



2019 Income Tax Returns

MARYMOUNT MANHATTAN COLLEGE

COPY FOR PUBLIC INSPECTION

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07/01, 2019**, and ending **06/30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MARYMOUNT MANHATTAN COLLEGE				D Employer identification number 13-1628206	
	Doing business as				E Telephone number (212) 517-0400	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite			
	221 EAST 71ST STREET					
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10021-4597				G Gross receipts \$ 120,891,990.		
F Name and address of principal officer: DR. KERRY WALK 221 EAST 71ST STREET, NEW YORK, NY 10021-4597				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ HTTP://WWW.MMM.EDU				H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1961		M State of legal domicile: NY		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MARYMOUNT MANHATTAN COLLEGE'S MISSION IS TO EDUCATE SOCIALLY AND ECONOMICALLY DIVERSE POPULATION BY FOSTERING INTELLECTUAL ACHIEVEMENT, PERSONAL GROWTH, AND CAREER DEVELOPMENT.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1,361.
	6 Total number of volunteers (estimate if necessary)	6	22.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,577,215.	18,326,251.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	80,999,976.	72,631,864.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,238,633.	11,517,023.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	486,533.	154,078.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	86,302,357.	102,629,216.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	22,058,170.	22,092,001.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	35,451,098.	36,597,605.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,523,962.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	27,216,704.	25,673,653.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	84,725,972.	84,363,259.
19 Revenue less expenses. Subtract line 18 from line 12	1,576,385.	18,265,957.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	111,867,573.	133,739,534.
	22 Net assets or fund balances. Subtract line 21 from line 20.	40,484,845.	45,887,993.
		71,382,728.	87,851,541.

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Part II Signature Block

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

Sign Here	Signature of officer	Date
	MAISHA WILLIAMS Type or print name and title	VP FIN & ADMIN/CFO

Paid Preparer Use Only	Print/Type preparer's name CHRISTINA ROSSETTI	Preparer's signature <i>Christina Rossetti</i>	Date 4/28/2021	Check <input type="checkbox"/> if self-employed	PTIN P01491094
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207		Phone no. 212-758-9700	
	Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154-0102				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

MARYMOUNT MANHATTAN COLLEGE IS AN URBAN, INDEPENDENT, LIBERAL ARTS COLLEGE (SEE SCHEDULE O).

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

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

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

4a (Code:) (Expenses \$ 62,594,913. including grants of \$ 22,092,001.) (Revenue \$ 63,158,942.)

INSTITUTIONAL PROGRAM ACTIVITIES: OFFERING ASSISTANCE TO STUDENTS IN NEED IS ESSENTIAL TO ACHIEVE THE COLLEGE'S GOAL TO SERVE A SOCIALLY AND ECONOMICALLY DIVERSE STUDENT BODY. MMC CURRENTLY EDUCATES OVER 1,900 FULL AND PART-TIME STUDENTS REPRESENTING 47 STATES AND 31 COUNTRIES. APPROXIMATELY 35.5% OF OUR STUDENTS ARE MINORITIES, AND 9.2% ARE DEGREE-SEEKING RETURNING ADULTS. MMC STUDENTS CAN PURSUE DEGREES IN 35 MAJOR PROGRAMS OF STUDY, CHOOSE FROM AMONG 41 MINORS AND PRE-PROFESSIONAL PROGRAMS, HOLD INTERNSHIPS AT RENOWNED NEW YORK CITY COMPANIES, ENGAGE IN SOPHISTICATED RESEARCH PROJECTS, STUDY ABROAD, AND PARTICIPATE IN SERVICE-LEARNING OPPORTUNITIES. SEE SCHEDULE O.

4b (Code:) (Expenses \$ 10,149,894. including grants of \$) (Revenue \$ 9,271,839.)

AUXILIARY SERVICES: APPROXIMATELY 646 STUDENTS MAKE THEIR HOME AT MMC. THE 55TH STREET RESIDENCE IS OWNED BY THE COLLEGE AND IS THE FIRST-YEAR RESIDENCE HALL. CONTINUING STUDENTS LIVE AT THE COOPER SQUARE RESIDENCE HALL. EACH HALL IS LOCATED WITHIN A 30 MINUTE COMMUTE OF THE COLLEGE AND STAFFED WITH 24-HOUR SECURITY. RESIDENCE DIRECTORS AND RESIDENT ADVISORS STRIVE TO CREATE A SENSE OF COMMUNITY BY PROVIDING EDUCATIONAL AND SOCIAL PROGRAMS. WITH THE OUTBREAK OF THE PANDEMIC DURING THE SPRING SEMESTER, THE COLLEGE SHIFTED TO A VIRTUAL LEARNING ENVIRONMENT TO HELP MITIGATE THE SPREAD OF THE VIRUS AND SHUTTERED ITS DORMITORIES. SEE SCHEDULE O.

4c (Code:) (Expenses \$ 652,602. including grants of \$) (Revenue \$ 201,083.)

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

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

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

4e Total program service expenses 73,397,409.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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 1,361		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d _____		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a _____		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b _____		
11	Section 501(c)(12) organizations. Enter:		
a	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.) 11b _____		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a _____		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b _____		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	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 13b _____		
c	Enter the amount of reserves on hand 13c _____		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (20), 1b (20), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

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

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

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

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. See instructions for the order in which to list the persons above.

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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KERRY WALK PRESIDENT	35.00 0.			X				401,311.	0.	106,351.
(2) TODD E. HEILMAN VP FOR STUDENT SUCCESS & ENGMT	35.00 0.			X				204,122.	0.	92,452.
(3) SHARON MEAGHER VP ACADEMIC AFFAIRS (END 6/20)	35.00 0.			X				249,047.	0.	12,063.
(4) CAROL JACKSON VP STUDENT AFFAIRS (END 6/20)	35.00 0.			X				227,193.	0.	29,551.
(5) DALE H. HOCHSTEIN CHIEF INFORMATION OFFICER	35.00 0.				X			212,994.	0.	19,009.
(6) WAYNE SANTUCCI INTERIM CFO	35.00 0.				X			178,658.	0.	41,822.
(7) BREE A. BULLINGHAM AVP OF HUMAN RESOURCES	35.00 0.					X		145,424.	0.	72,294.
(8) KATHLEEN A. LEBESCO AVP FOR STRATEGIC INITIATIVES	35.00 0.				X			171,138.	0.	42,854.
(9) MARIA L. DEINNOCENTIIS AVP FOR ENROLLMENT MGMNT	35.00 0.					X		163,178.	0.	38,439.
(10) PAUL L. CIRAULO EVP ADMIN & FINANCE (END 6/19)	35.00 0.						X	166,623.	0.	27,766.
(11) RICHARD SHELDON AVP FOR ACADEMIC ADMIN.	35.00 0.					X		157,583.	0.	36,409.
(12) LINDA SOLOMON PROFESSOR	35.00 0.					X		145,618.	0.	23,830.
(13) MICHAEL G. SALMON AVP AND DEAN OF CENTER	35.00 0.					X		135,880.	0.	14,887.
(14) PETER F. NACCARATO VP AA & DEAN FCLTY (START 1/20)	35.00 0.			X				63,456.	0.	25,452.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) GRAHAM A. CIRAULO VP INST ADVANCE (START 9/19)	35.00 0.			X				57,808.	0.	12,100.
(16) PATRICIA A. AGNELLO TRUSTEE	1.00 0.	X						0.	0.	0.
(17) LINDA BASILICE-HOERNER TRUSTEE	1.00 0.	X						0.	0.	0.
(18) CAROL BERMAN TRUSTEE	1.00 0.	X						0.	0.	0.
(19) VALERIE BROWN TRUSTEE	1.00 0.	X						0.	0.	0.
(20) HELEN DEMETRIOS TRUSTEE	1.00 0.	X						0.	0.	0.
(21) ABBY C. FIORELLA TRUSTEE	1.00 0.	X						0.	0.	0.
(22) SUSAN GARDELLA TRUSTEE	1.00 0.	X						0.	0.	0.
(23) MAUREEN G. GRANT TRUSTEE	1.00 0.	X						0.	0.	0.
(24) LISA TACHICK HOOPER TRUSTEE	1.00 0.	X						0.	0.	0.
(25) JOHN H. HUNT TRUSTEE	1.00 0.	X						0.	0.	0.
1b Sub-total								2,680,033.	0.	595,279.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,680,033.	0.	595,279.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 52

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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 **▶** 15

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) HOPE KNIGHT ----- TRUSTEE (NON-VOTING)	1.00 ----- 0.	X					0.	0.	0.	
(27) BARBARA LYNCH LOUGHLIN ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(28) PAUL C. LOWERRE ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(29) MICHAEL J. MATERASSO ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(30) CATHERINE M. PATTEN ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(31) JUDITH L. ROBINSON ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(32) MICHAEL G. STEWART ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(33) TRISH SHORTELL ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(34) CECILIA TUDELA-MONTERO ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(35) EDWARD VAN SADERS ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(36) CATHERINE VINCIE ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 52

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	668,880.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	17,657,371.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 7,803.				
	h	Total. Add lines 1a-1f			18,326,251.			
	Program Service Revenue	2a	TUITION AND FEES	Business Code	611310	63,158,942.	63,158,942.	
b		RESIDENCE HOUSING		721300	7,760,218.	7,760,218.		
c		FOOD SERVICES		722514	1,511,621.	1,511,621.		
d		ACADEMIC PROGRAMS		611310	201,083.	201,083.		
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			72,631,864.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts).			946,547.		946,547.
	4	Income from investment of tax-exempt bond proceeds .			0.			
	5	Royalties			0.			
	6a	Gross rents	6a	(i) Real				
				(ii) Personal				
					350,187.			
	b	Less: rental expenses	6b		361,623.			
	c	Rental income or (loss)	6c		-11,436.			
	d	Net rental income or (loss)			-11,436.		-11,436.	
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					18,846,310.	9,570,000.		
	b	Less: cost or other basis and sales expenses . .	7b		17,845,834.			
	c	Gain or (loss)	7c		1,000,476.	9,570,000.		
d	Net gain or (loss)			10,570,476.		10,570,476.		
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		0.				
			8b	0.				
			c	Net income or (loss) from fundraising events.		0.		
9a	Gross income from gaming activities. See Part IV, line 19	9a		0.				
			9b	0.				
			c	Net income or (loss) from gaming activities.		0.		
10a	Gross sales of inventory, less returns and allowances	10a		114,467.				
			10b	55,317.				
			c	Net income or (loss) from sales of inventory.		59,150.		59,150.
Miscellaneous Revenue	11a	MISCELLANEOUS OFFSITE FOOD SERVICE	Business Code	722310	95,496.		95,496.	
	b	OTHER		900099	10,868.		10,868.	
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			106,364.			
12	Total revenue. See instructions			102,629,216.	72,631,864.		11,671,101.	

Part IX Statement of Functional Expenses

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

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, Advertising, etc.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,605,387.	1	10,130,381.
	2 Savings and temporary cash investments	3,076,992.	2	7,728,064.
	3 Pledges and grants receivable, net	430,113.	3	14,965,172.
	4 Accounts receivable, net.	1,081,808.	4	771,305.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	406,364.	9	526,340.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 132,663,258.		
	b Less: accumulated depreciation.	10b 70,483,668.	62,850,517.	10c 62,179,590.
	11 Investments - publicly traded securities.	36,989,102.	11	37,054,095.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	427,290.	15	384,587.
16 Total assets. Add lines 1 through 15 (must equal line 33)	111,867,573.	16	133,739,534.	
Liabilities	17 Accounts payable and accrued expenses	4,349,648.	17	6,708,794.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	2,471,190.	19	1,496,787.
	20 Tax-exempt bond liabilities.	32,211,097.	20	29,727,624.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,452,910.	25	7,954,788.
	26 Total liabilities. Add lines 17 through 25.	40,484,845.	26	45,887,993.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	44,939,215.	27	46,506,527.
	28 Net assets with donor restrictions.	26,443,513.	28	41,345,014.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	71,382,728.	32	87,851,541.
33 Total liabilities and net assets/fund balances.	111,867,573.	33	133,739,534.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	102,629,216.
2	Total expenses (must equal Part IX, column (A), line 25)	2	84,363,259.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,265,957.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	71,382,728.
5	Net unrealized gains (losses) on investments	5	-1,797,144.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	87,851,541.

Part XII Financial Statements and Reporting

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Employer identification number

13-1628206

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

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

Schedule A (Form 990 or 990-EZ) 2019

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

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2019; 15 Public support percentage from 2018 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2019; 16b 33 1/3% support test - 2018; 17a 10%-facts-and-circumstances test - 2019; 17b 10%-facts-and-circumstances test - 2018; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2019, 2018. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2018 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2019, 2018. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule of Contributors

2019

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number
13-1628206

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 15,050,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 505,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 437,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number
13-1628206

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 126,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 56,628.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 40,118.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number
13-1628206

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	_____ _____ _____	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number
13-1628206

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	_____ _____ _____	\$ 16,755.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number
13-1628206

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	_____ _____ _____	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____ _____ _____	\$ 15,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number
13-1628206

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	_____ _____ _____	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	_____ _____ _____	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	_____ _____ _____	\$ 12,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	_____ _____ _____	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	_____ _____ _____	\$ 11,001.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number
13-1628206

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	_____ _____ _____	\$ 10,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number
13-1628206

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number
13-1628206

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 7,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 7,624.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 6,386.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 5,249.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number
13-1628206

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

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

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number
13-1628206

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

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

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number

13-1628206

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
54	STOCK	\$ 5,249.	12/31/2019
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization **MARYMOUNT MANHATTAN COLLEGE**

Employer identification number
13-1628206

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

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Employer identification number

13-1628206

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, Amount. Includes rows for art collections, revenue included, and assets included.

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

Schedule D (Form 990) 2019

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	21,266,020.	20,940,314.	19,814,642.	18,070,483.	18,723,910.
b Contributions	955,719.	490,595.	409,802.	206,746.	127,711.
c Net investment earnings, gains, and losses	-249,592.	642,951.	1,469,569.	2,238,758.	-139,386.
d Grants or scholarships	829,028.	807,840.	753,699.	701,345.	641,751.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	21,143,119.	21,266,020.	20,940,314.	19,814,642.	18,070,484.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment 73.5200 %
- c** Term endowment 26.4800 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		18,094,588.		18,094,588.
b Buildings		91,396,904.	51,346,628.	40,050,276.
c Leasehold improvements		92,884.	38,702.	54,182.
d Equipment		19,421,492.	16,697,091.	2,724,401.
e Other		3,657,390.	2,401,247.	1,256,143.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				62,179,590.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTEREST PAYABLE	784,906.
(3) ASSET RETIREMENT OBLIGATION	614,289.
(4) NOTES PAYABLE - PPP ADVANCE	6,555,593.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART V, LINE 4

INTENDED USES OF ENDOWMENT FUNDS

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

FORM 990, SCHEDULE D, PART X, LINE 2

THE COLLEGE ACCOUNTS FOR UNCERTAINTIES IN INCOME TAXES RECOGNIZED IN ITS
FINANCIAL STATEMENTS USING A THRESHOLD OF MORE LIKELY THAN NOT OF BEING
SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE COLLEGE'S
EXEMPT PURPOSE IS SUBJECT TO TAX. THE COLLEGE DID NOT HAVE ANY MATERIAL
UNRELATED BUSINESS INCOME TAX LIABILITY AT JUNE 30, 2020 AND 2019.

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

RENT EXPENSE	\$ 361,623
COST OF GOODS SOLD	\$ 55,317
-----	-----
TOTAL	\$ 416,940

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

RECLASS OF STUDENT AID	\$ 22,092,001
------------------------	---------------

Part XIII Supplemental Information (continued)

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

RENT EXPENSE	\$ 361,623
COST OF GOODS SOLD	\$ 55,317
-----	-----
TOTAL	\$ 416,940

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

RECLASS OF STUDENT AID	\$ 22,092,001
------------------------	---------------

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

Department of the Treasury
Internal Revenue Service

Schools

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
- ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
MARYMOUNT MANHATTAN COLLEGE

Employer identification number
13-1628206

Part I

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

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

SCHEDULE E, LINE 3

THE COLLEGE PUBLICIZES OUR NON-DISCRIMINATION POLICY ON THE COLLEGE'S WEBSITE AND ON ALL PUBLISHED MATERIALS SENT TO PROSPECTIVE, ADMITTED AND ENROLLED STUDENTS.

SCHEDULE E, LINE 6(A)

FEDERAL WORK-STUDY PROGRAM \$212,106

FEDERAL CARES ACT PROGRAM \$696,160

TOTAL FEDERAL GRANTS \$908,176

NEW YORK STATE LIBRARY GRANT \$6,123

NEW YORK STATE HEOP (HIGHER EDUCATION

OPPORTUNITY PROGRAM) GRANT \$367,500

NEW YORK STATE BUNDY GRANT \$81,151

TOTAL NEW YORK STATE GRANTS \$456,774

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Employer identification number

13-1628206

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	GRANTMAKING		24,500.
(2) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		51,921.
(3) EUROPE INCLUDING ICELAND AND G	0.	0.	GRANTMAKING		9,000.
(4) MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING		21,000.
(5) NORTH AMERICA	0.	0.	GRANTMAKING		36,000.
(6) RUSSIA AND NEIGHBORING STATES	0.	0.	GRANTMAKING		3,000.
(7) SOUTH AMERICA	0.	0.	GRANTMAKING		45,000.
(8) SOUTH ASIA	0.	0.	GRANTMAKING		17,000.
(9) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		30,000.
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					237,421.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					237,421.

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

Schedule F (Form 990) 2019

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SCHOLARSHIP	CENT. AMERICA/CARIBBEAN	4.	24,500.	CREDITED			
(2) SCHOLARSHIP	EAST ASIA/PACIFIC	6.	51,921.	CREDITED			
(3) SCHOLARSHIP	EUROPE INCLUDING ICELAND	1.	9,000.	CREDITED			
(4) SCHOLARSHIP	MIDDLE EAST/NORTH AFRICA	2.	21,000.	CREDITED			
(5) SCHOLARSHIP	NORTH AMERICA	4.	36,000.	CREDITED			
(6) SCHOLARSHIP	RUSSIA AND NEIGHBORING S	1.	3,000.	CREDITED			
(7) SCHOLARSHIP	SOUTH AMERICA	6.	45,000.	CREDITED			
(8) SCHOLARSHIP	SOUTH ASIA	2.	17,000.	CREDITED			
(9) SCHOLARSHIP	SUB-SAHARAN AFRICA	4.	30,000.	CREDITED			
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

FORM 990, SCHEDULE F, PART I, LINE 2

MONITORING THE USE OF GRANT FUNDS

THE COLLEGE HAS DEVELOPED AN INSTITUTIONAL AWARDING PHILOSOPHY TO ENSURE CONSISTENT, EQUITABLE, AND FAIR DISTRIBUTION OF FINANCIAL AID FUNDS.

PACKAGING PARAMETERS ARE PERIODICALLY REVIEWED WITH THE HELP OF AN OUTSIDE CONSULTANT, TO EVALUATE THE MMC GRANTS AND SCHOLARSHIP PROGRAMS OFFERED TO ALL STUDENT POPULATIONS AT MMC. THE COLLEGE OFFERS FOREIGN STUDENTS LIMITED FUNDS. ALL STUDENTS ARE MONITORED BY A REVIEW OF THEIR ACADEMIC PROGRESS EACH SEMESTER. THIS REVIEW INCLUDES AN EXAMINATION OF EACH STUDENT'S QUALITATIVE (GPA) AND QUANTITATIVE (CREDITS COMPLETED) STANDARDS. FAILURE TO MEET ONE OR BOTH STANDARDS WILL RESULT IN THE STUDENT'S INSTITUTIONAL AID BEING PLACED IN A WARNING STATUS. CONTINUED FAILURE TO MEET STANDARDS WILL RESULT IN A LOSS OF ELIGIBILITY AND A SUSPENSION OF AID.

FORM 990, SCHEDULE F, PART I, LINE 3, COLUMN (F)

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Employer identification number

13-1628206

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIP	1,935.	21,854,580.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

FORM 990, SCHEDULE I, PART 1, LINE 2

MONITORING THE USE OF GRANT FUNDS

THE COLLEGE HAS A FAIR, EQUITABLE AND CONSISTENT AWARDING POLICY THAT MEETS FEDERAL, STATE AND INSTITUTIONAL REQUIREMENTS. STUDENTS ARE OFFERED A COMBINATION OF FEDERAL, STATE AND INSTITUTIONAL AID. PACKAGING PARAMETERS ARE PERIODICALLY REVIEWED WITH THE HELP OF AN OUTSIDE CONSULTANT TO EVALUATE THE MMC GRANTS AND SCHOLARSHIP PROGRAMS OFFERED TO ALL STUDENT POPULATIONS AT MMC. STUDENTS ARE MONITORED EACH SEMESTER TO ENSURE THEY MEET THE REQUIREMENTS ATTACHED TO THE AID THEY ARE RECEIVING. THE REVIEW INCLUDES BOTH ENROLLMENT AND ACADEMIC PROGRESS COMPONENTS. MMC

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Employer identification number

13-1628206

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	KERRY WALK PRESIDENT	(i)	398,989.	0.	2,322.	82,023.	24,328.	507,662.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	TODD E. HEILMAN VP FOR STUDENT SUCCESS & ENGMT	(i)	203,037.	0.	1,085.	23,301.	69,151.	296,574.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	WAYNE SANTUCCI INTERIM CFO	(i)	173,664.	0.	4,994.	19,941.	21,881.	220,480.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	KATHLEEN A. LEBESCO AVP FOR STRATEGIC INITIATIVES	(i)	170,595.	0.	543.	18,521.	24,333.	213,992.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	DALE H. HOCHSTEIN CHIEF INFORMATION OFFICER	(i)	207,328.	0.	5,666.	0.	19,009.	232,003.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	MICHAEL G. SALMON AVP AND DEAN OF CENTER	(i)	134,396.	0.	1,484.	13,955.	932.	150,767.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	LINDA SOLOMON PROFESSOR	(i)	145,123.	0.	495.	15,512.	8,318.	169,448.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	MARIA L. DEINNOCENTIIS AVP FOR ENROLLMENT MGMT	(i)	158,982.	0.	4,196.	17,004.	21,435.	201,617.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	BREE A. BULLINGHAM AVP OF HUMAN RESOURCES	(i)	144,929.	0.	495.	17,191.	55,103.	217,718.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	RICHARD SHELDON AVP FOR ACADEMIC ADMIN.	(i)	155,878.	0.	1,705.	16,432.	19,977.	193,992.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	PAUL L. CIRAULO EVP ADMIN & FINANCE (END 6/19)	(i)	162,930.	0.	3,693.	17,500.	10,266.	194,389.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12	CAROL JACKSON VP STUDENT AFFAIRS (END 6/20)	(i)	223,928.	0.	3,265.	23,720.	5,831.	256,744.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13	SHARON MEAGHER VP ACADEMIC AFFAIRS (END 6/20)	(i)	246,725.	0.	2,322.	0.	12,063.	261,110.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

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.

SCHEDULE J, PART I, LINE 4B

IN CALENDAR YEAR 2019, KERRY WALK PARTICIPATED IN THE 457(F) PLAN. AN
EMPLOYER CONTRIBUTION OF \$41,500 WAS MADE TO THE PLAN. THIS IS REPORTED
IN SCH J, PART II, COLUMN (C).

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

DASNY

Supplemental Information on Tax-Exempt Bonds

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization MARYMOUNT MANHATTAN COLLEGE	Employer identification number 13-1628206
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Part I Bond Issues

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

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	18,423,498.			
2 Amount of bonds legally defeased				
3 Total proceeds of issue	49,013,498.			
4 Gross proceeds in reserve funds	4,360,562.			
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	831,194.			
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds				
11 Other spent proceeds	43,281,742.			
12 Other unspent proceeds				
13 Year of substantial completion	2001			
	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		
16 Has the final allocation of proceeds been made?	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

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

Schedule K (Form 990) 2019

Part III Private Business Use		DASNY							
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2	Are there any lease arrangements that may result in private business use of bond-financed property?								
3a	Are there any management or service contracts that may result in private business use of bond-financed property?								
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?								
c	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 nongovernmental 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		%		%		%		%
c	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?								

Part IV Arbitrage									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?	X							
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						

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

SCHEDULE K, PART II, LINE 11

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

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

SCHEDULE K, PART IV, LINE 2B

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

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2019

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
MARYMOUNT MANHATTAN COLLEGE

Employer identification number
13-1628206

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(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)					

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUBSTANTIAL CONTRIBUTOR 44	SUBSTANTIAL CONTRIBUTOR	3,905,962.	RENT PAYMENTS		X
(2) SUBSTANTIAL CONTRIBUTOR 28	SUBSTANTIAL CONTRIBUTOR	1,802,395.	FOOD SERVICE VENDOR	X	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Employer identification number

13-1628206

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

MARYMOUNT MANHATTAN COLLEGE (MMC) IS AN URBAN, INDEPENDENT, LIBERAL ARTS COLLEGE. THE MISSION OF THE COLLEGE IS TO EDUCATE A SOCIALLY AND ECONOMICALLY DIVERSE STUDENT BODY BY FOSTERING INTELLECTUAL ACHIEVEMENT AND PERSONAL GROWTH AND BY PROVIDING OPPORTUNITIES FOR CAREER DEVELOPMENT. INHERENT IN THIS MISSION IS THE INTENT TO DEVELOP AN AWARENESS OF SOCIAL, POLITICAL, CULTURAL, AND ETHICAL ISSUES IN THE BELIEF THAT THIS AWARENESS WILL LEAD TO CONCERN FOR, PARTICIPATION IN, AND IMPROVEMENT OF SOCIETY.

TO ACCOMPLISH THIS MISSION, THE COLLEGE OFFERS A STRONG PROGRAM IN THE ARTS AND SCIENCES FOR STUDENTS OF ALL AGES, AS WELL AS SUBSTANTIAL PRE-PROFESSIONAL PREPARATION. CENTRAL TO THESE EFFORTS IS THE PARTICULAR ATTENTION GIVEN TO THE INDIVIDUAL STUDENT. MARYMOUNT MANHATTAN COLLEGE SEEKS TO BE A RESOURCE AND LEARNING CENTER FOR THE METROPOLITAN COMMUNITY.

MARYMOUNT MANHATTAN COLLEGE WAS FOUNDED IN 1936 BY THE RELIGIOUS OF THE SACRED HEART OF MARY (RSHM) AS AN URBAN EXTENSION OF MARYMOUNT COLLEGE IN TARRYTOWN, NEW YORK. THE COLLEGE BECAME INDEPENDENT IN 1961 AND COEDUCATIONAL AND NONSECTARIAN IN 1971, AND CURRENTLY ENROLLS OVER 1,900 FULL AND PART-TIME STUDENTS.

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

MARYMOUNT MANHATTAN COLLEGE WAS FOUNDED IN 1936 BY THE RELIGIOUS OF THE

Name of the organization MARYMOUNT MANHATTAN COLLEGE	Employer identification number 13-1628206
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SACRED HEART OF MARY AS A TWO-YEAR WOMEN'S COLLEGE AND AT THE TIME WAS A NEW YORK CITY EXTENSION OF MARYMOUNT COLLEGE IN TARRYTOWN, NEW YORK. IN 1948, THE COLLEGE MOVED TO ITS PRESENT LOCATION ON EAST 71ST STREET IN NEW YORK CITY AND BECAME A FOUR-YEAR BACHELOR'S DEGREE-GRANTING INSTITUTION; THE FIRST CLASS GRADUATED FROM THE COLLEGE IN 1950. IN 1961, THE REGENTS OF THE UNIVERSITY OF THE STATE OF NEW YORK GRANTED MARYMOUNT MANHATTAN AN ABSOLUTE CHARTER AS AN INDEPENDENT FOUR-YEAR COLLEGE. MARYMOUNT MANHATTAN HAS BEEN AN ACCREDITED MEMBER OF THE MIDDLE STATES COMMISSION ON HIGHER EDUCATION SINCE THAT TIME. FAITHFUL TO THE VISION OF ITS FOUNDERS, MARYMOUNT MANHATTAN IS THRIVING AS A NONSECTARIAN, COEDUCATIONAL, INDEPENDENT COLLEGE OF THE LIBERAL ARTS, ATTRACTING AND SERVING A DIVERSE COMMUNITY OF STUDENTS, FACULTY, AND STAFF.

AS THE COLLEGE MOVES FORWARD WITH ITS FOUR-YEAR 2017-2021 STRATEGIC PLAN, "CONTEMPORARY AND COMPELLING: ENVISIONING MMC'S FUTURE," WHICH PRIORITIZES THE ENHANCEMENT OF OUR TEACHING AND LEARNING ENVIRONMENT, SUPPORT FOR STUDENT SUCCESS AND A STRONG FACULTY AND STAFF, THE MAINTENANCE OF FISCAL HEALTH, AND INCREASED VISIBILITY FOR A SINGULAR MMC EXPERIENCE, 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.

FORM 990, PART III, LINE 4B - AUXILIARY SERVICES
THE 55TH STREET RESIDENCE HAS SUITE-STYLE ARRANGEMENTS JUST 16 BLOCKS FROM THE COLLEGE. EACH SUITE CONSISTS OF TWO BEDROOMS FURNISHED WITH LOFT

Name of the organization MARYMOUNT MANHATTAN COLLEGE	Employer identification number 13-1628206
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BEDS, DRESSERS, DESKS, A KITCHEN AND BATHROOM, PLUS CABLE, AND WI-FI ACCESS. THE BUILDING IS STAFFED WITH 24-HOUR SECURITY AND FEATURES OTHER AMENITIES SUCH AS A LAUNDRY ROOM, CONVENIENCE STORE, LOUNGE SPACE, GYM, AND A BALCONY.

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

COLLEGE STORE: MMC'S GRIFFIN GEAR WAS CREATED IN 2009, AS A RESULT OF A STUDENT INITIATIVE TO CREATE MORE SCHOOL SPIRIT ON CAMPUS. THE GRIFFIN GEAR KIOSK IS LOCATED IN THE 3RD FLOOR COMMONS OF THE MAIN BUILDING.

FORM 990, PART III, LINE 4C - ACADEMIC ACCESS

THE PROGRAM FOR ACADEMIC ACCESS ASSISTS LEARNING-DISABLED STUDENTS THROUGH TUTORING SERVICES, COUNSELING, ADVISEMENT, AND PRIORITY REGISTRATION. ONCE ACCEPTED INTO THE PROGRAM, STUDENTS' PSYCHO-EDUCATIONAL EVALUATIONS ARE CAREFULLY EXAMINED AND PERSONALIZED

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

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

BOARD REVIEW OF FORM 990

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

Name of the organization MARYMOUNT MANHATTAN COLLEGE	Employer identification number 13-1628206
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WITH SCHEDULE B INFORMATION REDACTED), PART VI, LINE 11 HAS BEEN ANSWERED AS NO.

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

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

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

THUS, THE BOARD REQUIRES EACH TRUSTEE (A) CONFIRM THAT HE OR SHE IS FAMILIAR WITH THIS POLICY, (B) DISCLOSE TO THE BOARD CHAIR ANY POSSIBLE PERSONAL, FAMILIAL OR BUSINESS RELATIONSHIPS THAT MIGHT GIVE RISE TO A

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

CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST INVOLVING THE COLLEGE, AND (C) AGREE TO SERVE ONLY IN ACCORDANCE WITH THE LETTER AND SPIRIT OF THIS POLICY. A FORM FOR THIS PURPOSE IS ATTACHED, AND SHALL BE COMPLETED BY EACH TRUSTEE AT LEAST ANNUALLY.

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

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

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

THE ORGANIZATION HAS INSTITUTED A PROCESS TO REVIEW THE COMPENSATION PAID TO ITS PRESIDENT, OFFICERS, AND KEY EMPLOYEES GIVING RISE TO A REBUTTABLE

Name of the organization MARYMOUNT MANHATTAN COLLEGE	Employer identification number 13-1628206
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PRESUMPTION THAT THE COMPENSATION IS REASONABLE IN ACCORDANCE WITH TREAS.

REG. §53.4958-6. COMPENSATION FOR THE OFFICERS OF THE COLLEGE IS DETERMINED BY A PROCESS THAT INCLUDES THE USE OF COMPARABILITY DATA, REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE, COMPRISED OF INDEPENDENT MEMBERS OF THE COLLEGE'S BOARD OF TRUSTEES, AND CONTEMPORANEOUS RECORDKEEPING OF DELIBERATIONS AND DECISIONS.

FORM 990, PART VI, SECTION C, LINE 19

PUBLIC DISCLOSURE OF GOVERNING DOCUMENTS

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

FORM 990, PART VI, LINE 28C

THIS QUESTION IS BEING ANSWERED IN THE AFFIRMATIVE BECAUSE MMC HAS TRANSACTIONS WITH SUBSTANTIAL CONTRIBUTORS WHICH ARE REQUIRED TO BE REPORTED ON SCHEDULE L.

ATTACHMENT 1

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
COMPASS GROUP NORTH AMERICA 2400 YORKMONT ROAD CHARLOTTE, NC 28217	FOOD SERVICES	1,802,395.
WINFIELD SECURITY CORPORATION 57 WEST 38TH STREET ROOM 501 NEW YORK, NY 10018	SECURITY SERVICES	1,369,730.
HIGHLINE BUILDING SERVICES 242 WEST 30TH STREET, SUITE 1101 NEW YORK, NY 10001	CLEANING SERVICES	469,251.

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

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
3 ENROLLMENT MARKETING 352 MAIN STREET, #333 ONEONTA, NY 13280	MARKETING SERVICES	431,199.
CHAMPION ELEVATOR CORP. 1450 BROADWAY, 5TH FLOOR NEW YORK, NY 10018	MAINTENANCE	428,596.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

MARYMOUNT MANHATTAN COLLEGE

Employer identification number

13-1628206

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) 231-235 E 55TH ST CONDOMINIUM 58-2636459 622 THIRD AVENUE NEW YORK, NY 10017	STUDENT HOUSING	NY	MARYMOUNT	C CORP	1,197,504.	1,106,811.	70.7000	X	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) 231-235 E 55TH ST CONDOMINIUM	P	911,410.	PER OWNERSHIP %
(2) 231-235 E 55TH ST CONDOMINIUM	M	60,757.	PER OWNERSHIP %
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

FORM 990, SCHEDULE R, PART II

THE COLLEGE IS A 70.70% OWNER OF THE 231-235 EAST 55TH STREET CONDOMINIUM WHICH IS A 32 FLOOR RESIDENCE HALL HOUSING UP TO 512 FIRST YEAR STUDENTS. THE RESIDENCE HALL CONSISTS OF FULLY FURNISHED SUITE STYLE APARTMENTS, EACH HOUSING BETWEEN 4-7 STUDENTS IN 2 BEDROOMS WITH 1-1.5 BATHROOMS AND A FULL KITCHEN. THE BUILDING AMENITIES INCLUDE 24-HOUR SECURITY, WI-FI, ACCESS TO A COMPREHENSIVE CABLE PACKAGE, LAUNDRY ROOM, CONVENIENCE STORE, LOUNGE SPACE, FITNESS CENTER, MAIL SERVICE/PACKAGE ROOM AND HEALTH CENTER. THE REMAINING 29.30% OF THE BUILDING ARE CONDOMINIUMS OWNED BY A PRIVATE DEVELOPER AND INDIVIDUALS WHO ARE NOT AFFILIATED WITH THE COLLEGE.

THE CONDOMINIUM PORTION IS REQUIRED TO HAVE A CERTAIN AMOUNT OF ASSETS AND THEREFORE THE AMOUNT NOTED IN PART IV (G), SHARE OF END-OF-YEAR ASSETS, IN THE AMOUNT OF \$1,106,811, IS BASED ON THE COLLEGE'S OWNERSHIP PERCENTAGE BUT IN ACTUALITY THE COLLEGE DOES NOT HAVE RIGHTS TO MAJORITY OF THESE ASSETS.