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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

2009

OMB No 1545-0047

Open to Public Inspection

calendar year, or tax year beginning 07-01-2009 A For the 2009 and ending 06-30-2010 D Employer identification number B Check if applicable Please IONA COLLEGE use IRS label or 3-3508093 Address change Doing Business As E Telephone number print or type. See Name change (914) 633-2483 pecific Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite 715 NORTH AVENUE - MCSPEDON HALL Instruc-**G** Gross receipts \$ 150,331,935 Terminated tions. City or town, state or country, and ZIP + 4 Amended return NEW ROCHELLE, NY 108011890 Application pending Name and address of principal officer **H(a)** Is this a group return for JAMES LIGUORI affiliates? 715 NORTH AVENUE MCSPEDON NEW ROCHELLE, NY 10801 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status Group exemption number 🕨 Website: ► WWW IONA EDU K Form of organization
✓ Corporation
✓ Trust
✓ Association
✓ Other ► L Year of formation 1940 M State of legal domicile NY Part I Summary Briefly describe the organization's mission or most significant activities IONA COLLEGE IS A DIVERSE COMMUNITY OF LEARNERS AND SCHOLARS DEDICATED TO ACADEMIC EXCELLENCE IN THE TRADITION OF THE CHRISTIAN BROTHERS AND AMERICAN CATHOLIC HIGHER EDUCATION Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 34 Number of independent voting members of the governing body (Part VI, line 1b) . . . 33 1,979 Total number of employees (Part V, line 2a) . . 0 Total number of volunteers (estimate if necessary) . 473,121 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. Net unrelated business taxable income from Form 990-T, line 34 **7**b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 9,561,713 8,687,356 Program service revenue (Part VIII, line 2g) . 117,922,900 115,509,227 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 864,002 10 916,572 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 132,788 2,061,978 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 126,120,300 129,536,236 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 31,204,211 33,672,274 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-Expenses 52,840,767 54,713,173 Professional fundraising fees (Part IX, column (A), line 11e) . 16a 0 Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 1,610,966$ ь 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 30,117,719 30,731,498 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 114,162,697 119,116,945 Revenue less expenses Subtract line 18 from line 12 . 10,419,291 19 11,957,603 Net Assets or Fund Balances **Beginning of Current End of Year** Year 169,294,829 20 Total assets (Part X, line 16) . 164,756,392 21 Total liabilities (Part X, line 26) . 58,369,895 51,123,639 Net assets or fund balances Subtract line 21 from line 20 106,386,497 118,171,190 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 Sian ***** 2011-05-10 Here Signature of officer Jonathan C Ivec VP FOR FINANCE AND ADMIN Type or print name and title Date Check if Preparer's identifying number Preparer's (see instructions) Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours GRANT THORNTON LLP EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 666 THIRD AVENUE Phone no (212) 542-9609 NEW YORK, NY 100174011 May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Cat No 11282Y

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Iona College is a diverse community of learners and scholars dedicated to academic excellence in the tradition of the Christian Brothers and American Catholic higher education. We commit ourselves to education within the rich heritage of these legacies, especially intellectual inquiry and the values of justice, peace, and service. Iona College graduates will be sought after because they will be (1) ethical and skilled decision makers and problem solvers motivated to leadership, service and civic responsibility, (2) independent thinkers informed and enriched by a liberal arts education, (3) lifelong learners skilled in and adaptable to new information and technologies, and (4) individuals who integrate the spiritual, intellectual, civic, emotional, and physical dimensions of their lives. The Iona College Community will achieve these goals by dedicated teaching enhanced through creative research and scholarship, internships, career development and by participation of students, faculty, s

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 65,549,887 including grants of \$ 33,609,208) (Revenue \$ 104,654,766)
	Iona Colleges (CHE-MSA) to offer credit-bearing coursework towards degrees and registered certificates at the undergraduate and graduate levels. In addition to the federal Department of Education approved regional accreditor (CHE-MSA), Iona's academic programs hold multiple professional and special accreditations from outside agencies. Iona offers a wide variety of undergraduate and graduate degrees in the School of Arts and Science and the Hagan School of Business, including undergraduate degree programs for students enrolled in the evening Professional Studies Program. Iona's student body is comprised of 3,249 undergraduate students, 896 graduate students and 65 Professional Studies Program Studies Program. Iona's student body is comprised of 3,249 undergraduate students, 896 graduate students and 65 Professional Studies Program Studies Program Iona's student body is comprised of 3,249 undergraduate students, 896 graduate students and 65 Professional Studies Program Studies Program Iona's student body is comprised of 3,249 undergraduate students, 896 graduate students and 65 Professional Studies Program Studies Program Iona's student body is comprised of 3,249 undergraduate students, 896 graduate students and 65 Professional Studies Program Studies Program Iona's student body is comprised of 3,249 undergraduate students, 896 graduate students with an education and 10 professional programs at the undergraduate levels, the School of Arts & Science Study in the traditional liberal arts disciplined and appropriate preprofessional and professional programs that provide academic challenge and intellectual depth, and are rooted in liberal learning Beyond its own inherent values, such broadly based education serves especial
	(Code) (Expenses \$ 10,309,476 including grants of \$ 63,066) (Revenue \$ 12,920,215)
70	Iona College provides ancillary auxiliary services to both its student population and its employee base in an effort to support its educational mission 1 Residential Services As part of the student experience, Iona College offers on-campus residence hall housing and related services. Over 1,076 Iona students choose to live in one of the College's five housing options. The primary goal of Iona's Residential Life program is to provide a safe, secure and comfortable environment where academic success, as well as the social, emotional, spiritual, physical and cultural development of each resident, is facilitated 2. Bookstore The College also operates an on-campus bookstore where students can purchase textbooks, study aids, electronics, software, stationery, and related hard goods. 3. Food Services/Cafeteria The College operates an on-campus cafeteria that is committed to providing quality and nutritious food with exceptional service. Resident students and commuters may participate in the full Meal Plan offered at Iona College.
	(Code) (Expenses \$ 3,723,355 including grants of \$ 0) (Revenue \$ 1,173,371)
-10	Other academic and student support activities are provided for enrolled students and in support of faculty scholarship consistent with standards established by the New York State Education Department, the Commission on Higher Education of the Middle States Association of Schools and Colleges and best practices in American higher education. These include fully staffed and operational libraries, a career development center, counseling center, health services center, IT support center, faculty training center, tutoring and academic support center, campus ministries office, athletics department, and student development office servicing clubs, student government, student media, and student recreation
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses►\$ 79,582,718

Dart TV	Char	·blict	Λf	Dequired	Schedule
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0) (2009)

			Yes	No
.a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Yes	
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
u	74			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N c
F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

715 NORTH AVENUE MCSPEDON HALL

NEW ROCHELLE, NY 10801

(914) 633-2480

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

Se	ection A. Governing Body and Management			
			Yes	No
_				
1a b	Enter the number of voting members of the governing body 1a 34 Enter the number of voting members that are independent 1b 33			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
_	other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
- S	organization's mailing address? If "Yes," provide the names and addresses in Schedule O ection B. Policies (This Section B requests information about policies not required by the Internal	9		Νo
	evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990		165	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		Νο
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in 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?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	ı -
	ANDREW MCDERMOTT			

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

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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) (E) Reportable Reportable compensation		(F) Estimated amount of other
	per week	Officer Institutional Trustee Individual trustee or director		Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
See add'l data										

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 60

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
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			
	majviduai	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
DARLIND CONSTRUCTION 1540 ROUTE 55 PO BOX 130 LAGRANGEVILLE, NY 12540	CONSTRUCTION	4,002,036
Chartwells Dining Services 175 Sunnyside Boulevard CHICAGO, IL 60693	FOOD SERVICE	2,398,072
Hennessey Construction Co Inc PO Box 189 14 Oak Street CLOSTER, NJ 07624	Construction	1,028,926
re think group 700 Canal Street 5th Floor STAMFORD, CT 06902	Publication/advertis	1,001,518
Tarter Krınsky Drogin LLP 1350 Broadway 11th Floor NEW YORK, NY 10018	Legal Services	441,946
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ▶18	who received more than	

Part V		Statement o	of Pevenue					Page 9
		Statement	or Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
\$ \$	1a	Federated cam	paigns 1a					
豆豆	ь	Membership du	ıes 1b					
ΩĚ	c	Fundraising eve	ents 1c	731,196				
Æ HE	d	Related organiz	zations 1d					
% <u>`</u> ≣	e	Government grants	s (contributions) 1e	1,580,520				
<u> 돌</u> .조	f		ons, gifts, grants, and 1f	6,375,640	i			
돌로	g	similar amounts no	ot included above ibutions included in					
¥°	9	lines 1a-1f \$	84,586					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines	s 1a-1f	▶	8,687,356			
				Business Code				
Ele	2a	TUITION AND FEES	5	900,099	104,654,766	104,654,766		
wer	ь		(& OTHER HOUSING	611,710	11,985,934	11,985,934		
æ		CHARGES)	- Ca official flooding	011,710	11,965,954	11,965,954		
Š	C	ATHLETICS		611,710	347,919	347,919		
38	d	CAFETERIA		611,710	659,025			659,025
Ē	e	BOOKSTORE		611,710	159,279			159,279
Program Serwce Revenue	f	All other progra	am service revenue		115,977	70,152		45,825
ž	g	Total Add lines	s 2a-2f		117,922,900			
	3		ome (including dividen		11,,522,500			
			ar amounts)		861,052			861,052
	4		stment of tax-exempt bond	F	0			
	5	Royalties		▶ │	0			
			(ı) Real	(II) Personal				
	6a	Gross Rents	76,986					
	ь	Less rental expenses						
	c	Rental income	76,986					
	d	or (loss)	me or (loss)		76,986			76,986
	ٽ	Wet remaining	(i) Securities	(II) O ther	,			,
	7a	Gross amount	20,436,527	2,950				
		from sales of assets other						
		than inventory	20,436,527					
	Ь	Less cost or other basis and	20,430,327					
	_c	sales expenses Gain or (loss)		2,950				
	d	Net gain or (los	ss)		2,950			2,950
	8a		rom fundraising					
ė E		events (not inc						
듄		Ψ	.,196 s reported on line 1c)					
ě		See Part IV, lin						
<u>.</u>			а	295,125				
Other Revenue	Ь	Less direct ex	penses b	359,172				
0	С		(loss) from fundraising	events 🕦	-64,047			-64,047
	9a	Gross income f See Part IV, lin	rom gaming activities					
		222 (WICLY) IIII	a					
	ь	Less direct ex	penses b					
	c		(loss) from gamıng actı	vities	o			
	10a	Gross sales of						
		returns and allo						
		1000 cost -f -	a oods sold					
	b c		oods sold b (loss) from sales of inve	entory	n			
	<u> </u>	Miscellaneous		Business Code				
	11a	AQUATICS CL		713,940	347,779			347,779
	ь	INSURANCE S		900,099	1,191,713			1,191,713
				900,099	418,599		418,599	
	_ ا	DAY CAMP SE	_	200,000	90,948	39,300	54,522	
	d e	Total. Add lines	ue s 11a-11d		50,540	33,300	54,522	2,074
	e	iotai. Auu iiiles	3 11a-11u		2,049,039			
	12	Total revenue.	See Instructions .	▶	400 55	447.005.77	.==	2 27
					129,536,236	117,098,071	473,121	3,277,688 Form 990 (2009)
								 (2009)

All other org Do not include a 7b, 8b, 9b, and 1	Section 501(c)(3) and 501(c)(4) organizations anizations must complete column (A) but are not required mounts reported on lines 6b, 0b of Part VIII. d other assistance to governments and organizations	to complete column (A)			
Do not include a 7b, 8b, 9b, and 1	anizations must complete column (A) but are not required mounts reported on lines 6b, 0b of Part VIII.	to complete column (A)	ns (B), (C), and		
Do not include a 7b, 8b, 9b, and 1	mounts reported on lines 6b, 0b of Part VIII.	(A)			
7b, 8b, 9b, and 1	0b of Part VIII.			(C)	(D)
1 Grants an	d other assistance to governments and organizations	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
ın the U S	See Part IV, line 21	0	'		<u> </u>
	d other assistance to individuals in the Part IV , line 22	33,672,274	33,672,274		
organızatı	d other assistance to governments, ons, and individuals outside the U.S. See nes 15 and 16	0			
4 Benefits p	aid to or for members	0			
	ation of current officers, directors, trustees, and byees	2,890,116	2,081,607	737,745	70,764
6 Compensa (as define	ation not included above, to disqualified persons d under section 4958(f)(1)) and persons in section 4958(c)(3)(B)	0	2,001,007	737713	70,701
7 Other sala	aries and wages	38,572,805	27,782,079	9,846,279	944,447
	lan contributions (include section 401(k) and section nployer contributions)	1,570,740		1,570,740	
	ployee benefits	8,716,832		 	
	xes	2,962,680	,	2,962,680	
	ervices (non-employees)	2,302,000		2,302,000	
	ent	0			
_		520,549		520,549	
	ng	217,049		217,049	
		0		217,049	
	nal fundraising <i>See Part IV, line 17</i>	0			
	-			70.103	
	nt management fees	78,102		78,102	0.000
	and promotion	2,908,415	· ·	 	9,888
	ng and promotion	1,834,632	664,851	1,087,375	82,406
'	penses	1,813,539	-	 	137,801
	on technology	<u> </u>	,	 	2,116
15 Royalties		2,096	2,096	+	10.000
-	:y	6,812,128	1,192,479	 	19,960
18 Payments	of travel or entertainment expenses for any federal, ocal public officials	1,041,360	967,623	63,305	10,432
,	es, conventions, and meetings	98,590	81,944	8,096	8,550
		1,383,085	<u>'</u>	 	
	to affiliates	0	_,	,	
•	ion, depletion, and amortization	5,044,302	4,088,992	955,310	
	· · · · · · · · · · · · · · · · · · ·	1,276,695		 	
24 Other exp	venses Itemize expenses not covered above (Expenses ogether and labeled miscellaneous may not exceed 5% of enses shown on line 25 below)		,		
a FOODSE		3,821,152	3,718,172	99,312	3,668
b ATHLETI	CS	978,259	929,231	37,872	11,156
c ADVANC	EMENT	689,933	146,421	238,404	305,108
d STUDENT	ACTIVITIES	571,263	339,226	232,037	
e PROFESS	IONAL DUES AND TRAINING	382,885	275,009	103,445	4,431
f All other 6	expenses	816,318	259,947	556,132	239
25 Total fund	ctional expenses. Add lines 1 through 24f	119,116,945	79,582,718	37,923,261	1,610,966
Complete column (B	s. Check here F if following SOP 98-2 this line only if the organization reported in) joint costs from a combined educational and fundraising solicitation				

Part X Balance Sheet (A) (B) Beainning of vear End of vear 7.734 8.700 1 1 Cash—non-interest-bearing 13.550.181 2 6.548.063 2 6,852,152 3,961,303 3 3 4 449.712 596,332 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 2,324,568 2,166,584 8 2,512,456 1,916,414 Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete 178.332.758 10a 10a Part VI of Schedule D 103,147,589 **10c** 10b 72.948.734 105.384.024 b Less accumulated depreciation 71.382 93.163 11 11 33,030,720 12 45,832,905 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 2.809.898 15 2.787.341 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 164,756,392 16 169,294,829 10.590.128 17 6.265.824 17 Accounts payable and accrued expenses . 18 18 4,511,214 19 3,926,900 19 20 30,448,820 20 27,088,453 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 12.819.733 25 Other liabilities Complete Part X of Schedule D 25 13.842.462 26 **Total liabilities.** Add lines 17 through 25 58,369,895 51,123,639 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 77.597.352 94.219.282 27 Unrestricted net assets 27 28 14.617.880 28 9.215.013 Temporarily restricted net assets Fund 14.171.265 29 14.736.895 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 106,386,497 33 Total net assets or fund balances 33 118,171,190 34 Total liabilities and net assets/fund balances 164,756,392 34 169, 294, 829

Part XI	Financial	Statements	and Re	porting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

IONA COLLEGE

Name of the organization

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

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection **Employer identification number**

		13-3508093									
	rt I			olic Charity State						ructions	
he	organız	zation is	not a private	foundation because	ıtıs (Forlır	nes 1 throug	h 11, check d	only one box)		
1	Г	A churc	h, conventio	on of churches, or as:	sociation of c	hurches se	ction 170(b)((1)(A)(i).			
2	굣	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Atta	ach Schedul	e E)				
3	\sqcap	A hospi	tal or a coop	erative hospital serv	/ice organiza	tıon descrıb	ed in section	170(b)(1)(A	A)(iii).		
4	Γ		cal research l's name, cit	organization operate y, and state	d in conjunc	tion with a h	ospital descr	ibed in secti	on 170(b)(1)	(A)(iii). Ente	er the
5	Γ	An orga	nızatıon ope	rated for the benefit	of a college o	or university	owned or ope	erated by a g	governmental	unıt describ	_ ed in
		section	170(b)(1)(A	\)(iv). (Complete Pa	rt II)						
6	\vdash	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
				(Vi) (Complete Pa	rt II)						
8	\sqcap	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)									
9	\sqcap	An orga	nızatıon that	t normally receives	(1) more tha	n 331/3% of	ıts support fı	rom contribu	tions, membe	rship fees, a	nd gross
		receipts	from activit	ties related to its exe	empt function	ns—subject	to certain exc	eptions, and	d (2) no more	than 331/3%	of
		ıts supp	ort from gro	ss investment incom	ne and unrela	ted busines	s taxable inco	ome (less se	ction 511 tax	() from busin	esses
		acquire	d by the orga	anızatıon after June 3	30,1975 Se	e section 50	9(a)(2). (Cor	mplete Part :	III)		
10	Γ	An orga	nızatıon orga	anızed and operated	exclusively t	o test for pu	ıblıc safety S	ee section 5	09(a)(4).		
11	Γ	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Other									
e	Γ	other th	-	x, I certify that the o on managers and othe	-		•	•	•	•	•
f		check t	his box	eceived a written det						supporting o	organization,
g			ugust 17, 20 g persons?	006, has the organiz	ation accept	ed any gift o	r contribution	n from any of	the		
				ectly or indirectly co	ntrols, either	alone or to	gether with pe	ersons desci	rıbed ın (ıı)		Yes No
				overning body of the	•				. ,	11g(i)	
				r of a person describ						11g(ii)	
		(iii) a 3	5% controll	ed entity of a person	described in	(ı) or (ıı) ab	ove?			11g(iii)	
h		Provide	the following	g information about t	he supported	l organizatio	n(s)				<u> </u>
				-		•	. ,				
	Name suppor	supported EIN lines 1 - 9 above granization or IRC section document? col (i) listed in your governing support? col (i) organization or IRC section document?							(vii) A mount of support?		
				(see instructions))	Yes	No	Yes	No	Yes	No	1
				,,							

Total

ınstructions

:	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	d checked the	box on line 3,	7,010011410	1.)		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
6	(f) Public Support. Subtract line 5 from						
U	line 4						
S	ection B. Total Support	•	•	•		•	•
Cale	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(4) 2000	(2) 2000	(4) 2007	(4) 2000	(0, 200)	(1) 0141
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
9	Net income from unrelated						
•	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
12	through 10) Gross receipts from related activities	os ats (Saa inst	rustions)			142	
	•	,	•		661.	12	
13	First Five Years If the Form 990 is to check this box and stop here	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization,
	check this box and stop here						F-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009	(line 6 column ((f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test-2009. If the	organization did	not check the bo	x on line 13, and	line 14 is 33 1/3%		k this box
	and stop here. The organization qua	-		·			▶ ┌
b	33 1/3% support test-2008. If the				5a, and line 15 is	33 1/3% or moi	re, check this
	box and stop here. The organization	ı qualıfıes as a pı	ublicly supported	organızatıon			▶ ┌
17a	10%-facts-and-circumstances test-	_					
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "racts and	ı cırcumstances"	test The organiz	ation qualifies as	a publicly supp	orted F
h	organization 10%-facts-and-circumstances test-	-2008. If the ora	anization did not	check a hov on li	ne 13 16a 16b .	or 17a and line	- -1
	15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						cly
	supported organization				·	·	▶ ┌
10	Drivete Coundation If the successors	an did not abselv	a hay an line 12	16- 16- 17	17	hay and cas	

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	Part III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests-2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	line 17 is not
	more than 33 1/3%, check this box a	nd stop here. T					·
	· · · · · · · · · · · · · · · · · · ·	• [10		1,004
ь	33 1/3% support tests—2008. If the	organization di	a not check a box	on line 14 or line	e 19a, and line 16	o is more than 33	1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493130005431

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** IONA COLLEGE 13-3508093 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	s" to Form 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate contributions to (during yea	ar)	
Aggregate grants from (during year)		
Aggregate value at end of year		
<u> </u>	and donor advisors in writing that the assets hell subject to the organization's exclusive legal cor	
-	es, donors, and donor advisors in writing that gra I not for the benefit of the donor or donor advisor, efit	·
rt III Conservation Easement	ts. Complete if the organization answered	"Yes" to Form 990, Part IV, line 7.
Preservation of land for public us Protection of natural habitat Preservation of open space		ion of an historically importantly land area ion of a certified historic structure the form of a conservation
easement on the last day of the tax ye	·	
Total number of conservation easeme	ante	Held at the End of the Year
		2a
Total acreage restricted by conservat	n a certified historic structure included in (a)	26
	, ,	2c
Number of conservation easements in	2d	
	nodified, transferred, released, extinguished, or te	erminated by the organization during
the taxable year ►		
Number of states where property subj	ject to conservation easement is located 🛌	
Does the organization have a written penforcement of the conservation ease	policy regarding the periodic monitoring, inspecti ements it holds?	ion, handling of violations, and
Staff and volunteer hours devoted to r	monitoring, inspecting and enforcing conservation	n easements during the year 🛌
A mount of expenses incurred in monit	toring, inspecting, and enforcing conservation ea	sements during the year ► \$
Does each conservation easement re 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	ported on line 2(d) above satisfy the requirement	ts of section Yes [
	ration reports conservation easements in its reve ble, the text of the footnote to the organization's f servation easements	
	ing Collections of Art, Historical Treas on answered "Yes" to Form 990, Part IV, Ir	
art, historical treasures, or other simi	ted under SFAS 116, not to report in its revenue ilar assets held for public exhibition, education oi ootnote to its financial statements that describes	r research in furtherance of public service,
art, historical treasures, or other simi provide, in Part XIV, the text of the fo If the organization elected, as permitt	ilar assets held for public exhibition, education or potnote to its financial statements that describes ted under SFAS 116, to report in its revenue stat assets held for public exhibition, education, or res	r research in furtherance of public service, these items tement and balance sheet works of art,
art, historical treasures, or other simi provide, in Part XIV, the text of the fo If the organization elected, as permitt historical treasures, or other similar a	ilar assets held for public exhibition, education of potnote to its financial statements that describes ted under SFAS 116, to report in its revenue stat assets held for public exhibition, education, or res g to these items	r research in furtherance of public service, these items tement and balance sheet works of art,
art, historical treasures, or other simi provide, in Part XIV, the text of the fo If the organization elected, as permitt historical treasures, or other similar a provide the following amounts relating	ular assets held for public exhibition, education or potnote to its financial statements that describes ted under SFAS 116, to report in its revenue stat assets held for public exhibition, education, or res g to these items Part VIII, line 1	r research in furtherance of public service, these items tement and balance sheet works of art, search in furtherance of public service,
art, historical treasures, or other simil provide, in Part XIV, the text of the for If the organization elected, as permith historical treasures, or other similar a provide the following amounts relating (i) Revenues included in Form 990, Part If the organization received or held we	ular assets held for public exhibition, education or potnote to its financial statements that describes ted under SFAS 116, to report in its revenue stat assets held for public exhibition, education, or res g to these items Part VIII, line 1	r research in furtherance of public service, these items tement and balance sheet works of art, search in furtherance of public service,
art, historical treasures, or other simi provide, in Part XIV, the text of the fo If the organization elected, as permitt historical treasures, or other similar a provide the following amounts relating (i) Revenues included in Form 990, Part If the organization received or held we	ular assets held for public exhibition, education of potnote to its financial statements that describes ted under SFAS 116, to report in its revenue states held for public exhibition, education, or respect to these items Part VIII, line 1 It X orks of art, historical treasures, or other similar and the content of the	r research in furtherance of public service, these items tement and balance sheet works of art, search in furtherance of public service,

Par	TITLE Organizations Maintaining Co	llections of Art	, His	torical 1	<u>reas</u>	ures, or C	<u>)the</u>	<u>r Similar</u>	<u>Asse</u>	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e following	j that a	ire a signific	ant u	se of its col	lectio	n	
а	▼ Public exhibition		d	▽ Loar	norex	change prog	rams				
b	Scholarly research		e	▽ Oth	er Edu	icational ins	truct	ion			
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın how	vthey furth	ner the	organization	ı's ex	cempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			•				nılar	Г	Yes	┌ No
Pai	TEXT ESCROW AND CUSTODIAL Arrang Part IV, line 9, or reported an an					on answere	d "Y	es" to Forr	n 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ıng table		Г			A mou	ınt	
c	Beginning balance						1c				
d	Additions during the year					Ī	1d				
e	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?			L			Г	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIV								,		,
	rt V Endowment Funds. Complete		ans	wered "Y	es" to	Form 990	, Par	t IV, line 1	.0.		
	·	(a)Current Year	(b) Prior Year		Two Years Bac	k (d) Three Years B	ack (e	Four Ye	ears Back
1a	Beginning of year balance	25,181,581		29,647,6	_						
Ь	Contributions	6,600,330		469,7	_		\perp				
С	Investment earnings or losses	2,630,489		-3,594,2							
d	Grants or scholarships	102,200		170,9			_				
е	Other expenditures for facilities and programs	119,286		1,114,1	1/2						
f	Administrative expenses	75,871		56,3	398						
g	End of year balance	34,115,043		25,181,5	581						
2	Provide the estimated percentage of the yea	r end balance held a	ıs								
а	Board designated or quasi-endowment 🕨	52.960 %									
ь	Permanent endowment 🕨 43.200 %										
c	Term endowment ► 3.840 %										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation t	hat are he	ld and	admınıstere	d for	the			
	organization by									Yes	No
	(i) unrelated organizations						•	⊢	3a(i) 3a(ii)		N o
h	(ii) related organizations If "Yes" to 3a(ii), are the related organizatio						•	· · · [3a(11) 3b	<u> </u>	NO
4	Describe in Part XIV the intended uses of th				•		·			l	
Pai	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee Form	990, I	Part X, line	10.				
	Description of investment	•		(a) Cost o basis (inve		(b)Cost or of basis (other		(c) Accumula depreciatio		(d) Boo	ok value
1a	Land					2,512	2,212				2,512,212
b	Buildings					130,785	5,801	44,645	,814	86	5,139,987
c	Leasehold improvements										
d	Equipment					30,834	,493	23,571	,579	-	7,262,914
е	Other					14,200	,252	4,731	,341		9,468,911

105,384,024

Part VIII Investments—Other Securities. 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
Financial derivatives		Cost of the of year market value
Closely-held equity interests		
Other	12 011 600	_
MULTI-STRATEGY BOND FUND	13,011,689	F.
SHORT-TERM FUND	0	F
MULTI-STRATEGY EQUITY FUND	21,610,162	F
		_
GOVERNMENT SECURITIES FUND	9,296,700	F.
COMMODITIES FUND	1,910,799	F
CASH VALUE OF LIFE INSURANCE	3,555	F
	,	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. See	1 - 1 1	
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lii		1 052
(-) D		
(a) Descrip	otion	(b) Book value
(a) Descrip	otion	(b) Book value
(a) Descrip	otion	(b) Book value
(a) Descrip	otion	(b) Book value
(a) Descrip	otion	(b) Book value
(a) Descrip	otion	(b) Book value
(a) Descrip	otion	(b) Book value
(a) Descrip	ption	(b) Book value
(a) Descrip	otion	(b) Book value
(a) Descrip	otion	(b) Book value
(a) Descrip	ption	(b) Book value
(a) Descrip	ption	(b) Book value
(a) Descrip	ption	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	(b) Book value
	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	<i>5.)</i>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	<i>5.)</i>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes REFUNDABLE ADVANCES FROM U.S. GOVERNMENT	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes REFUNDABLE ADVANCES FROM US GOVERNMENT ACCRUED POSTRETIREMENT BENEFITS	(5.) (a) A mount (b) A mount (a) 2,227,814 (b) 11,512,000	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes REFUNDABLE ADVANCES FROM US GOVERNMENT ACCRUED POSTRETIREMENT BENEFITS	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes REFUNDABLE ADVANCES FROM US GOVERNMENT ACCRUED POSTRETIREMENT BENEFITS	(5.) (a) A mount (b) A mount (a) 2,227,814 (b) 11,512,000	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes REFUNDABLE ADVANCES FROM US GOVERNMENT ACCRUED POSTRETIREMENT BENEFITS	(5.) (a) A mount (b) A mount (a) 2,227,814 (b) 11,512,000	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes REFUNDABLE ADVANCES FROM US GOVERNMENT ACCRUED POSTRETIREMENT BENEFITS	(5.) (a) A mount (b) A mount (a) 2,227,814 (b) 11,512,000	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes REFUNDABLE ADVANCES FROM US GOVERNMENT ACCRUED POSTRETIREMENT BENEFITS	(5.) (a) A mount (b) A mount (a) 2,227,814 (b) 11,512,000	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes REFUNDABLE ADVANCES FROM US GOVERNMENT ACCRUED POSTRETIREMENT BENEFITS	(5.) (a) A mount (b) A mount (a) 2,227,814 (b) 11,512,000	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes REFUNDABLE ADVANCES FROM US GOVERNMENT ACCRUED POSTRETIREMENT BENEFITS	(5.) (a) A mount (b) A mount (a) 2,227,814 (b) 11,512,000	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes REFUNDABLE ADVANCES FROM US GOVERNMENT ACCRUED POSTRETIREMENT BENEFITS	(5.) (a) A mount (b) A mount (a) 2,227,814 (b) 11,512,000	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes REFUNDABLE ADVANCES FROM US GOVERNMENT ACCRUED POSTRETIREMENT BENEFITS	(5.) (a) A mount (b) A mount (a) 2,227,814 (b) 11,512,000	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	129,536,236
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	119,116,94
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	10,419,291
4	Net unrealized gains (losses) on investments	4	1,990,402
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	625,000
9	Total adjustments (net) Add lines 4 - 8	9	2,615,402
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	13,034,693
Par	XIII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Ret	urn
1	Total revenue, gains, and other support per audited financial statements	1	98,198,500
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 359,172		
e	Add lines 2a through 2d	2e	2,349,574
3	Subtract line 2e from line 1	3	95,848,926
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 78,102		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	33,687,310
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	129,536,236
	Reconciliation of Expenses per Audited Financial Statements With Expense	s per R	
1	Total expenses and losses per audited financial statements	1 1	85,788,807
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d 359,172	1	
e	Add lines 2a through 2d	2e	359,172
3	Subtract line 2e from line 1	3	85,429,635
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 78,102		
Ь	Other (Describe in Part XIV) 4b 33,609,208	1	
c	Add lines 4a and 4b	4c	33,687,310
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	119,116,945
	t XIV Supplemental Information		

Ident if ier	Return Reference	Explanat ion
ENDOWMENT FUNDS	FORM 990, SCHEDULE D, PART V	The College's endowment fund is intended to support its educational mission. Permanent endowment funds are intended to fund student scholarships, term endowment funds are reserved to satisfy the College's debt covenants. The College intends on keeping the endowment principal untouched, while using its earnings to satisfy the abovementioned objectives.
INCOME TAXES	Form 990, Schedule D, Part X	In July 2006, new guidance was issued in the area of "Accounting for Uncertainty in Income Taxes" The new standard clarifies the accounting for uncertainty in tax positions taken or expected to be taken in a tax return, including issues relating to financial statement recognition and measurement. This standard provides that the tax effects from an uncertain tax position can be recognized in the financial statements only if the position is "more-likely-than-not" to be sustained if the position were to be challenged by a taxing authority. The standard also provides guidance on measurement, classification, interest and penalties, and disclosure. It was effective for the College on July 1, 2008, and had no material impact on the accompanying financial statements. The tax years ended 2007, 2008, and 2009 are still open to audit for both federal and state purposes. The College has processes presently in place to ensure the maintenance of its tax-exempt status, to identify and report unrelated income, to determine its filing and tax obligations in jurisdictions for which it has nexus, and to identify and evaluate other matters that may be considered tax positions.
reconciliation of net assets		Postretirement related changes \$625,000
reconciliation of revenue	Form 990, Schedule D, Part XII	Line 2d Special events expenses (reclass to revenue) 359,172 Line 4b Scholarships \$33,609,766
reconciliation of expenses	Form 990, Schedule D, Part XIII	Line 2d Special events expenses (reclass to revenue) 359,172 Line 4b Scholarships \$33,609,766
Schedule D, part III		Iona College operates a public gallery near its campus that is open to both students and to the general public, free of charge The College does not own any of the artwork exhibited in this gallery but receives these pieces for public exhibition. The gallery is intended as a vehicle to increase public appreciation of art and to enhance the student educational experience.

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

IONA COLLEGE

Name of the organization

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

13-3508093 YES NO 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? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," 3 Yes The organization publishes its racially nondiscriminatory policy on the web at _www.iona edu/ombuds The College also publishes its nondiscriminatory policy in student handbooks Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes **b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Νo c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) ETHNIC BACKGROUND IS AN OPTIONAL QUESTION ON THE ADMISSIONS APPLICATION IF STUDENTS PROVIDE THE INFORMATION IT IS ENTERED INTO PEOPLESOFT THIS DATA IS ALSO KEPT ON EMPLOYEES WHERE PROVIDED ADMISSIONS DECISION LETTERS ARE MAINTAINED IN STUDENT FILES AND ARE KEPT IN SFS THE COLLEGE COMMUNICATIONS DEPARTMENT MAINTAINS BLUEPRINTS ON FILE OF ANY ADMISSIONS BROCHURES AND OUTSOURCES, AND THE DUPLICATIONS DEPARTMENT MAINTAINS COPIES OF ANY BROCHURE, POSTER, ETC THAT HAS BEEN CREATED INTERNALLY 5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5с Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 🦪 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 Schedule O (Form 7 Yes 990)