte	er hours devoted to monitoring, ir	specting, and enforcing conservation e	easements during the year
	▶			
7	•		ting, and enforcing conservation easen	nents during the year
	▶\$			
;		-	e 2(d) above satisfy the requirements of	
	(i) and section 17	70(h)(4)(B)(ii)?		Yes 📖 No
)	In Part XIII, desc	ribe how the organization reports	conservation easements in its revenue a	and expense statement, and
			of the footnote to the organization's fina	incial statements that describes the
		counting for conservation easeme		
Pai			of Art, Historical Treasures, or Otl "Yes" to Form 990, Part IV, line 8.	her Similar Assets.
а	•	•		ts revenue statement and halance shee
a	works of art, his	storical treasures, or other simila	ar assets held for public exhibition, e	ts revenue statement and balance sheet ducation, or research in furtherance of lescribes these items.
b				s revenue statement and balance shee
				ducation, or research in furtherance of
		ovide the following amounts relation		
				••••••••••••••••••••••••••••••••••••••
	.,			► \$
2	-			ar assets for financial gain, provide the
_			FAS 116 (ASC 958) relating to these ite	
a ⊾				••••••••••••••••••••••••••••••••••••••
b				
For H JSA	-aperwork Reductio	on Act Notice, see the Instructions for	FUIII 330.	Schedule D (Form 990) 2012
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MARYMOUNT MANHATTAN COLLEGE

dule D (Form 990) 2012	ng Collections of	f Art Histori		as or Ot	hor Simil	ar Aeec	te (co)		$\frac{age}{2}$
	ig collections of		cal freasure			di A556	15 (00)	unu	eu)
collection items (check all that apple			-		-	e a sign	ificant ι	use o	f its
		e 🗌 C	other						
	ization's collections	and explain h	now they furth	her the org	ganization's	exempt	purpos	ie in	Part
	a colicit or roccivo d	lonations of ar	historical tro	acurac ar	othor cimila	r			
						_	Yes	X	No
line 9, or reported an amo	ount on Form 990	, Part X, line	21.						
Is the organization an agent trustee	e custodian or other	r intermediary :	for contributio	ns or othe	· assets not				
							Yes		No
If "Yes," explain the arrangement in	Part XIII and comple	ete the followir	ig table:			••• -			-
					An	nount			
				1c					
				-					
									No
t V Endowment Funds. Com							(2) [
Paginning of year balance									
	117,903.	118,6	64. 3	59,626.	809	,493.	1,0	, 010	554.
	1 500 700	242 0	11 01	00 00 <i>1</i>	1 240	274	1 -	705	020
	571,010.	607,2	25. 5	/3,12/.	303	,041.)41 ,	139.
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-						, 500.	±±,	,,,,	
			e rg, column (•				
•		_ ^0							
		00%							
	-		that are held	and admir	nistered for t	he			
							[Yes	No
									X
									Х
· · ·							3b		
If "Yes" to 3a(ii), are the related orga		-					II		
	ses of the organizati	on's endowme							
Describe in Part XIII the intended us									
		n 990, Part X other basis (b)			cumulated eciation	(d) Book val	ue	
Describe in Part XIII the intended us tVI Land, Buildings, and Equ	ipment. See Forn (a) Cost or (invest	n 990, Part X other basis tment) (b)	, line 10. Cost or other basi	depr		(d) Book val		31.
Land, Buildings, and Equ Description of property	ipment. See Forn (a) Cost or (invest	n 990, Part X other basis tment) (b)	, line 10. Cost or other basi (other)	depr		(d	•	25,8	
Describe in Part XIII the intended us t VI Land, Buildings, and Equ Description of property Land	ipment. See Forn (a) Cost or (invest	n 990, Part X other basis tment) (b)	, line 10. Cost or other basi (other) 14,425,381	depr	eciation	(d	14,42	25,8	
Describe in Part XIII the intended us t VI Land, Buildings, and Equ Description of property Land	ipment. See Forn (a) Cost or (invest	n 990, Part X other basis (b) (ment)	, line 10. Cost or other basi (other) 14,425,381	depr	eciation	(d	14,42	25,8 14,8	68.
Describe in Part XIII the intended us tVI Land, Buildings, and Equ Description of property Land Buildings Land Land	ipment. See Forn (a) Cost or (invest	n 990, Part X other basis (b) tment)	, line 10. Cost or other basi (other) 14,425,382 75,030,512 10,343,91 15,452,74	depr 3. 32,3 7. 9,2 7. 1,4	eciation 85,645. 39,734. 93,002.	(d	14,42 42,64	25,8 14,8 04,1	68. 83.
	t III Organizations Maintainin Using the organization's acquisition collection items (check all that apply Public exhibition Scholarly research Preservation for future generation of the organization assets to be sold to raise funds rather TV Escrow and Custodial A line 9, or reported an amound assets to be sold to raise funds rather IV Escrow and Custodial A line 9, or reported an amound assets to be sold to raise funds rather Is the organization an agent, trustee included on Form 990, Part X? If "Yes," explain the arrangement in Beginning balance Additions during the year Distributions during the year Distributions during the year Did the organization include an amound if "Yes," explain the arrangement in V Endowment Funds. Com Beginning of year balance Did the organization include an amound if "Yes," explain the arrangement in V Endowment Funds. Com Beginning of year balance Did the organization include an amound if "Yes," explain the arrangement in V Endowment Funds. Com Did the organization include an amound if "Yes," explain the arrangement in V Endowment Funds. Com Did the organization include an amound if "Yes," explain the arrangement in V Endowment Funds. Com Did the organization include an amound if "Yes," explain the arrangement in	Image: Constant of the second sec	Using the organizations Maintaining Collections of Art, Histori Using the organization's acquisition, accession, and other records, collection items (check all that apply): □ Public exhibition □ Public exhibition □ Public exhibition □ Preservation for future generations Provide a description of the organization's collections and explain from the year, did the organization solicit or receive donations of art assets to be sold to raise funds rather than to be maintained as part of the line 9, or reported an amount on Form 990, Part X, line It Escrow and Custodial Arrangements. Complete if the line 9, or reported an amount on Form 990, Part X, line Is the organization an agent, trustee, custodian or other intermediary for included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following the year Distributions during the year Distributions during the year Distributions during the year If "Yes," explain the arrangement in Part XIII. Check here if the explan the arrangement in Part XIII. Check here if the explan answer V Endowment Funds. Complete if the organization answer If "Yes," explain the arrangement in Part XIII. Check here if the explan answer V Endowment Funds. Complete if the organization answer If all solf, 211 15, 857, 198. 14, 801, 21.<	Using the organization's acquisition, accession, and other records, check any of collection items (check all that apply): Public exhibition d Loan or exchar Scholarly research e Other Other Other Preservation for future generations Preservation for future generations e Other Other Provide a description of the organization solicit or receive donations of art, historical treassets to be sold to raise funds rather than to be maintained as part of the organization [ine 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributio included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: Eeginning balance Image: Complete if the organization has bee W Endowment Funds. Complete if the organization include an amount on Form 990, Part X, line 21? If "Yes," explain the arrangement in Part XIII. Check here if the explanation has bee W Endowment Funds. Complete if the organization answered "Yes" to 117, 903 118, 664. 3 Net investment earnings, gains, and losses 1,509, 700. -342, 041. 2, 1 5 Other expenditures for facilities and programs 15, 857, 198. 14, 801, 211. 15, 6 6 Permanent endowment ▶ 24, 00000 % M <	Uli Organizations Maintaining Collections of Art, Historical Treasures, or Ot Using the organization's acquisition, accession, and other records, check any of the follow collection items (check all that apply): Public exhibition Check all that apply): Public exhibition Scholarly research Coan or exchange program Scholarly research Escow and Custodial Arrangements. Complete if the organization's collect Escow and Custodial Arrangements. Complete if the organization so or other included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other includean on Form 990, Part X, line 21? If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Beginning balance Contributions of a conditions and programs. Contributions Contributions 	UII Organizations Maintaining Collections of Art, Historical Treasures, or Other Simila Using the organization's acquisition, accession, and other records, check any of the following that ar collection items (check all that apply): Public exhibition Generation's acquisition, accession, and other records, check any of the following that ar collection items (check all that apply): Public exhibition Generation's collections and explain how they further the organization's collections of art, historical treasures, or other simila assets to be sold to raise funds rather than to be maintained as part of the organization collection? IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" Iine 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: If a to the organization include an amount on Form 990, Part X, line 21? If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. If a to the organization include an amount on Form 990, Part X, line 21? If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. If a to the organization include an amount on Form 990, Part X, line 21? If '90, 700342, 041. 2, 123, 334. 1, 240 (91, 211. 15, 631, 813. 13, 521, 980. 11, 775 (117, 903. 118, 664. 3599, 626. 809 Net investment ear	Image: transmission of the second	III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (conclusing the organization's acquisition, accession, and other records, check any of the following that are a significant of collection items (check all that apply): Image: Public exhibition Image: Public exhibition Image: Public exhibition Image: Public exhibition Provide a description of the organization's collections and explain how they further the organization's exempt purpose XIII. During the year, did the organization's collections and explain how they further the organization's exempt purpose XIII. During the year, did the organization's collections and explain how they further the organization's exempt purpose XIII. During the year, did the organization's collections of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Amount include an amount on Form 990, Part X, line 21? If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes If additions during the year Image: Amount in Form 990, Part X, line 21? Yes If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Image: Amount in Form 990, Part X, ine 21? <th>III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continue Using the organization's acquisition, accession, and other records, check any of the following that are a significant use or collection items (check all that apply): Public exhibition d Loan or exchange programs Public exhibition d Loan or exchange programs Cher Provide a description of the organization's collections and explain how they further the organization's exempt purpose in XIII. 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 X IV Escrow and Custodial Arrangements. Complete if the organization's collection? Yes X III If "Yes," explain the arrangement in Part XIII and complete the following table: Messation Yes If If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XII. Yes If If "Yes," explain the arrangement in Part XIII. Check here if the systant back (d) Three years back (d) Four years back (d) Three years back (d) Four years back (d) Four years back (d) Three years back (d) Four years back</th>	III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continue Using the organization's acquisition, accession, and other records, check any of the following that are a significant use or collection items (check all that apply): Public exhibition d Loan or exchange programs Public exhibition d Loan or exchange programs Cher Provide a description of the organization's collections and explain how they further the organization's exempt purpose in XIII. 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 X IV Escrow and Custodial Arrangements. Complete if the organization's collection? Yes X III If "Yes," explain the arrangement in Part XIII and complete the following table: Messation Yes If If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XII. Yes If If "Yes," explain the arrangement in Part XIII. Check here if the systant back (d) Three years back (d) Four years back (d) Three years back (d) Four years back (d) Four years back (d) Three years back (d) Four years back

Schedule D (F	Form 990) 2012			Page 3
Part VII	Investments - Other Securities. See F	orm 990, Part X, line	e 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financia	al derivatives			
	held equity interests			
(3) Other				
(A)				
<u>(B)</u>				
<u>(C)</u>				
(D)				
<u>(E)</u> (F)				
(G)				
(H)				
(l)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. See F	orm 990. Part X. lin	e 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u> (10)				
. ,	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, Iii	no 15		
		Description		(b) Book value
(1)	(~)	2000		(4) 20011 14140
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
-	umn (b) must equal Form 990, Part X, col. (B) I		<u> </u>	
Part X	Other Liabilities. See Form 990, Part X			
1.	(a) Description of liability	(b) Book valu	e	
	al income taxes	1 1 2 0 /	<u></u>	
	REST PAYABLE	1,138,6		
	T RETIREMENT OBLIGATION		100.	
<u>(4)</u> (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 1,690,	731.	
	ASC 740) Footnote. In Part XIII, provide the text			ports the organization's
	ncertain tax positions under FIN 48 (ASC 740). Che			

JSA 2E1270 1.000 DHOOFE E299 5/15/2014 8:45:21 AM V 12-7.12 MARYMOUNT MANHATTAN COLLEGE

Schedu	le D (Form 990) 2012		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	n	
1	Total revenue, gains, and other support per audited financial statements	1	50,345,360.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a 185,859.		
b		-	
c		1	
d		-	
		0.	10 200 740
e		2e	-10,389,749.
3	Subtract line 2e from line 1	3	60,735,109.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 80,004.	-	
b	Other (Describe in Part XIII.) 4b -99, 608.		
С	Add lines 4a and 4b	4c	-19,604.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	60,715,505.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn	
1	Total expenses and losses per audited financial statements	1	48,826,048.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Denoted convises and use of facilities		
b		1	
c	Other losses	1	
d	Other (Departing in Part VIII.)	-	
			0.0 .00
	Add lines 2a through 2d	2e	99,608.
3	Subtract line 2e from line 1	3	48,726,440.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 80,004.		
b	Other (Describe in Part XIII.) 4b 10, 575, 608.		
С	Add lines 4a and 4b	4c	10,655,612.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	59,382,052.
Part	XIII Supplemental Information		·
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V. line	es 1b and 2b;
Part V	, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	vide a	any additional
inform	ation.		
Q L	E PAGE 5		
	E FAGE J		

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

RECONCILIATION TO AUDITED FINANCIAL STATEMENTS FORM 990, SCHEDULE D, PART XI, LINE 2D RECLASS OF STUDENT AID \$(10,575,608)

FORM 990, SCHEDULE D, PART XI, LINE 4B SPECIAL EVENT EXPENSES \$(99,608)

\$(99,608)

FORM 990, SCHEDULE D, PART XII, LINE 2D SPECIAL EVENT EXPENSES \$99,608

FORM 990, SCHEDULE D, PART XII, LINE 4B RECLASS OF STUDENT AID \$10,575,608

SCHED	ULE	Ε	
(Form	990	or	990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Schools

zation answered "Ves" to Form 990

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

Attach to Form 990 or Form 990-EZ.



Employer identification number 13-1628206

			YES	
I	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			T
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
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?	2	Х	
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	3	Х	
	SEE SUPPLEMENTAL PAGE			
ŀ	Does the organization maintain the following?		V	
a L	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	+
b	Records documenting that scholarships and other financial assistance are awarded on a racially	41-	v	
_	nondiscriminatory basis?	4b	X	+
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing		37	
	with student admissions, programs, and scholarships?	4c	X	+
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	_
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		_
b	Admissions policies?	5b		-
с	Employment of faculty or administrative staff?	5c		-
d	Scholarships or other financial assistance?	5d		_
е	Educational policies?	5e		_
f	Use of facilities?	5f		
g	Athletic programs?	5g		
h	Other extracurricular activities?	5h		
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
Sa	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	1
	Has the organization's right to such aid ever been revoked or suspended?	6b		†
	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			t
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	7	X	Ţ
	Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 9			 ^

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

SCHEDULE E, LINE 3

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

SCHEDULE E, LINE 6(A)

FEDERAL WORK-STUDY PROGRAM	\$131 , 293
TOTAL FEDERAL GRANTS	\$131 , 293
NEW YORK STATE LIBRARY GRANT	\$5 , 087
NEW YORK STATE HEOP (HIGHER EDUCATION	
OPPORTUNITY PROGRAM) GRANT	\$175,000
NEW YORK STATE BUNDY GRANT	\$117,213

TOTAL NEW YORK STATE GRANTS

\$297,300

Schedule E (Form 990 or 990-EZ) (2012)

SCHEDULE G

(Form	990	or	990-EZ)	
-------	-----	----	---------	--

l	nternal	Revenue	Ser	vice
L	герапп	nent of the	eire	easury

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

	OMB No. 1545-0047
	2012
	Open to Public
	Inspection
-	

Name of the or			FOIII 990-E	z. 🏲 See se	parate instructions.	Employer identification	on number
MARYMOUN	IT MANHATTAN COLLEGE					13-1628200	
Part I	Fundraising Activities. Co				"Yes" to Form 9	90, Part IV, line	17.
	Form 990-EZ filers are no						
Γ.	ate whether the organization r	-		-			
	Mail solicitations	e			non-government g		
	nternet and email solicitations Phone solicitations				government grant ising events	5	
	n-person solicitations	g			ising events		
2a Did tl	ne organization have a written y employees listed in Form 99						Yes No
	s," list the ten highest paid ir pensated at least \$5,000 by th		s (fundraise	ers) pursua	ant to agreements	under which the	fundraiser is to be
(i) M	lame and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total 3 List a	Ill states in which the organiz	zation is registered	or licensed		contributions or	has been notified	it is exempt from
regis	tration or licensing.					nas been notined	
NJ,							
Paperwork Re	eduction Act Notice, see the Instructi	ons for Form 990 or 990-	EZ.			Schedule G (Fo	rm 990 or 990-EZ) 2012

JSA

Schedule G (Form 990 or 990-EZ) 2012

13-1628206

Page **2**

			(a) Event #1 MEDAL DINNER	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	335,250.			335,250
	2	Less: Contributions	294,525.			294,52
	3	Gross income (line 1 minus line 2).	40,725.			40,72
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	90,229.			90,22
-	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	9,379.			9,37
		Direct expense summary. Add lines 4 Net income summary. Combine line 3				(<u>99,608</u> -58,88
ar	ιI		anization answered "Y Z. line 6a.	es" to Form 990, Par	t IV, line 19, or repo	orted more
Т		than \$15,000 on Form 990-E	anization answered "Y Z, line 6a. (a) Bingo	es" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo	t IV, line 19, or repo (c) Other gaming	(d) Total gaming (add
	1		Z, line 6a.	(b) Pull tabs/instant	•	(d) Total gaming (add
	1	than \$15,000 on Form 990-E	Z, line 6a.	(b) Pull tabs/instant	•	(d) Total gaming (add
-	1	than \$15,000 on Form 990-E	Z, line 6a. (a) Bingo	(b) Pull tabs/instant	•	(d) Total gaming (add
	1 2 3	than \$15,000 on Form 990-E Gross revenue	Z, line 6a. (a) Bingo	(b) Pull tabs/instant	•	(d) Total gaming (add
-	1 2 3 4	than \$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes	Z, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	•	orted more (d) Total gaming (add col. (a) through col. (c)
-	1 2 3 4 5	than \$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes Rent/facility costs	Z, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	•	(d) Total gaming (add col. (a) through col. (c)
-	1 2 3 4 5 6	than \$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Z, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
-	1 2 3 4 5 6 7	than \$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Z, line 6a. (a) Bingo Yes% No through 5 in column (d)	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
a	1 2 3 4 5 6 7 8 Er Is	than \$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Combinate the state(s) in which the organization licensed to operate groups.	Z, line 6a. (a) Bingo (a) Bingo Yes% No through 5 in column (d) ne line 1, column d, and ion operates gaming act	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
ab	1 2 3 4 5 6 7 8 Er Is Is	than \$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Combinate the state(s) in which the organization licensed to operate groups.	Z, line 6a. (a) Bingo (a) Bingo Yes% No through 5 in column (d) ne line 1, column d, and ion operates gaming act aming activities in each of aming activities in each of the second se	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)

Schedule G (Form 990 or 990-EZ) 2012

	MARYMOUNT MANHATTAN COLLEGE 1	3-1628206	5	
Sched	ule G (Form 990 or 990-EZ) 2012			Page 3
11	Does the organization operate gaming activities with nonmembers?	Y	′es	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?	🗌 Y	′es 🗌	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	За		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books a records:			
	Name ►			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives ga	-	_	_
	revenue?		′es _	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and	d the		
	amount of gaming revenue retained by the third party ► \$			
С	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 proce	eds to		
-	retain the state gaming license?		′es 🗌	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organi	zations		
~	or spent in the organization's own exempt activities during the tax year > \$			
Part		t I, line 2b		
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. A		te thi	S
	part to provide any additional information (see instructions).			-

Schedule G (Form 990 or 990-EZ) 2012

SCHEDULE I (Form 990)

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

20**12** Open to Public Inspection

Employer identification number

13-1628206

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Part I General Information on Grants and Assistance

1	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?	🗌 No
-		

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1) _		-						
_(2)		_						
_(3)		-						
_(4)		-						
_(5)		-						
_(6)		-						
_(7) _		-						
_(8)		-						
_(9)		-						
(10)		-						
(11)		-						
(12)		-						
<u>3 E</u>	nter total number of section 501(c)(3) and go nter total number of other organizations liste	d in the line	1 table	ed in the line 1 tabl	e		<u></u>	
For Pa	perwork Reduction Act Notice, see the Ins	structions fo	r Form 990.				Schedu	le I (Form 990) (2012)

13-1628206

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 SCHOLARSHIPS	1,416.	10,575,608.			
	1,110.	10/0/0000.			
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Comp	lete this part to pro	vide the informa	tion required in	Part I, line 2, Part III, c	olumn (b), and any other additiona

MONITORING THE USE OF GRANT FUNDS

information.

FORM 990, SCHEDULE I, PART I, LINE 2

THE COLLEGE HAS DEVELOPED AN INSTITUTIONAL PACKAGING PHILOSOPHY TO ENSURE

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

PACKAGING PARAMETERS ARE PERIODICALLY REVIEWED WITH THE HELP OF AN

OUTSIDE CONSULTANT, TO EVALUATE THE MMC GRANTS AND SCHOLARSHIP PROGRAMS

OFFERED TO ALL STUDENT POPULATIONS AT MMC.

(Form 990) For creating Officer's, Directors, Trustes, Key Employees, and Highest Composed Employees	SCH	EDULE J	Compen	sation Information	0	MB No.	1545-0	047		
Complete if the organization answired "Yes" to Form 990, Derived "Line 20. Part Line 20.			For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		ഗി	19			
Internet Transmitter Particle Form 990. See separate instructions. Inspection Market WebONT MANUATION COLLEGE Employer idamitication number 13-1628206 Part Questions Regarding Compensation 13-1628206 13-1628206 1a Check the appropriate box(es) if the organization provide any of the following to or for a person listel in Form 990. Part VII. Section A. Line 1a. Complex Part III to provide any relevant information regarding these items. Implexed the mark of the following to or for a person listel in Form 990. Part VII. Section A. Line 1a, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain formation regular statistic following the lems checked in line 1a?. 2 X 2 Indicate which, if any, of the following the filling organization neolity engarding payment or provision of all of the expenses described above? If "No," complete Part III to explain in Part III. X 2 Indicate which, if any, of the following the filling organization suce to establish the compensation of the deform 990. Part VII. Section A, line 1a, with respect to the filling organization suce or analysis or ananalysis or ananalysis or ananalysis or analysis or analysis or a	•	r -								
Name of the organization Englow identification number 13-1628206 Part Questions Regarding Compensation 13-1628206 1a Check the appropriate box(es) if the organization provide any relevant information regarding these items. Image: Compensation is the organization provide any relevant information regarding these items. Image: Privile class or charter travel Image: Compensation is the organization and gross-up payments Image: Compensation is the organization relevant information regarding these items. Image: Discretionary spending account Personal services (e.g., maid, chauffeur, chef) Image: Compensation or provision or all of the expenses described above? If "No," complete Part III to regarization require substantiation prior to reinformising or allowing expenses incurred by all offices, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Image: Compensation committee Image: Compensation committee Written employment contract Written employment contract Image: Compensation committee Image: Compensation committee Written employment contract Written employment contract Image: Compensation committee Image: Compensation committee Image: Compensation contract Compensation contract X Image: Compensation committee Image: Compensation committee Image: Compensation contract Compensation contract Approval by th			Attach to Form		C					
MARYMOUNT MANNERTEXIN COLLENCE 13-1628206 PartI Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII. Section A. line 1a. Complete Part III to provide any relevant information regarding these items. Image: First-class or charter travel Image: Amplet Part III to provide any relevant information regarding these items. Image: First-class or charter travel Image: Amplet Part III to provide any relevant information regarding these items. Image: First-class or charter travel Image: Amplet Part III to provide any relevant information regarding the series. Image: First-class or charter travel Image: Amplet Part III to provide any relevant information regarding the series. Image: First-class or charter travel Image: Amplet Part III to provide any relevant information regarding the series. Image: First-class or charter travel Image: Amplet Part III to provide any relevant information regarding the series. Image: First-class or charter travel Image: Amplet Part III to provide any relevant information regarding the series. Image: First-class or charter travel is obstantiation prior to rainbursing or allowing expenses incurred by all offices, all the organization requires substantiation prior to rainbursing or allowing expenses incurred by all offices, all the organization committee Image: First-class or the setablish compensation committee Image: First-cl			Attach to Form		Employer identification			n		
Part1 Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII. Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Travel for companions Image: Travel for companions Tax indermification and gross-up payments Image: Travel for companions Tax indermification and gross-up payments Payments for business use of personal use Payments for business use of personal residence 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 baove? If "No." complete Part III. 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers. 3 Indicate which, if any of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Reck all that apply. Do not check any boxes for methods used by a related organization. Written employment contract Image: Compensation or a related organization. Written employment contract Vers in any of lines 4a-c. list the persons and provide the applicable amounts for each item in Part III. 2 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation continigent or the revenues of: Sec<		0	HATTAN COLLEGE				•			
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No 900, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Xet Violing allowance or residence for personal use Payments for business use of personal residence for personal reside	_				10 102020	0				
990. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel X Housing allowance or residence for personal residence or residence for business use of personal residence for business use of personal residence for subject to business use of personal residence for public due to the boxes on line 1a are checked, did the organization follow a written policy regarding payment explains and personal residence for business use of personal residence for							Yes	No		
First-class or charter travel X Travel for companions X Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions N Travel for companions N Travel for companions N Discretionary spending account Health or social cick dues or initiation fees Personal services (e.g., maid, chauffeur, chef) H Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 1b X 3 Indicate which, if any, of the following the filing organization used to establish compensation of the organization consultate Written employment contract 2 X Image and the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization consultate Compensation consultate V Compensation consultate 2 X Image and the organizations Approval by the board or compensation or the result organization. Approval by the board or compensation committee X Image and the organization consultate Written employment contract Approval by the board or compensation committee X During the year, did any	1a	Check the ap	propriate box(es) if the organization pr	ovided any of the following to or for a pers	on listed in Form					
Travel for companions Tax indemnification and gross-up payments X Payments for business use of personal residence Heath or social club dues or initiation fees 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 offices. directors, trustees, and the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the Organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization committee Mittee meployment contract Compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization? 4a X 4b X c Participate in, or receive payment from, a supplemental nonqualified refirement plan? 4a X b Prover on 900, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X b For persons listed in Form 900, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 5a X f" "Yes" to line 6a or 6b, describe in Part III. 7 X <td></td> <td>990, Part VII,</td> <td>Section A, line 1a. Complete Part III to</td> <td>provide any relevant information regarding</td> <td>g these items.</td> <td></td> <td></td> <td></td>		990, Part VII,	Section A, line 1a. Complete Part III to	provide any relevant information regarding	g these items.					
Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, idid the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 1b x 3 Indicate which, if any, of the following the filing organization used to establish compensation of the organization to establish compensation of the CEO/Executive Director, whice which and the organization or establish compensation of the CEO/Executive Director, but explain in Part III. 2 X 3 Indicate which, if any, of the following the filing organization of the CEO/Executive Director, but explain in Part III. 2 X 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization? 4a x 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 4b x 4 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 5a x 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization		First-cla	ss or charter travel	X Housing allowance or residence for	personal use					
Image: Second services (e.g., maid, chauffeur, chef) Image: Second sec		Travel fo	or companions		nal residence					
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or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		X Discretion	onary spending account	Personal services (e.g., maid, chauff	eur, chef)					
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Independent compensation consultant X Compensation survey or study Gompensation survey or study Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization: 4a X Beceive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, an equity-based compensation arrangement? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 6 5 Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X if "Yes" to line 5a or 5b, describe in Part III. 6a X 6b X 6b X if "Yes" to line 6a or 6b, describe in Part III. 6a X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Inest and 62 if "Yes," describe in Part III. 7										
Independent compensation consultant X Compensation survey or study Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization: 4a X Beceive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 5a X Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5a X b Any related organization? 5a X b Any related organization? 5a X c For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5b X a The organization? 6a X b Any related organization? 6a X c The organization? 6a X c The organization? 6a X f "Yes" to line 6a or 6b, describe in Part III. 7		X Comper	sation committee	Written employment contract						
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c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Image: Compensation 201(c)(3) and 501(c)(4) organizations must complete lines 5-9. Image: Compensation 201(c)(3) and 501(c)(4) organizations must complete lines 5-9. Image: Compensation 201(c)(3) and 501(c)(4) organizations must complete lines 5-9. Image: Compensation 201(c)(3) and 501(c)(4) organizations must complete lines 5-9. Image: Compensation 201(c)(3) and 501(c)(4) organizations must complete lines 5-9. Image: Compensation 201(c)(3) and 501(c)(4) organizations must complete lines 5-9. Image: Compensation 201(c)(3) and 501(c)(4) organizations must complete lines 5-9. Image: Compensation 201(c)(3) and 501(c)(4) organizations must complete lines 5-9. Image: Compensation 201(c)(3) and 501(c)(4) organizations must complete lines 5-9. Image: Compensation 201(c)(3) and 501(c)(4) organization 201(c)(4) organization	а	Receive a sev	verance payment or change-of-control p	ayment?		4a		X		
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f"Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception describe in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" to line 8, did the organization also follow th							X			
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X b Any related organization? 5b X if "Yes" to line 5a or 5b, describe in Part III. 5b X 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5a X a The organization? 6a X b Any related organization? 6a X b Any related organization? 6a X b Any related organization? 6b X b Any related organization? 6a X f "Yes" to line 6a or 6b, describe in Part III. 6b X 7 X 7 X 8 Were any amounts reported in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception describe in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" to line 8, di	С					4c		X		
 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? compensation contingent on the net earnings of: a The organization? if "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 		If "Yes" to an	y of lines 4a-c, list the persons and pi	rovide the applicable amounts for each it	em in Part III.					
 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? compensation contingent on the net earnings of: a The organization? if "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 		Only costion	EQ(a)(2) and $EQ(a)(4)$ are aristic to a	must complete lines 5.0						
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a The organization? 5a X b Any related organization? 5b X If "Yes" to line 5a or 5b, describe in Part III. 5b X 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" to line 6a or 6b, describe in Part III. 6b X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	5	•		The ra, du the organization pay of accide a	ariy					
b Any related organization? 5b X If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6a X f"Yes" to line 6a or 6b, describe in Part III. 6b X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	а	•	5			5a		x		
If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in 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)?	b	Any related of	rganization?							
 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in 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)? 										
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b Any related organization? 6b X If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9		compensation	n contingent on the net earnings of:							
b Any related organization? 6b X If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	а	The organizat	ion?			6a		Х		
 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in 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)? 9 g 	b	Any related o	rganization?			6b		Х		
payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9										
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	7									
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	-					7		X		
in Part III	8									
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9			-			•		v		
Regulations section 53.4958-6(c)? 9	٥					ð				
	3					a				
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2012	For Pa		tion Act Notice, see the Instructions for Fo			-	orm 990) 2012		

Schedule J (Form 990) 2012

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

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

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

		(B) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
DR. JUDSON SHAVER	(i)	376,795.	C	190,746.	70,981.	32,352.	670,874.	(
1 PRESIDENT	(ii)	0	۵	0	d	0		(
PAUL CIRAULO	(i)	252,850.	C	0	25,224.	13,397.	291,471.	(
2 EXEC. VP OF ADMIN & FINANCE	(ii)	0	Q	0	d	0	() (
DAVID PODELL	(i)	237,438.	Q	00	23,876.	13,799.	275,113.	(
3 VP OF ACADEMIC AFFAIRS	(ii)	Q	Q	0	Q	0	() (
CAROL JACKSON	(i)	185,580.	Q	0	18,702.	7,890.	212,172.	
4 VICE PRESIDENT STUDENT AFFAIRS	(ii)	O	C	0	Q	0	()
MARILYN WILKIE	(i)	175,489.	0	0	18,150.	26,925.	220,564.	(
5 PRES INSTITUTIONAL ADVANCEMENT	(ii)	0	0	0	0	0	() (
PETER BAKER	(i)	154,205.	0	0	15,198.	13,232.	182,635.	(
6 VP OF INSTITUTIONAL RESEARCH	(ii)	0	0	0	Q	0	((
WAYNE SANTUCCI	(i)	155,754.	q	0	17,046.	34,512.	207,312.	(
7 ASSOCIATE VP / CONTROLLER	(ii)	0	0	0	Q	0	((
KATHLEEN LEBESCO	(i)	137,531.	0	0	14,639.	18,319.	170,489.	(
8 ASSOCIATE DEAN ACDMC AFFAIRS	(ii)	0	C	0	0	0	() (
PATRICIA HANSEN	(i)	137,531.	Q	0	14,111.	13,808.	165,450.	(
9 DIRECTOR OF INFORMATION TECHNO	(ii)	0	C	0	0	0	() (
LINDA SOLOMON	(i)	137,260.	Q	0	14,093.	15,734.	167,087.	(
10 PROFESSOR	(ii)	0	C	0	0	0	() (
JAMES ROGERS	(i)	130,981.	Q	0	13,353.	11,806.	156,140.	(
11 DEAN OF ADMISSIONS	(ii)	0	0	0	Q	0	((
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2012

Part III Supplemental Information

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

SCH J, PART I, LINE 1A

HOUSING ALLOWANCE, DISCRETIONARY SPENDING ACCOUNT AND CLUB DUES

A HOUSING ALLOWANCE IN THE AMOUNT OF \$178,443 WAS PROVIDED TO THE

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

HOUSING ALLOWANCE WAS REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES

AFTER REVIEW AND APPROVAL BY THE BOARD'S COMPENSATION COMMITTEE.

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

THE COLLEGE PAID CLUB DUES IN THE AMOUNT OF \$3,947 ON BEHALF OF DR. SHAVER. THIS AMOUNT IS TREATED AS A NONTAXABLE BENEFIT TO HIM, BECAUSE DR.SHAVER USES THE CLUB SOLELY FOR COLLEGE BUSINESS.

Schedule J (Form 990) 2012

JSA

Part III Supplemental Information

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

SCH J, PART 1, LINE 4B

NONQUALIFIED RETIREMENT PLAN

DR. SHAVER'S COMPENSATION REPORTED IN PART II, COLUMN (C) INCLUDES A NON-VESTED \$37,694 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

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

See separate instructions.

► Attach to Form 990.



13-1628206

Department of the Treasury Internal Revenue Service

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Part I Bond Issues												
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of pu	irpose	(g) De			(i) Poole financin		
							Yes	No	Yes	No	Yes	No
A DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	649905WR3	02/09/2009	49,013,498.	REFUNDING DASNY SERIES	1999 BONDS		X		Х		х
<u>B</u>												
C												
D												1
Part II Proceeds												
				Α	В	C				D		
1 Amount of bonds retired												
2 Amount of bonds legally defeased												

2	Amount of bonds legally defeased								
3	Total proceeds of issue	49,0	13,498.						
4	Gross proceeds in reserve funds		60,562.						
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,2	80,173.						
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11									
12	Other unspent proceeds								
13	Year of substantial completion	200	1						
		Yes	No	Yes	No	Yes	No	Yes	No
	Were the bonds issued as part of a current refunding issue?	Х							
	Were the bonds issued as part of an advance refunding issue?		Х						
16	Has the final allocation of proceeds been made?		Х						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	Х							
Pa	rt III Private Business Use								
			Α		В		C	C)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No

1	Was the organization a partner in a partnership, or a member of an LLC,	res	NO	res	NO	res	NO	res	
	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.

MARYMOUNT MANHATTAN COLLEGE

Sche	dule K (Form 990) 2012								Page 2
Ра	rt III Private Business Use (Continued) DC	RMITORY	AUTHORI	TY OF 1	THE STATE	OF NEW	V YORK		
			Α		В		С		D
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	Yes	No	Yes	No	Yes	No	Yes	No
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
с	Are there any research agreements that may result in private business use of bond- financed property?								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovern- mental person other than a 501(c)(3) organization since the bonds were issued?								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								
Pa	rt IV Arbitrage								
			Α		В		c		D
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		Х						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		Х						
b	Exception to rebate?		Х						
C	No rebate due?		Х						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		Х						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х						
b	Name of provider		·						<u>. </u>
	Term of hedge								

Schedule K (Form 990) 2012

d Was the hedge superintegrated?....

e Was the hedge terminated?....

Х

Х

MARYMOUNT MANHATTAN COLLEGE

	Yes	A No	Yes	B No	Yes	C No	Yes	D N
Ware many dation of the second state of the second state of the second state of (OIO)	res	-	res	NO	res	NO	res	
Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b Name of provider								
c Term of GIC		1		1		1		
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the								
requirements of section 148?		Х						
requirements of section 148? art V Procedures To Undertake Corrective Action		1						
		A		В		C		D
Has the organization established written procedures to ensure that violations of federal	Yes	No	Yes	No	Yes	No	Yes	N
tax requirements are timely identified and corrected through the voluntary closing	103		103		103		103	
agreement program if self-remediation is not available under applicable regulations?								
art VI Supplemental Information. Complete this part to provide additional inform	action for	rochonco	to questi	and on Sol	hodulo K (coo inctri	uctions)	

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

THE COLLEGE HAD \$46,519 OF UNALLOCATED ISSUANCE COSTS FROM PROCEEDS

AS OF JUNE 30, 2013.

SCHE	DUL	E L		
(Form	990 0	or 99	90-F	-7

Transactions With Interested Persons

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

2012
Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Part III

MARYMOUNT MANHATTAN COLLEGE

Employer identification number 13-1628206

\$

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

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

1	(a) Name of disgualified person	(b) Relationship between disqualified person	(c) Description of transaction	(d) Co	rrected?
-	(a) Name of disqualmed person	and organization		Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred by	the organization managers or disqualified p	persons during the year		
	under section 4958		▶ \$		

under section 4958Briter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2012

Schedule L (Form 990 or 990-EZ) 2012

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes	s" 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	-	aring of ization's nues?
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
10)					

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

Schedule L (Form 990 or 990-EZ) 2012

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 per	interes	ationship between ted person and the organization	(c) Amount of transaction	(d) Description of transaction	-	aring of zation's nues?
					Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

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

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

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

Inspection Employer identification number

13-1628206

Department of the Treasury Internal Revenue Service Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Par	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	Method o noncash con			ints
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			110.400				
9	Securities - Publicly traded	X	11.	116,466.	HIGH/LOW	PRICE	ME	AN
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		<u> </u>	E 000			DTO	
18	Collectibles	X	6.	5,000.	COST/SELI	JING P	RIC	브
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		1	2 500			DTO	
25	Other ►(PIANO)	X	1.	2,500.	COST/SELI	JING PI	RIC	L
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received				20			
	which the organization completed I	-orm 8283,	Part IV, Donee Acknowledg		29	V		
20 2	During the year, did the organizat	ion receive	by contribution any prope	arty reported in Part I line	as 1 28 that		es	No
50 a	it must hold for at least three yea							
	used for exempt purposes for the e				•	30a		Х
h	If "Yes," describe the arrangement i					30a		
31	Does the organization have a		ance policy that require	s the review of any r	on-standard			
51	-					31		Х
32 =	contributions? Does the organization hire or use	hird narti	es or related organization	s to solicit process or s	ell noncash		+	
Jr d	-		-			329		Х
h	contributions? If "Yes," describe in Part II.					32a		- 21
33	If the organization did not report ar	amount in	column (c) for a type of pro	perty for which column (a) is checked			
	describe in Part II.				, io oncorea,			
For F	aperwork Reduction Act Notice, see th	e Instruction	s for Form 990.		Schedule	M (Form 9	990) (2012)

OMB No. 1545-0047 2012 **Open To Public**

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.

586273

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Employer identification number

BOARD REVIEW OF FORM 990

FORM 990, PART VI, SECTION A, LINE 11

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

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12C THE TRUSTEES OF MARYMOUNT MANHATTAN COLLEGE ARE ELECTED TO SERVE THE COLLEGE, AND ARE EXPECTED TO CARRY OUT THEIR DUTIES IN A MANNER THAT INSPIRES AND ASSURES THE CONFIDENCE OF THE COLLEGE AND THE BROADER COMMUNITY. ALL ACTIONS BY TRUSTEES WITH RESPECT TO THE COLLEGE AND ITS PROPERTY MUST BE TAKEN SOLELY ON THE BASIS OF A DESIRE TO ADVANCE THE BEST INTERESTS OF THE COLLEGE. TRUSTEES SHALL NOT USE THEIR POSITIONS AS

TRUSTEES, OR KNOWLEDGE GAINED THEREFROM, SO THAT A CONFLICT MIGHT ARISE BETWEEN THE INTERESTS OF THE COLLEGE AND THE INDIVIDUAL INTERESTS OF THE TRUSTEES.

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

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

A "BUSINESS RELATIONSHIP" IS ONE IN WHICH A TRUSTEE OR A MEMBER OF HIS OR HER FAMILY SERVES AS AN OFFICER, DIRECTOR, EMPLOYEE, PARTNER, TRUSTEE OR CONTROLLING STOCKHOLDER OF AN ORGANIZATION THAT DOES BUSINESS WITH THE 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.

COMPENSATION REVIEW

JSA

FORM 990, PART VI, SECTION B, LINE 15A AND 15B 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 IRC § 53.4958-6. COMPENSATION FOR THE PRESIDENT, EXECUTIVE VICE PRESIDENT OF ADMINISTRATION AND FINANCE, VICE PRESIDENT OF ACADEMIC AFFAIRS, VICE PRESIDENT OF INSTITUTIONAL ADVANCEMENT, AND THE VICE PRESIDENT OF STUDENT AFFAIRS IS DETERMINED BY A PROCESS THAT INCLUDES THE USE OF COMPARABILITY DATA, REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE OF THE COLLEGE'S BOARD OF TRUSTEES, COMPRISED OF PERSONS WITHOUT ANY CONFLICT OF INTEREST, AND CONTEMPORANEOUS RECORDANCEPING OF DELIBERATIONS AND DECISIONS.

Name of the organization MARYMOUNT MANHATTAN COLLEGE

Employer identification number 13-1628206 Page 2

PUBLIC DISCLOSURE OF GOVERNING DOCUMENTS FORM 990, PART VI, SECTION C, LINE 19 THE COLLEGE MAKES ITS FORM 990 AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH ITS WEBSITE. THE FORM 990 IS ALSO AVAILABLE ON WWW.GUIDESTAR.ORG. OTHER GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC. ATTACHMENT 1

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

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

ATTACHMENT 2

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

JSA 2E1228 1.000

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

FOUNI	DERS, 1	MARY	MOUNT	MAN	ITAHI	AN]	IS '	THRIV	/ING	AS	A NO	ONSEC	TAR	IAN
COEDU	JCATIO	NAL,	INDE	PEND	ENT	COLI	LEGI	e of	THE	LIE	BERAI	l ari	s,	ATT
AND S	SERVIN	GΑ	DIVERS	SE C	OMMU	JNITY	Y O	F STU	JDENI	rs,	FACU	JLTY,	AN	ID S'

Schedule O (Form 990 or 990-EZ) 2012

MARYMOUNT MANHATTAN COLLEGE

Name of the organization

LEGE OF THE LIBERAL ARTS, ATTRACTING Y OF STUDENTS, FACULTY, AND STAFF. AS THE COLLEGE MOVES FORWARD WITH ITS 2008-2013 STRATEGIC PLAN TO CREATE AN ENRICHED AND HIGHLY CHALLENGING LEARNING AND LIVING EXPERIENCE THAT IS INTERNATIONAL IN FOCUS, INTERDISCIPLINARY IN METHOD, AND EXPERIENTIAL IN PROCEDURE, WE REMAIN COMMITTED TO SERVING A SOCIALLY AND ECONOMICALLY DIVERSE POPULATION. IN ADDITION TO KEEPING TUITION AFFORDABLE, THE ABILITY TO OFFER ASSISTANCE TO STUDENTS IN NEED IS ESSENTIAL TO ACHIEVE THIS GOAL. THE COLLEGE SERVES A STUDENT BODY OF CLOSE TO 1,833 FULL AND PART TIME STUDENTS AND HAS MET TARGET ENROLLMENTS FOR THE PAST SEVERAL YEARS. TODAY, THE COLLEGE DRAWS STUDENTS FROM 43 STATES AND 69 COUNTRIES; APPROXIMATELY 33% OF OUR STUDENTS ARE MINORITIES. RETURNING ADULTS (DEGREE-SEEKING) COMPRISE 4.8% OF OUR STUDENTS. MMC STUDENTS CAN PURSUE DEGREES IN 18 MAJOR PROGRAMS OF STUDY AND CHOOSE FROM AMONG 40 MINORS TO FOCUS THEIR STUDIES EVEN FURTHER. DURING THEIR COLLEGE CAREERS, STUDENTS CAN STUDY ABROAD, ENGAGE IN SOPHISTICATED RESEARCH PROJECTS, HOLD INTERNSHIPS AT NEW YORK CITY COMPANIES, AND BECOME INVOLVED IN SERVICE-LEARNING OPPORTUNITIES.

LOCATION ON 71ST STREET AND BECAME A FOUR-YEAR BACHELOR

DEGREE-GRANTING INSTITUTION IN 1948. FAITHFUL TO THE VISION OF ITS

ATTACHMENT 3

Employer identification number 13-1628206

ATTACHMENT 2 (CONT'D)

Schedule O (Form 990 or 990-EZ) 2012 Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Employer identification number 13-1628206 Page 2

ATTACHMENT 3 (CONT'D)

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

APPROXIMATELY 700 STUDENTS MAKE THEIR HOME AT MARYMOUNT MANHATTAN IN ONE OF OUR TWO RESIDENCE HALLS. THE 55TH STREET RESIDENCE IS OUR FIRST-YEAR RESIDENCE HALL, WHERE STUDENTS LIVE IN SUITE-STYLE ARRANGEMENTS JUST 16 BLOCKS FROM THE COLLEGE. EACH SUITE CONSISTS OF TWO BEDROOMS FURNISHED WITH LOFT BEDS, DRESSERS, AND DESKS, A KITCHEN AND A BATHROOM, PLUS INDIVIDUAL LINES FOR TELEPHONE, CABLE AND COMPUTER ACCESS. THE BUILDING IS STAFFED WITH 24-HOUR SECURITY AND FEATURES OTHER AMENITIES SUCH AS A LAUNDRY ROOM, CONVENIENCE STORE, LOUNGE SPACE, GYM AND BALCONY. CONTINUING STUDENTS CAN OPT TO LIVE AT THE 1760 THIRD AVENUE RESIDENCE HALL, WHICH IS LOCATED AT 97TH STREET AND THIRD AVENUE, AND STUDENTS IN THIS HALL RESIDE IN DOUBLE AND TRIPLE ROOMS WITH PRIVATE BATHROOMS, REFRIGERATOR AND MICROWAVE. EACH STUDENT HAS A BED, DRESSER, AND DESK. 1760 THIRD AVENUE RESIDENCE HALL IS STAFFED WITH 24-HOUR SECURITY AND OFFERS A 3,500 SQUARE FOOT, ON-SITE FITNESS FACILITY, MOVIE SCREENING ROOM, GAME ROOM, LAUNDRY FACILITIES, COMMUNAL KITCHENS, LOUNGE SPACE, AND ACCESS TO COMPUTERS AND A 24-HOUR STUDY LOUNGE. THE RESIDENCE LIFE STAFF OVERSEES ALL LIVING FACILITIES AND STRIVES TO CREATE A SENSE OF COMMUNITY BY PROVIDING EDUCATIONAL AND SOCIAL PROGRAMS. EACH HALL IS STAFFED BY FULL-TIME RESIDENCE DIRECTORS AND RESIDENT ADVISORS.

JSA

Name of the organization	Employer i	dentification number
MARYMOUNT MANHATTAN COLLEGE	13-	1628206
	ATTACHMI	ENT 4
990, PART VII- COMPENSATION OF THE FIVE HI	GHEST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MCGOWAN BUILDERS INC. 345 5TH AVE NEW YORK, NY 10016	GENERAL CONTRACTING	2,333,415.
ARAMARK EDUCATION 1101 MARKET STREET PHILADELPHIA, PA 19107	FACILITY & FOOD SRVC	1,184,622.
3.W. MECHANICAL INC. 2109 EMMORTON PARK ROAD, SUITE 118 EDGEWOOD, MD 21040	HEATING & AIR CONDIT	647 , 875.
GREENBERG TRAURIG LLP 200 PARK AVENUE NEW YORK, NY 10166	LEGAL SERVICES	626 , 895.
J.S. SECURITIES ASSOCIATES 400 BROADWAY, SUITE 2312 NEW YORK, NY 10018	SECURITY SERVICES	451 , 833.

Schedule O (Form 990 or 990-EZ) 2012

13-1628206

SCHEDULE R (Form 990)	Related Organizations	and Unrelate	ed Partnersh	ips		<u>омв №. 1545-0047</u> 20 12
Department of the Treasury Internal Revenue Service	 Complete if the organization answered ' Attach to Form 990. 	'Yes" to Form 990, Par ▶ See separa		6, or 37.		Open to Public Inspection
Name of the organization MARYMOUNT MANHA	ATTAN COLLEGE				Employer i 13-162	dentification number
Part I Identifica	ation of Disregarded Entities (Complete if the organization	answered "Yes" to	Form 990, Part N	/, line 33.)		
1	(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" to 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 5 contr ent	rolled
						Yes	No
_(1)							
_(2)							
_(3)							
_(4)							
_(5)							
_(6)							
_(7)							

586273

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

Schedule R (Form 990) 2012

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

	nore related orga	anizations	s liealeu as a pa		lax 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) Disproportion allocations?	amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana partr	eral or aging ner?	(k) Percentage ownership
							Yes N	D	Yes	No	
<u>(1)</u>											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	Sec 512(t contr	(i) ction b)(13) trolled tity?
								Yes	No
(1) 231-235 EAST 55TH STREET CONDOMINIUM 58-2636459	_								
FIRSTSERVICE RESIDENTIAL - 622 THIRD AVE NEW YORK, NY 100	STUDENT HOUSING	NY	MARYMOUNT M COL	C CORP	1,086,354.	1,299,440.	70.7000	Х	<u> </u>
<u>(2)</u>	-								
(3)	_								
_(4)	-								
_(5)	-								
(6)	-								
	-								

Schedule R (Form 990) 2012

JSA

MARYMOUNT MANHATTAN COLLEGE

13-1628206

	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations list	ted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
с	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)			• • • • •	1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
ĸ	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
I	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х
0	Sharing of paid employees with related organization(s)				10		Х
p	Reimbursement paid to related organization(s) for expenses				1p	X	
p q	Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses				1р 1q	X	X
q	Reimbursement paid by related organization(s) for expenses			• • • • • •	1q	X	
q r	Reimbursement paid by related organization(s) for expenses				1q 1r	X	X X X
q r s	Reimbursement paid by related organization(s) for expenses	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	1q 1r 1s		Х
q r s	Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	action three Method	1q 1r 1s sholds (d)	rminir	X X
q r s	Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete to (a)	this line, including cove (b) Transaction	red relationships and transa	action three Method	1q 1r 1s sholds (d) of dete unt invo	rminir Ived	x x g
1)	Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete t (a) Name of other organization	this line, including cove (b) Transaction type (a-s)	red relationships and transa (c) Amount involved	Action three Method amou	1q 1r 1s sholds (d) of dete unt invo	rminir Ived	x x g
1) 2)	Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete t (a) Name of other organization	this line, including cove (b) Transaction type (a-s)	red relationships and transa (c) Amount involved	Action three Method amou	1q 1r 1s sholds (d) of dete unt invo	rminir Ived	x x g
r s	Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete t (a) Name of other organization	this line, including cove (b) Transaction type (a-s)	red relationships and transa (c) Amount involved	Action three Method amou	1q 1r 1s sholds (d) of dete unt invo	rminir Ived	x x g
r s 2 1) 2) 3) 4)	Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete t (a) Name of other organization	this line, including cove (b) Transaction type (a-s)	red relationships and transa (c) Amount involved	Action three Method amou	1q 1r 1s sholds (d) of dete unt invo	rminir Ived	x x g
q	Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete t (a) Name of other organization	this line, including cove (b) Transaction type (a-s)	red relationships and transa (c) Amount involved	Action three Method amou	1q 1r 1s sholds (d) of dete unt invo	rminir Ived	X X g

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			section 512-514)	Yes	No			Yes	No	(1 0111 1000)	Yes	No	
_(1)													
_(2)													
(3)													
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Part VII	Supplemental Information
	Complete this part to provide additional information for responses to questions on Schedule R (see
	instructions).