

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

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		G Gross receipts \$ 106,897,729.
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10021-4597		
F Name and address of principal officer: DR. KERRY WALK 221 EAST 71ST ST., 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 H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: ▶ HTTP://WWW.MMM.EDU

K Form of organization: Corporation Trust Association 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 IS AN URBAN, INDEPENDENT, LIBERAL ARTS COLLEGE (SEE SCHEDULE O).		
	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	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	1001
	6 Total number of volunteers (estimate if necessary)	6	18
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	21,861,804.	18,392,295.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	65,134,811.	72,207,752.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	995,873.	10,333,035.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-18,159.	80,942.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	87,974,329.	101,014,024.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	25,316,687.	27,233,652.
	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)	29,432,820.	32,631,618.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,559,029.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	26,712,880.	27,934,456.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	81,462,387.	87,799,726.
19 Revenue less expenses. Subtract line 18 from line 12	6,511,942.	13,214,298.	
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)	160,701,211.	162,377,913.
	22 Net assets or fund balances. Subtract line 21 from line 20	58,148,911.	65,580,631.
		102,552,300.	96,797,282.

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		
	WILLIAM REUTER, INTERIM VP FIN & ADMIN/CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DANIEL ROMANO	Preparer's signature 	Date 5.8.23	Check if self-employed <input type="checkbox"/>	PTIN P00504182
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558	Phone no. (212) 599-0100		
Firm's address ▶ 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013					

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

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. MARYMOUNT MANHATTAN COLLEGE	Taxpayer identification number (TIN) 13-1628206
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 221 EAST 71ST STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10021-4597	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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

MAISHA WILLIAMS

• The books are in the care of ▶ **221 EAST 71ST STREET - NEW YORK, NY 10021-4597**

Telephone No. ▶ **212-517-0531**

Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2023** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2021** , and ending **JUN 30, 2022** .

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment 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 \$ 66,496,230. including grants of \$ 27,233,652.) (Revenue \$ 60,756,977.) 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 1,770 FULL- AND PART-TIME STUDENTS REPRESENTING 46 STATES AND 13 COUNTRIES. APPROXIMATELY 40.6% OF OUR STUDENTS ARE MINORITIES, AND 12.4% ARE DEGREE-SEEKING RETURNING ADULTS. MMC STUDENTS CAN PURSUE DEGREES IN 36 MAJOR PROGRAMS OF STUDY, CHOOSE FROM AMONG 45 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 \$ 11,705,367. including grants of \$ 0.) (Revenue \$ 11,292,668.) AUXILIARY SERVICES: DURING FISCAL 2022, APPROXIMATELY 602 STUDENTS MADE 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. SEE SCHEDULE O.

4c (Code:) (Expenses \$ 258,206. including grants of \$ 0.) (Revenue \$ 158,107.) 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 78,459,803.

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 Rev. Proc. 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 ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and contributions.

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 ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 Enter the number of voting members of the governing body at the end of the tax year (26); 1b Enter the number of voting members included on line 1a, above, who are independent (25); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
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. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
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 MAISHA WILLIAMS - 212-517-0531 221 EAST 71ST STREET, NEW YORK, NY 10021-4597

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) DR. KERRY WALK PRESIDENT	35.00 0.00	X		X				374,549.	0.	244,177.
(2) MAISHA MK WILLIAMS EVP, FINANCE & ADMIN & CFO	35.00 0.00			X				240,666.	0.	60,278.
(3) TODD E. HEILMAN VP FOR STUDENT SUCCESS & ENGAGEMENT	35.00 0.00			X				231,654.	0.	50,110.
(4) DALE H. HOCHSTEIN CHIEF INFORMATION OFFICER	35.00 0.00				X			216,019.	0.	26,797.
(5) PETER F. NACCARATO VP AA & DEAN OF FACULTY	35.00 0.00			X				208,893.	0.	31,746.
(6) LINDA Z. SOLOMON PROFESSOR	35.00 0.00					X		214,738.	0.	24,149.
(7) GRAHAM A. CIRAULO VP INSTITUTIONAL ADVANCEMENT	35.00 0.00			X				188,202.	0.	47,868.
(8) KATHLEEN A. LEBESCO AVP FOR STRATEGIC INITIATIVES	35.00 0.00				X			186,520.	0.	31,555.
(9) JOHN RAGNO ASST. VP - CONTROLLER	35.00 0.00				X			161,501.	0.	52,123.
(10) BREE A. BULLINGHAM ASSOCIATE VP OF HUMAN RESOURCES	35.00 0.00					X		159,516.	0.	48,306.
(11) HAILA STRAUSS PROFESSOR	35.00 0.00					X		168,162.	0.	20,219.
(12) EMMALYN YAMRICK DEAN OF STUDENTS	35.00 0.00					X		158,645.	0.	29,647.
(13) RICHARD SHELDON ASSOCIATE VP FOR ACADEMIC ADMIN.	35.00 0.00					X		159,344.	0.	27,552.
(14) PATRICIA A. AGNELLO TRUSTEE	1.00 0.00	X						0.	0.	0.
(15) LINDA BASILICE HOERRNER TRUSTEE	1.00 0.00	X						0.	0.	0.
(16) CAROL BERMAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(17) VALERIE A. BROWN TRUSTEE	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) HELEN DEMETRIOS TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) ROSE DIMARTINO TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) ABBY C. FIORELLA TRUSTEE, VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(21) KRISTINA STROH GIMBEL TRUSTEE	1.00 0.00	X						0.	0.	0.
(22) MAUREEN C. GRANT, PH.D. TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) LISA TACHICK HOOPER TRUSTEE	1.00 0.00	X						0.	0.	0.
(24) JOY D. HOWELL, M.D. TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) JOHN H. HUNT TRUSTEE	1.00 0.00	X						0.	0.	0.
(26) JAISHRI KAPOOR TRUSTEE	1.00 0.00	X						0.	0.	0.
1b Subtotal								2,668,409.	0.	694,527.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,668,409.	0.	694,527.

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 **62**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SHAWMUT DESIGN AND CONSTRUCTION 560 HARRISON BLVD, BOSTON, MA 02118	CONSTRUCTION MGMT SERVICES	9,070,628.
231-235 EAST 55TH STREET, 231-235 EAST 55TH STREET, NEW YORK, NY 10022	BUILDING MGMT SERVICES	993,817.
COMPASS GROUP NORTH AMERICA 2400 YORKMONT ROAD, CHARLOTTE, NC 28217	FOOD SERVICES	809,873.
CHAMPION ELEVATOR CORP., 1450 BROADWAY, 5TH FLOOR, NEW YORK, NY 10018	ELEVATOR MAINTENANCE	372,147.
DSK DEWING SCHMID KEARNS, 30 MONUMENT SQUARE SUITE 200B, CONCORD, MA 01742	ARCHITECT SERVICES	361,311.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) HOPE KNIGHT TRUSTEE (NON VOTING)	1.00 0.00	X						0.	0.	0.
(28) PAUL C. LOWERRE TRUSTEE (NON VOTING)	1.00 0.00	X						0.	0.	0.
(29) BARBARA LYNCH LOUGHLIN TRUSTEE	1.00 0.00	X						0.	0.	0.
(30) MICHAEL J. MATERASSO TRUSTEE, CHAIR	1.00 0.00	X		X				0.	0.	0.
(31) KAREN MOORE TRUSTEE	1.00 0.00	X						0.	0.	0.
(32) MARIELY MORONTA-SANCHEZ TRUSTEE	1.00 0.00	X						0.	0.	0.
(33) CATHERINE M. PATTEN, RSHM TRUSTEE, SECRETARY	1.00 0.00	X		X				0.	0.	0.
(34) JUDITH L. ROBINSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(35) STACEY RYAN-CORNELIUS TRUSTEE	1.00 0.00	X						0.	0.	0.
(36) MICHAEL G. STEWART, MD, MPH TRUSTEE	1.00 0.00	X						0.	0.	0.
(37) CECILIA TUDELA-MONTERO TRUSTEE	1.00 0.00	X						0.	0.	0.
(38) EDWARD VAN SADERS TRUSTEE	1.00 0.00	X						0.	0.	0.
(39) CATHERINE VINCIE, RSHM, PH.D TRUSTEE	1.00 0.00	X						0.	0.	0.
(40) CLEVIE YOUNGBLOOD, RSHM TRUSTEE	1.00 0.00	X						0.	0.	0.
(41) LUCILLE ZANGHI TRUSTEE (NON VOTING)	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	43,315.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	13,271,582.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	5,077,398.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 86,533.				
	h Total. Add lines 1a-1f			18,392,295.			
Program Service Revenue	2 a TUITION & FEES	Business Code					
		611310	60,756,977.	60,756,977.			
	b RESIDENCE HOUSING	721310	9,653,224.	9,653,224.			
	c FOOD SERVICES	722514	1,639,444.	1,639,444.			
	d ACADEMIC PROGRAMS	611310	158,107.	158,107.			
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			72,207,752.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9,793,238.			9,793,238.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
				119,937.			
	b Less: rental expenses ...	6b	259,259.				
	c Rental income or (loss)	6c	-139,322.				
	d Net rental income or (loss)			-139,322.		-139,322.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				6,100,320.			
	b Less: cost or other basis and sales expenses	7b	5,560,523.				
	c Gain or (loss)	7c	539,797.				
d Net gain or (loss)			539,797.		539,797.		
8 a Gross income from fundraising events (not including \$ 43,315. of contributions reported on line 1c). See Part IV, line 18	8a		6,065.				
			23,565.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-17,500.		-17,500.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		90,686.				
			40,358.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			50,328.		50,328.		
Miscellaneous Revenue	11 a MISC. OFFSITE FOOD SERVICES	Business Code					
		722310	161,822.			161,822.	
	b OTHER	900099	25,614.			25,614.	
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			187,436.				
12 Total revenue. See instructions			101,014,024.	72,207,752.	0.	10,413,977.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	27,233,652.	27,233,652.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,565,874.	1,557,819.	802,055.	206,000.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	22,805,760.	18,326,549.	3,692,920.	786,291.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,933,617.	1,518,738.	339,854.	75,025.
9 Other employee benefits	3,371,510.	2,634,041.	604,109.	133,360.
10 Payroll taxes	1,954,857.	1,535,421.	343,587.	75,849.
11 Fees for services (nonemployees):				
a Management	5,004,447.	4,288,284.	605,879.	110,284.
b Legal	217,001.		217,001.	
c Accounting	239,750.		239,750.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	88,567.		88,567.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	968,631.	963,894.		4,737.
13 Office expenses	659,491.	610,544.	45,990.	2,957.
14 Information technology	1,620,999.	1,253,839.	300,046.	67,114.
15 Royalties				
16 Occupancy	1,948,217.	1,868,715.	68,548.	10,954.
17 Travel	105,703.	87,854.	10,302.	7,547.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	421,993.	360,121.	23,477.	38,395.
20 Interest	2,802,031.	2,790,313.	10,080.	1,638.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,369,105.	4,155,355.	183,873.	29,877.
23 Insurance	1,564,034.	1,564,034.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a HOUSING RENTAL	4,496,486.	4,341,801.	154,685.	
b FOOD SERVICE OPERATIONS	1,926,182.	1,926,182.		
c BAD DEBT RESERVE	1,367,238.	1,367,238.		
d DUES & MEMBERSHIPS	120,466.	64,135.	48,213.	8,118.
e All other expenses	14,115.	11,274.	1,958.	883.
25 Total functional expenses. Add lines 1 through 24e	87,799,726.	78,459,803.	7,780,894.	1,559,029.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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	3,900,209.	1	5,862,192.
	2 Savings and temporary cash investments	26,153,622.	2	10,799,518.
	3 Pledges and grants receivable, net	20,587,615.	3	7,471,263.
	4 Accounts receivable, net	2,812,997.	4	2,725,215.
	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		5	
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 150,110,371.		
	b Less: accumulated depreciation	10b 78,586,131.	61,222,782.	10c 71,524,240.
	11 Investments - publicly traded securities	38,781,497.	11	42,597,332.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	7,242,489.	15	21,398,153.
16 Total assets. Add lines 1 through 15 (must equal line 33)	160,701,211.	16	162,377,913.	
Liabilities	17 Accounts payable and accrued expenses	6,678,413.	17	7,971,617.
	18 Grants payable		18	
	19 Deferred revenue	1,795,805.	19	1,732,873.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	49,674,693.	25	55,876,141.
	26 Total liabilities. Add lines 17 through 25	58,148,911.	26	65,580,631.
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	48,350,926.	27	38,738,944.
	28 Net assets with donor restrictions	54,201,374.	28	58,058,338.
	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	102,552,300.	32	96,797,282.
33 Total liabilities and net assets/fund balances	160,701,211.	33	162,377,913.	

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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	101,014,024.
2	Total expenses (must equal Part IX, column (A), line 25)	2	87,799,726.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,214,298.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	102,552,300.
5	Net unrealized gains (losses) on investments	5	-18,969,316.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
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	96,797,282.

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 on 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	

Form **990** (2021)

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

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,953,666.	3,577,215.	18,326,251.	21,861,804.	18,392,295.	66,111,231.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,953,666.	3,577,215.	18,326,251.	21,861,804.	18,392,295.	66,111,231.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						25,046,206.
6 Public support. Subtract line 5 from line 4.						41,065,025.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	3,953,666.	3,577,215.	18,326,251.	21,861,804.	18,392,295.	66,111,231.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,159,217.	1,423,445.	1,296,734.	555,810.	9,913,175.	14,348,381.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	121,517.	174,920.	106,364.	135,974.	193,502.	732,277.
11 Total support. Add lines 7 through 10						81,191,889.
12 Gross receipts from related activities, etc. (see instructions)					12	371,331,676.
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	50.58 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	45.69 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 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 2 columns: Description, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. 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.

b 33 1/3% support tests - 2020. 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.

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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS OFFSITE FOOD SERVICES

2017 AMOUNT: \$ 89,356.

2018 AMOUNT: \$ 117,182.

2019 AMOUNT: \$ 95,496.

2020 AMOUNT: \$ 129,465.

2021 AMOUNT: \$ 161,822.

OTHER

2017 AMOUNT: \$ 15,206.

2018 AMOUNT: \$ 8,568.

2019 AMOUNT: \$ 10,868.

2020 AMOUNT: \$ 6,509.

2021 AMOUNT: \$ 25,615.

GROSS INCOME FROM FUNDRAISING EVENTS

2017 AMOUNT: \$ 16,955.

2018 AMOUNT: \$ 49,170.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 0.

2021 AMOUNT: \$ 6,065.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,020,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	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
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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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

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 info. once.) ▶ \$ _____
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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting requirements.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and a table for revenue and assets included.

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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	30,927,734.	21,143,119.	21,266,020.	20,940,314.	19,814,642.
b Contributions	333,472.	4,141,334.	955,719.	490,595.	409,802.
c Net investment earnings, gains, and losses	-4,576,072.	6,439,993.	-249,592.	642,951.	1,469,569.
d Grants or scholarships	1,063,938.	796,712.	829,028.	807,840.	753,699.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	25,621,196.	30,927,734.	21,143,119.	21,266,020.	20,940,314.

- 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 78.0000 %
 - c Term endowment 22.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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		108,258,960.	56,879,505.	51,379,455.
c Leasehold improvements		750,847.	719,076.	31,771.
d Equipment		20,518,279.	18,522,411.	1,995,868.
e Other		2,487,697.	2,465,139.	22,558.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				71,524,240.

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. (Col. (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. (Col. (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) OTHER ASSETS	8,802,485.
(2) RIGHT-OF-USE ASSETS	12,144,858.
(3) FUNDS HELD BY OTHERS	450,810.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	21,398,153.

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) NOTE PAYABLE - PPP ADVANCE	353,536.
(3) ASSET RETIREMENT OBLIGATION	668,502.
(4) LEASE LIABILITY	12,934,884.
(5) 55TH STREET - REFINANCE	41,919,219.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	55,876,141.

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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	55,045,671.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-18,969,316.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	323,182.
e	Add lines 2a through 2d	2e	-18,646,134.
3	Subtract line 2e from line 1	3	73,691,805.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	88,567.
b	Other (Describe in Part XIII.)	4b	27,233,652.
c	Add lines 4a and 4b	4c	27,322,219.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	101,014,024.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	60,800,689.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	323,182.
e	Add lines 2a through 2d	2e	323,182.
3	Subtract line 2e from line 1	3	60,477,507.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	88,567.
b	Other (Describe in Part XIII.)	4b	27,233,652.
c	Add lines 4a and 4b	4c	27,322,219.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	87,799,726.

Part XIII Supplemental Information.

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

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.

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 OR UNCERTAIN TAX POSITIONS AT JUNE

30, 2022.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSE	259,259.
COST OF GOODS SOLD	40,358.
SPECIAL EVENT EXPENSES	23,565.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	323,182.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

STUDENT AID	27,233,652.
-------------	-------------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSE	259,259.
COST OF GOODS SOLD	40,358.
SPECIAL EVENT EXPENSES	23,565.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	323,182.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

STUDENT AID	27,233,652.
-------------	-------------

SCHEDULE E
(Form 990)

Schools

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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 on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or 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	
THE COLLEGE PUBLICIZES OUR NON-DISCRIMINATION POLICY ON THE COLLEGES WEBSITE AND ON ALL PUBLISHED MATERIALS SENT TO PROSPECTIVE, ADMITTED AND ENROLLED STUDENTS.		
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	

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

Schedule E (Form 990) 2021

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.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

FEDERAL WORK-STUDY PROGRAM: \$83,637

CARES ACT PROGRAMS: \$1,276,491

PAYCHECK PROTECTION PROGRAM: \$6,118,580

TOTAL FEDERAL GRANTS: \$7,478,708

NEW YORK STATE LIBRARY GRANT: \$5,816

NEW YORK STATE HEOP (HIGHER EDUCATION OPPORTUNITY PROGRAM) GRANT: \$465,156

NEW YORK STATE BUNDY GRANT: \$101,908

TOTAL NEW YORK STATE GRANTS: \$572,880

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		DANCE GALA (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	49,380.			49,380.
	2 Less: Contributions	43,315.			43,315.
	3 Gross income (line 1 minus line 2)	6,065.			6,065.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	17,952.			17,952.
	8 Entertainment				
	9 Other direct expenses	5,613.			5,613.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				23,565.
11 Net income summary. Subtract line 10 from line 3, column (d)				-17,500.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

- 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

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

Schedule I (Form 990) 2021

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 noncash assistance
SCHOLARSHIP	1725	27,233,652.	0.		

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

PART I, LINE 2:

MONITORING THE USE OF GRANT FUNDS - REFERENCE FROM SCHEDULE I, PART I, LINE

2.

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

Part IV Supplemental Information

MEET THE REQUIREMENTS ATTACHED TO THE AID THEY ARE RECEIVING. THE REVIEW

INCLUDES BOTH ENROLLMENT AND ACADEMIC PROGRESS COMPONENTS. MMC STUDENTS

MUST MAINTAIN THEIR GPA AND COMPLETE THEIR CREDITS AS DESCRIBED IN THE

COLLEGE CATALOGUE UNDER ACADEMIC SATISFACTORY ACADEMIC PROGRESS STANDARDS.

ADDITIONALLY EACH GRANT RECEIVED HAS UNIQUE STANDARDS (SEE COLLEGE

CATALOGUE) WHICH MUST BE MAINTAINED FOR CONTINUED AWARDING. A REVIEW IS

CONDUCTED EACH SEMESTER BY THE FINANCIAL AID STAFF UNDER THE DIRECT

SUPERVISION OF THE DIRECTOR OF FINANCIAL AID.

Multiple horizontal lines for supplemental information.

**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

2021

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 checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input 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
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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) DR. KERRY WALK PRESIDENT	(i)	371,033.	0.	3,516.	56,454.	187,723.	618,726.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MAISHA MK WILLIAMS EVP, FINANCE & ADMIN & CFO	(i)	240,153.	0.	513.	41,000.	19,278.	300,944.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TODD E. HEILMAN VP FOR STUDENT SUCCESS & ENGAGEMENT	(i)	230,852.	0.	802.	15,529.	34,581.	281,764.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DALE H. HOCHSTEIN CHIEF INFORMATION OFFICER	(i)	211,218.	0.	4,801.	12,486.	14,311.	242,816.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PETER F. NACCARATO VP AA & DEAN OF FACULTY	(i)	207,894.	0.	999.	13,004.	18,742.	240,639.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LINDA Z. SOLOMON PROFESSOR	(i)	213,880.	0.	858.	15,131.	9,018.	238,887.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GRAHAM A. CIRAULO VP INSTITUTIONAL ADVANCEMENT	(i)	187,792.	0.	410.	12,138.	35,730.	236,070.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KATHLEEN A. LEBESCO AVP FOR STRATEGIC INITIATIVES	(i)	185,638.	0.	882.	12,066.	19,489.	218,075.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JOHN RAGNO ASST. VP - CONTROLLER	(i)	159,981.	0.	1,520.	10,296.	41,827.	213,624.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) BREE A. BULLINGHAM ASSOCIATE VP OF HUMAN RESOURCES	(i)	159,008.	0.	508.	10,408.	37,898.	207,822.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) HAILA STRAUSS PROFESSOR	(i)	167,021.	0.	1,141.	11,403.	8,816.	188,381.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) EMMALYN YAMRICK DEAN OF STUDENTS	(i)	158,182.	0.	463.	9,831.	19,816.	188,292.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) RICHARD SHELDON ASSOCIATE VP FOR ACADEMIC ADMIN.	(i)	157,522.	0.	1,822.	9,457.	18,095.	186,896.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

PART I, LINE 1A:

AS A CONDITION OF EMPLOYMENT, HOUSING THAT IS LEASED TO THE COLLEGE IS PROVIDED TO THE PRESIDENT FOR THE CONVENIENCE OF THE COLLEGE. THE HOUSING IS IN CLOSE PROXIMITY TO THE CAMPUS AND REQUIRED AS A CONDITION OF EMPLOYMENT TO ENABLE THE PRESIDENT TO BE AVAILABLE 24/7 TO RESPOND TO EMERGENT SITUATIONS, SHOULD THEY ARISE, AS WELL AS TO ALLOW THE PRESIDENT TO CONDUCT BUSINESS AFTER HOURS TO EFFECTUATE THE DUTIES OF HER ROLE. THIS BENEFIT WAS CONSIDERED NONTAXABLE, AND THE VALUE OF THE HOUSING BENEFIT IS INCLUDED IN SCHEDULE J, PART II, COLUMN (D).

PART I, LINE 4B:

IN CALENDAR 2021, KERRY WALK AND MAISHA WILLIAMS BOTH PARTICIPATED IN THE 457(F) PLAN. THE PLAN MADE PAYMENTS OF \$41,500 AND \$26,000 TO THE 457(F) PLAN FOR KERRY WALK AND MAISHA WILLIAMS, RESPECTIVELY.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	15	86,533.	HIGH/LOW PRICE MEAN
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** X

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2021

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

SCHEDULE M, PART I, COLUMN (B)

NUMBER OF CONTRIBUTORS

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

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

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

ANDECON OMICALLY DIVERSE STUDENT BODY BY FOSTERING INTELLECTUAL

ACHIEVEMENTAND 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 - INSTITUTIONAL PROGRAM ACTIVITIES:

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

SACRED HEART OF MARY AS A TWO-YEAR WOMEN'S COLLEGE AND AT THE TIME WAS

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

Schedule O (Form 990) 2021

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

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

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

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

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

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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
 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

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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 15:

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 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. THE LAST COMPENSATION STUDY WAS PERFORMED IN MAY OF 2018. A SEPARATE COMPENSATION STUDY WAS PERFORMED FOR THE PRESIDENT IN APRIL OF 2022.

FORM 990, PART VI, SECTION C, LINE 19:

PUBLIC DISCLOSURE OF GOVERNING DOCUMENTS

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

(a) Name, address, and EIN (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

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

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

Schedule R (Form 990) 2021

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.

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?

	Yes	No
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 EAST 55TH STREET CONDOMINIUM	P	938,079.	PER OWNERSHIP %
(2) 231-235 EAST 55TH STREET CONDOMINIUM	M	60,757.	PER OWNERSHIP %
(3)			
(4)			
(5)			
(6)			

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 \$1,290,207, IS BASED ON THE COLLEGE'S

OWNERSHIP PERCENTAGE BUT IN ACTUALITY THE COLLEGE DOES NOT HAVE RIGHTS

TO MAJORITY OF THESE ASSETS.