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Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
MARIST COLLEGE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3399 NORTH ROAD

City or town, state or country, and ZIP + 4
POUGHKEEPSIE, NY 12601

D Employer identification number
14-1442493

E Telephone number
(845) 575-3000

G Gross receipts $ 251,453,363

F Name and address of principal officer
DR DENNIS J MURRAY PRESIDENT
3399 NORTH ROAD
POUGHKEEPSIE, NY 12601

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW MARIST EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1946

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

2 Check this box ▶ ☐ 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**	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	26
5	Total number of employees (Part V, line 2a)	**5**	3,449
6	Total number of volunteers (estimate if necessary)	**6**	
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	227,174
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-17,730

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	15,019,019	35,353,386
9	Program service revenue (Part VIII, line 2g)	160,938,530	169,208,986
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-19,427,490	4,440,684
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,594,805	2,750,066
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	159,124,864	211,753,122
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	33,488,973	35,795,621
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	71,772,957	77,287,175
16a	Professional fundraising fees (Part IX, column (A), line 11e)	83,174	22,673
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,973,620		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	51,652,803	51,508,236
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	156,997,907	164,613,705
19	Revenue less expenses Subtract line 18 from line 12	2,126,957	47,139,417
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	359,825,411	408,948,613
21	Total liabilities (Part X, line 26)	136,891,720	142,821,659
22	Net assets or fund balances Subtract line 21 from line 20	222,933,691	266,126,954

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

****** | 2011-05-13
Signature of officer | Date

JOHN PECCHIA VP OF BUSINESS AFFAIRS/CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ BRENDA K SANTORO	Date 2011-05-13	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ D'ARCANGELO & CO LLP 510 HAIGHT AVE POUGHKEEPSIE, NY 12603			EIN ▶ Phone no ▶ (845) 473-7774

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

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 ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

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 $ 119,882,021 including grants of $ 35,675,621) (Revenue $ 135,315,439)

EDUCATION OF STUDENTS IN UNDERGRADUATE AND GRADUATE COURSES, REVENUES INCLUDE TUITION AND FEES, EXPENSES INCLUDE INSTRUCTION, RESEARCH, PUBLIC SERVICE, ACADEMIC SUPPORT, AND STUDENT SERVICES

4b (Code) (Expenses $ 27,656,917 including grants of $) (Revenue $ 33,893,547)

HOUSING AND DINING SERVICES FOR STUDENTS

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 147,538,938

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)? *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		No
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		No
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		No
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* — 12A Yes	12A		
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	Yes	
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	Yes	
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	Yes	
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		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part 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**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
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**	Yes	
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
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**	Yes	
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? *If "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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
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**	Yes	
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**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	231		
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?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	3,449		
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	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ SP See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
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		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	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		
8	**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		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI **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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 27		
b	Enter the number of voting members that are independent . .	1b 26		
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		No
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		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	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	Yes	
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	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		No
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		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ NY

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 organization ▶

VP OF BUSINESS AFFAIRSCFO
3399 NORTH ROAD
POUGHKEEPSIE, NY 12601
(845) 575-3000

Part VII 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 not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(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			
See add'l data										

1b Total . . . . . ▶	3,107,427		442,627

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 53

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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*	**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

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

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXHO MARRIOTT SERVICES ON FILE CHARLOTTE, NC 28104	FOOD SERVICE	6,642,930
KIRCHHOFF-CONSIGLI CONSTRUCTION MGMT ON FILE PLEASANT VALLEY, NY 12569	CONSTRUCTION	4,408,247
ROBERT AM STERN ARCHITECTS ON FILE NEW YORK, NY 10001	ARCHITECTS	2,274,160
RESIDENCE INN ON FILE POUGHKEEPSIE, NY 12601	STUDENT HOUSING	969,883
SUNGARD HIGHER EDUCATION ON FILE CHICAGO, IL 60693	SOFTWARE SYSTEM	619,977
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 82		

Part VIII Statement of 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
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	191,900			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	8,104,605			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	27,056,881			
	g	Noncash contributions included in lines 1a-1f $ 15,412,955					
	h	**Total.** Add lines 1a-1f		35,353,386			
			Business Code				
Program Service Revenue	2a	TUITION & FEES	900,099	135,315,439	135,315,439		
	b	ROOM & BOARD	611,710	33,893,547	33,893,547		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		169,208,986			
	3	Investment income (including dividends, interest and other similar amounts)		2,507,657			2,507,657
	4	Income from investment of tax-exempt bond proceeds		465	465		
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	41,618,875	13,928			
	b	Less cost or other basis and sales expenses	39,693,878	6,363			
	c	Gain or (loss)	1,924,997	7,565			
	d	Net gain or (loss)			1,932,562	1,932,562		
Other Revenue	8a	Gross income from fundraising events (not including $ 191,900 of contributions reported on line 1c) See Part IV, line 18	a 76,897				
	b	Less direct expenses	b 38,850				
	c	Net income or (loss) from fundraising events		38,047			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS REVENUE	900,099	2,484,845	2,484,845		
	b	SUMMER CAMP ACTIVITIES	611,600	227,174		227,174	
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		2,712,019			
	12	**Total revenue.** See Instructions		211,753,122	173,626,858	227,174	2,507,657

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	120,000	120,000		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	35,675,621	35,675,621		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,230,155		1,689,004	541,151
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	53,495,103	49,220,745	3,865,335	409,023
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,985,106	4,965,358	1,940,546	79,202
9 Other employee benefits	10,260,212	9,114,371	1,036,652	109,189
10 Payroll taxes	4,316,599	3,401,844	854,776	59,979
11 Fees for services (non-employees)				
a Management	6,642,930	6,414,505	228,425	
b Legal	282,562		282,562	
c Accounting	240,285		240,285	
d Lobbying				
e Professional fundraising *See Part IV, line 17*	22,673			22,673
f Investment management fees	478,319		478,319	
g Other	2,961,615	2,961,615		
12 Advertising and promotion	398,765	324,799	73,313	653
13 Office expenses	2,842,655	2,154,840	382,121	305,694
14 Information technology	4,485,979	3,667,247	818,732	
15 Royalties				
16 Occupancy	5,852,386	5,252,502	583,341	16,543
17 Travel	442,632	360,317	20,269	62,046
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,156,654	2,041,796	114,858	
20 Interest	3,671,791	3,582,239	78,997	10,555
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,617,609	9,189,625	427,984	
23 Insurance	1,631,421	223,478	1,407,943	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a CONTRACTED SERVICES	3,911,290	3,756,690	51,052	103,548
b OTHER	2,806,793	2,588,935	217,858	
c ATHLETICS	1,210,765	1,183,709	27,056	
d HOSPITALITY	997,296	699,288	231,749	66,259
e LECTURERS & CONSULTANTS	444,744	282,085	5,073	157,586
f All other expenses	431,745	357,329	44,897	29,519
25 **Total functional expenses.** Add lines 1 through 24f	164,613,705	147,538,938	15,101,147	1,973,620
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	7,300,646
	2	Savings and temporary cash investments		33,704,282	2	40,571,375
	3	Pledges and grants receivable, net		6,671,441	3	8,989,231
	4	Accounts receivable, net		6,414,534	4	5,343,712
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		78,831	5	75,740
	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 Schedule L			6	
	7	Notes and loans receivable, net		6,875,800	7	6,521,607
	8	Inventories for sale or use			8	375,130
	9	Prepaid expenses and deferred charges		2,149,850	9	2,469,260
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 336,906,353			
	b	Less accumulated depreciation	10b 123,386,137	195,568,014	10c	213,520,216
	11	Investments—publicly traded securities		102,581,647	11	108,618,244
	12	Investments—other securities See Part IV, line 11			12	10,021,968
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		5,781,012	15	5,141,484
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		359,825,411	16	408,948,613
Liabilities	17	Accounts payable and accrued expenses		11,606,296	17	16,151,520
	18	Grants payable			18	
	19	Deferred revenue		6,126,737	19	7,254,638
	20	Tax-exempt bond liabilities		96,719,992	20	92,309,992
	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 persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		82,803	24	64,428
	25	Other liabilities Complete Part X of Schedule D		22,355,892	25	27,041,081
	26	**Total liabilities.** Add lines 17 through 25		136,891,720	26	142,821,659
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		197,367,954	27	216,291,915
	28	Temporarily restricted net assets		9,399,488	28	25,897,338
	29	Permanently restricted net assets		16,166,249	29	23,937,701
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		222,933,691	33	266,126,954
	34	Total liabilities and net assets/fund balances		359,825,411	34	408,948,613

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
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 ☐ Consolidated basis ☐ Both consolidated and separated 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	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MARIST COLLEGE

Employer identification number
14-1442493

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

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

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☑ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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 ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar 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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, 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 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** 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 ▶☐

b **33 1/3% support test—2008.** If the organization did not check the 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 ▶☐

17a **10%-facts-and-circumstances test—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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 ▶☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar 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 purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 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, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV **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

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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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MARIST COLLEGE

Employer identification number
14-1442493

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☑ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☑ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☑ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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" to 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 XIV 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? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	29,991,135	30,178,049			
b Contributions	7,771,725	840,568			
c Investment earnings or losses	1,597,729	-284,421			
d Grants or scholarships	-451,459	-481,103			
e Other expenditures for facilities and programs	250,000	-261,958			
f Administrative expenses					
g End of year balance	39,159,130	29,991,135			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ **39.000 %**
- b Permanent endowment ▶ **61.000 %**
- c Term endowment ▶

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	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,397,205		7,397,205
b Buildings		182,024,706	58,345,217	123,679,489
c Leasehold improvements		69,530,853	20,703,222	48,827,631
d Equipment		51,151,409	42,403,682	8,747,727
e Other		26,802,180	1,934,016	24,868,164
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				213,520,216

Part VII 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		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation 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, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED POST-RETIREMENT BENEFITS	15,917,469
OTHER LIABILITIES	6,580,216
US GOV'T GRANTS REFUNDABLE	3,895,127
ANNUITIES PAYABLE	648,269
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	27,041,081

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	211,753,122
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	164,613,705
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	47,139,417
4	Net unrealized gains (losses) on investments	4	7,267,376
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3,217,163
9	Total adjustments (net) Add lines 4 - 8	9	4,050,213
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	51,189,630

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	183,515,377
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	7,267,376		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	7,267,376
3	Subtract line **2e** from line **1**			3	176,248,001
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			
b	Other (Describe in Part XIV)	4b	35,505,121		
c	Add lines **4a** and **4b**			4c	35,505,121
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	211,753,122

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	132,325,747
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 XIV)	2d	3,387,663		
e	Add lines **2a** through **2d**			2e	3,387,663
3	Subtract line **2e** from line **1**			3	128,938,084
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			
b	Other (Describe in Part XIV)	4b	35,675,621		
c	Add lines **4a** and **4b**			4c	35,675,621
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	164,613,705

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	SCHOLARSHIPS -35,675,621 REVENUE REPORTED ON MRPS 170,500 LOSS ON DERIVATIVE -2,232,890 FASB 158 ADJUSTMENT -1,083,829 SCHOLARSHIPS 35,675,621 BOOK / TAX DEPRECIATION DIFFERENCE -70,944
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	SCHOLARSHIPS 35,675,621 REVENUE REPORTED ON MRPS -170,500
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	LOSS ON DERIVATIVE 2,232,890 FASB 158 ADJUSTMENT 1,083,829 BOOK / TAX DEPRECIATION DIFFERENCE 70,944
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	SCHOLARSHIPS 35,675,621
SUPPLEMENTAL FINANCIAL INFORMATION	SCHEDULE D, PAGE 4, PART XIV	PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS THE COLLEGE INTENDS TO USE THE ENDOWMENT FUNDS FOR SCHOLARSHIPS, ENDOWED CHAIRS AND LECTURE SERIES, PER DONOR INTENTS

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SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 Inspection

Name of the organization
MARIST COLLEGE

Employer identification number
14-1442493

			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?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain WEBSITE, RADIO, NEWSPAPER ADS	3	Yes	
4	Does the organization maintain the following?			
a	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 basis?	4b	Yes	
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)			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	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		No
	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 990)	7	Yes	

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MARIST COLLEGE

Employer identification number
14-1442493

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

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	2	5	PROGRAM SERVICES	ADMIN & EDUCATION	4,175,829
CENTRAL AMERICA & CARIBBEAN			PROGRAM SERVICES	EDUCATIONAL	24,165
EAST ASIA & PACIFIC			PROGRAM SERVICES	EDUCATIONAL	761,042
SOUTH AMERICA			PROGRAM SERVICES	EDUCATIONAL	110,971
SUB-SHARAN AFRICA			PROGRAM SERVICES	EDUCATIONAL	85,176
MIDDLE EAST & NORTH AFRICA			PROGRAM SERVICES	EDUCATIONAL	48,073
Totals . . . . . ▶	2	5			5,205,256

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)

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

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
MARIST COLLEGE

Employer identification number
14-1442493

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶					22,673	-22,673

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

NY,FL

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 VAR TEAM SPORT (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	127,833	20,919	120,045	268,797
	2 Less Charitable contributions	93,318	6,149	92,433	191,900
	3 Gross income (line 1 minus line 2)	34,515	14,770	27,612	76,897
Direct Expenses	4 Cash prizes		1,600	1,700	3,300
	5 Non-cash prizes		1,330	8,059	9,389
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	19,175	2,050	4,936	26,161
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				38,850
	11 Net income summary Combine lines 3, column d, and line 10 ▶				38,047

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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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," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MARIST COLLEGE

Employer identification number
14-1442493

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIRVIEW FIRE DIST OF DUTCHESS CTY258 VIOLET AVE POUGHKEEPSIE, NY 12601	146000328	GOV	120,000				COMMUNITY ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 1

3 Enter total number of other organizations . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
INSTITUTIONAL SCHOLARSHIP	6205	35,675,621			
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	THE PAYMENT TO FAIRVIEW FIRE DISTRICT IS NOT A GRANT AND DOES NOT REQUIRE MONITORING PROCESS

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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" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MARIST COLLEGE

Employer identification number
14-1442493

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☑ First-class or charter travel ☑ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DR DENNIS J MURRAY	(i) (ii)	408,235		45,408	29,400	34,279	517,322	
ROY H MEROLLI	(i) (ii)	208,050	17,500	39,240	25,988	1,550	292,328	
SEAN P KAYLOR	(i) (ii)	202,559	15,000		24,660	17,014	259,233	
THOMAS WERMUTH	(i) (ii)	190,331	15,000	935	23,085	6,643	235,994	
JEANNE T PLECENIK	(i) (ii)	178,273	7,500	14,058	13,322	12,860	226,013	
ROBERT L WEST	(i) (ii)	192,506		28	20,525	17,014	230,073	
DEBORAH A DICAPRIO	(i) (ii)	160,672	15,000	13,577	21,263	17,014	227,526	
WILLIAM T THIRSK	(i) (ii)	166,675	15,000	4,800	13,031	13,854	213,360	
JOHN RITSCHDORFF	(i) (ii)	182,968	10,000		17,438	16,046	226,452	
JOSE L MARTIN	(i) (ii)	222,443		2,961	8,959	12,145	246,508	
LEE M MIRINGOFF	(i) (ii)	202,693	12,000	3,529	15,554	1,358	235,134	
BARBARA CARVALHO	(i) (ii)	175,147	12,000	70	11,943	6,585	205,745	
DR ROGER L NORTON	(i) (ii)	176,741	10,000		21,481	13,219	221,441	
ELMORE R ALEXANDER	(i) (ii)	176,432	5,000	5,096	13,166	13,231	212,925	

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	FIRST CLASS TRAVEL OR CHARTER TRAVEL THE GENERAL POLICY FOR ALL EXECUTIVES IS THAT THEY FLY COACH EXCEPTIONS MAY BE MADE FOR HEALTH REASONS, EXTREMELY LONG FLIGHTS, OR THOSE REQUIRING OVERNIGHT TRAVEL IN SUCH CASES, EXECUTIVES ARE REQUIRED TO FLY BUSINESS CLASS IF AVAILABLE, NOT FIRST CLASS TRAVEL FOR COMPANIONS COMPANION TRAVEL IS VERY LIMITED AND ALWAYS INCLUDES A CLEAR BUSINESS PURPOSE FOR THE COMPANION HOUSING PRESIDENT'S RESIDENCE - THE FAIR MARKET VALUE OF THE PERSONAL USE OF THE PRESIDENT'S RESIDENCE WAS ESTIMATED TO BE 21,000 BASED ON 5% OF THE ESTIMATED MARKET VALUE OF THE PROPERTY, PROPERTY TAXES, AND MAINTENANCE EXPENSES SOCIAL CLUB THE COLLEGE PAYS MEMBERSHIP FEES FOR SOME OFFICERS, WHICH ARE USED FOR THE COLLEGE'S BUSINESS ENTERTAINMENT AND COLLEGE'S SPONSORED EVENTS DEFINED BENEFIT PLAN - BRIAN GIORGIS THE COLLEGE HAS A NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN THAT PROVIDES THE WOMEN'S BASKETBALL COACH RETIREMENT INCOME THE COLLEGE CONTRIBUTES 25,000 PER YEAR TO AN INVESTMENT ACCOUNT, WHICH WILL BE PAID TO THE COACH AT THE COMPLETION OF HIS SEVEN-YEAR CONTRACT OR TERMINATION OF EMPLOYMENT THE COACH FORFEITS ENTITLEMENT TO THIS PLAN IF HE LEAVES THE COLLEGE PRIOR TO THE COMPLETION OF HIS CONTRACT THE ASSETS OF THE PLAN ARE OWNED BY THE COLLEGE DEFINED BENEFIT PLAN - DENNIS MURRAY THE COLLEGE HAS A NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN THAT MAY PROVIDE THE PRESIDENT WITH ANNUAL RETIREMENT INCOME THIS PLAN, COMBINED WITH HIS DEFINED CONTRIBUTION RETIREMENT PROGRAM, WILL PROVIDE A BENEFIT EQUAL TO 75% OF HIS FINAL AVERAGE THREE-YEAR SALARY, BASED ON THIRTY-THREE YEARS OF SERVICE AS PRESIDENT AND A RETIREMENT AGE OF SIXTY-FIVE ON JUNE 30, 2011 THE BENEFITS ARE NOT GUARANTEED AND ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE CONDITIONS THROUGH JUNE 30, 2011 THE ASSETS OF THE PLAN ARE OWNED BY THE COLLEGE AND ARE MAINTAINED AT TIAA-CREF

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MARIST COLLEGE

Employer identification number
14-1442493

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	DUTCHESS COUNTY IDA	14-1613685	267041FD8	03-03-2003	37,080,000	REFUND 90 & 92 BONDS		X		X
B	DUTCHESS COUNTY IDA	14-1613685	267041FJ5	03-22-2005	20,000,000	STUDENT HOUSING FULT		X		X
C	DUTCHESS COUNTY IDA	14-1613685	267041GN5	01-01-2008	20,000,000	STUDENT HOUSING FULT		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	37,080,000	20,000,000	20,000,000		
2	Gross proceeds in reserve funds	3,468,215				
3	Proceeds in refunding or defeasance escrows	32,926,217				
4	Other unspent proceeds					
5	Issuance costs from proceeds	685,568	590,012	585,940		
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	19,409,988	19,409,988	19,414,060		
8	Year of substantial completion	1992	2006	2008		

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X			X		X				
10	Were the bonds issued as part of an advance refunding issue?		X		X		X				
11	Has the final allocation of proceeds been made?	X		X		X					
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X				
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X				
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		X				
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X					

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X				
2	Is the bond issue a variable rate issue?		X	X		X					
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X	X			X				
b	Name of provider	MORGAN STANLEY		MORGAN STANLEY							
c	Term of hedge		28 0		28 0						
4a	Were gross proceeds invested in a GIC?		X		X		X				
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X		X				

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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

OMB No 1545-0047

2009

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Name of the organization
MARIST COLLEGE

Employer identification number
14-1442493

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $				75,740						

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
M GARTLAND CORBALLY GARTLAND & RAPPLEYEA	TRUSTEE	107,074	LEGAL SERVICE		No
J O'SHEA MARSHALL AND STERLING	TRUSTEE	270,635	INSURANCE BROKER		No
D HICKEY HICKEY FINN AND CO INC	TRUSTEE	4,554	INSURANCE BROKER		No
T TENNEY PEPSI COLA OF THE HUDSON	TRUSTEE	9,909	VENDING SERVICE		No
M MURRAY MARIST COLLEGE	FAMILY MEMBER	45,000	COLLEGE DEVELOPMENT		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MARIST COLLEGE

Employer identification number
14-1442493

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		120	ESTIMATED MARKET VALUE
5	Clothing and household goods				
6	Cars and other vehicles	X	2	21,850	ESTIMATED MARKET VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	31	290,946	AVG PRICE DATE OF TRNSFR
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests	X	1	14,946,985	APPRAISAL VALUE
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 ▶ (EQUIPMENT)	X	1	489	ESTIMATED MARKET VALUE
26	Other ▶ (FURNITURE)	X	1	152,565	ESTIMATED MARKET VALUE
27	Other ▶( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 1

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS	SCHEDULE M, PAGE 1, PART I, LINE 32B	MERRILL LYNCH IS THE COLLEGE'S BROKER THAT HANDLES ALL TRANSACTIONS FOR DONATED SECURITIES JACK EBERTH IS AN INDEPENDENT CONTRACTOR HIRED BY THE COLLEGE TO SOLICIT GIFTS GRAHMAN PELTON CONSULTING COMPANY IS A FUND RAISING CONSULTANT HIRED BY THE COLLEGE TO ASSIST IN PLANNING FOR THE ANNUAL CAMPAIGN FUND RAISING EVENTS

Additional Data

Software ID:
Software Version:
EIN: 14-1442493
Name: MARIST COLLEGE

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MARIST COLLEGE

Employer identification number
14-1442493

Identifier	Return Reference	Explanation
FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES	FORM 990, PART V, LINE 4B	SPAIN, ITALY

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	THE 990 WAS REVIEWED AND APPROVED BY THE CFO THEN THE 990 WAS PRESENTED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW AND APPROVAL COPIES OF THE 990 ARE PROVIDED TO ALL BOARD MEMBERS FOR REVIEW AND DISCUSSION PRIOR TO FILING

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	AS AN ON-GOING PRACTICE AND AS REQUIRED BY OUR CODE OF ETHICS, ALL TRUSTEES ARE REQUIRED TO COMPLETE CONFLICT OF INTEREST STATEMENTS ON AN ANNUAL BASIS IN WHICH THEY ARE ASKED TO DISCUSS ANY BUSINESS RELATIONSHIPS THEY OR A MEMBER OF THEIR FAMILIES HAVE WITH THE COLLEGE OUR CODE OF ETHICS REQUIRES THAT ALL CABINET MEMBERS AND STAFF WHO ENGAGE IN SIGNIFICANT BUSINESS DEALINGS FOR THE COLLEGE (E G , DIRECTOR OF PHYSICAL PLANT) COMPLETE A CONFLICT OF INTEREST STATEMENT ANNUALLY COMPLETED STATEMENTS THAT INDICATE A POTENTIAL CONFLICT OF INTEREST ARE REVIEWED BY THE CHIEF FINANCIAL OFFICER, ASSISTANT VICE PRESIDENT FOR HUMAN RESOURCES, AND THE EXECUTIVE VICE PRESIDENT IF A CONFLICT EXISTS, APPROPRIATE ACTION IS TAKEN TO ENSURE FULL DISCLOSURE OR TERMINATION OF THE ARRANGEMENT

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE COMPENSATION AND RETIREMENT PROGRAM FOR THE PRESIDENT WAS BASED ON A COMPREHENSIVE ANALYSIS CONDUCTED BY THE HAY GROUP, A PROMINENT EXECUTIVE COMPENSATION CONSULTING FIRM THE PRESIDENT'S CONTRACT WAS RECOMMENDED BY THE BOARD COMMITTEE ON PRESIDENTAL REVIEW AND COMPENSATION (RESPONSIBLE FOR PRESIDENTIAL EVALUATION AND COMPENSATION), AND APPROVED BY THE FULL BOARD OF TRUSTEES THE PRESIDENT IS REVIEWED ON AN ANNUAL BASIS BY THE COMMITTEE ON PRESIDENTAL REVIEW AND COMPENSATION AND CHANGES IN COMPENSATION ARE RECOMMENDED TO THE FULL BOARD FOR APPROVAL THE COMMITTEE ON PRESIDENTIAL REVIEW AND COMPENSATION BASES ITS RECOMMENDATIONS FOR ADJUSTMENTS ON PERFORMANCE AND A REVIEW OF APPROPRIATE COLLEGE AND UNIVERSITY PERSONNEL ASSOCIATION (CUPA) DATA ON PRESIDENTIAL COMPENSATION

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	SENIOR OFFICER COMPENSATION IS ESTABLISHED AFTER A REVIEW OF COMPENSATION DATA FROM CUPA AT PRIVATE INSTITUTIONS OF HIGHER EDUCATION BASED ON ANNUAL BUDGET SIZE AND ENROLLMENT IN ADDITION TO SALARY COMPARABILITY AT OTHER INSTITUTIONS, PERFORMANCE AND YEARS OF SERVICE IN THE POSITION ARE ALSO FACTORS CONSIDERED BY THE PRESIDENT IN DETERMINING A SENIOR OFFICER'S ANNUAL SALARY ONCE THE PRESIDENT HAS COMPLETED HIS REVIEW OF SENIOR OFFICER COMPENSATION, THE PRESIDENT'S RECOMMENDATIONS ARE BROUGHT TO THE BOARD'S TRUSTEESHIP COMMITTEE FOR REVIEW AND APPROVAL

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	AVAILABLE UPON REQUEST FROM THE OFFICE OF THE CHIEF FINANCIAL OFFICER CONFLICT OF INTEREST POLICY IS AVAILABLE ON THE WEBSITE AT MARIST EDU

Identifier	Return Reference	Explanation
FINANCIAL AID OR GOVERNMENT ASSISTANCE EXPLANATION	SCHEDULE E, LINE 6	THE COLLEGE RECEIVES FINANCIAL AID AND OTHER GRANTS FROM FEDERAL AND STATE AGENCIES

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE O	FORM 990 - PART I - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES MARIST IS A COMPREHENSIVE INSTITUTION WITH ITS 180 ACRE MAIN CAMPUS IN THE HUDSON RIVER VALLEY OF NEW YORK, A BRANCH CAMPUS IN FLORENCE, ITALY, EXTENSION CENTERS THROUGHOUT NEW YORK, AND EDUCATIONAL OFFERINGS AROUND THE WORLD THROUGH ITS ONLINE PROGRAMS MARIST IS DISTINGUISHED BY ITS HIGH QUALITY FACULTY, ITS INNOVATIVE PROGRAM OFFERINGS, ITS BEAUTIFUL CAMPUS, AND A TECHNOLOGICAL PLATFORM THAT IS COMPARABLE TO THE BEST RESEARCH UNIVERSITIES IN THE WORLD MARIST WAS NAMED ONE OF "THE 371 BEST COLLEGES" IN AMERICA BY THE PRINCETON REVIEW, WHICH ALSO NAMED MARIST'S SCHOOL OF MANAGEMENT ONE OF "THE TOP 301 BUSINESS SCHOOLS " U S KIPLINGER'S PERSONAL FINANCE MAGAZINE NAMED MARIST ONE OF THE "50 BEST BUYS" IN PRIVATE COLLEGE EDUCATION IN THE US MARIST WAS NAMED TO THE LIST BECAUSE IT OFFERS A COMPREHENSIVE EDUCATION AT BOTH THE UNDERGRADUATE AND GRADUATE LEVELS CRITERIA FOCUSED ON TWO AREAS, ACADEMIC QUALITY AND AFFORDABILITY, WITH QUALITY ACCOUNTING FOR TWO-THIRDS OF THE TOTAL EARLIER THIS YEAR, THE SCHOOL OF MANAGEMENT WAS NAMED ONE OF 15 TOP BUSINESS SCHOOLS IN THE COUNTRY FOR TWO FIELDS OF STUDY - GENERAL MANAGEMENT AND OPERATIONS - BY ENTREPRENEUR MAGAZINE AND THE PRINCETON REVIEW ANOTHER FINANCIAL PUBLICATION, BARRON'S, LISTS MARIST AS ON OF THE "BEST BUYS IN COLLEGE EDUCATION " FORM 990 - PART III - ORGANIZATION'S MISSION MARIST IS DEDICATED TO HELPING STUDENTS DEVELOP THE INTELLECT AND CHARACTER FOR ENLIGHTENED, ETHICAL, AND PRODUCTIVE LIVES IN THE GLOBAL COMMUNITY OF THE 21ST CENTURY SCHEDULE L - PART II - LOANS TO AND/OR FROM INTERESTED PERSONS THE PURPOSE OF THE LOAN WAS TO ASSIST MR MARTIN WITH THE DOWN PAYMENT ON THE PURCHASE OF A LOCAL RESIDENCE DUE TO THE DEPRESSED REAL ESTATE MARKET, HE WAS UNABLE TO SELL HIS HOME IN TENNESSEE PRIOR TO MOVING TO THE LOCAL AREA SCHEDULE L - PART IV - BUSINESS TRANSACTIONS THE LAW FIRM OF CORBALLY, GARTLAND & RAPPLEYEA (CGR) PROVIDES COUNSEL FOR THE COLLEGE ON SOME LEGAL MATTERS THE COLLEGE USES THE SERVICES OF FOUR ATTORNEYS AT CGR WITH MR MICHAEL GARTLAND, WHO SERVES ON OUR BOARD OF TRUSTEES, BEING ONE OF THE FOUR MR GARTLAND'S SERVICES GENERALLY PERTAIN TO BOND ISSUES AND ASSOCIATED LETTERS OF CREDIT, AND OCCASIONAL PROPERTY TRANSACTIONS IT SHOULD BE NOTED THAT THE COLLEGE USES THREE OTHER LEGAL FIRMS FOR ASSISTANCE IN SUCH AREAS AS EMPLOYEE RELATIONS, ENVIRONMENTAL, AND ATHLETIC MATTERS MR O'SHEA IS AN OFFICER OF THE INSURANCE FIRM MARSHALL & STERLING THAT PROVIDES BROKER SERVICES FOR THE COLLEGE'S MEDICAL, LIFE INSURANCE, AND DISABILITY POLICIES THE COLLEGE USES MARSH INC AS ITS BROKER FOR ALL OTHER MAJOR INSURANCE COVERAGE, I E , EDUCATOR'S LIABILITY, AND PROPERTY AND CASUALTY INSURANCE MR HICKEY IS THE PRESIDENT OF HICKEY-FINN CO WHICH PROVIDES RETAIL BROKER SERVICES FOR THE COLLEGES' STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN STUDENT ACCIDENT AND SICKNESS INSURANCE PREMIUM FEES ARE COLLECTED BY THE COLLEGE AND PAID DIRECTLY TO ALLEN J FLOOD CO , THE WHOLESALE BROKER FOR THIS INSURANCE COVERAGE THE ALLEN J FLOOD CO PAYS A SMALL COMMISSION TO THE HICKEY-FINN CO FOR ITS BROKERAGE SERVICES THE COLLEGE HAS AN EXCLUSIVE ARRANGEMENT WITH PEPSI COLA OF THE HUDSON VALLEY TO PROVIDE SOFT DRINKS SOLD ON THE COLLEGE CAMPUS THE BEVERAGES ARE PURCHASED DIRECTLY BY THE COLLEGE AS WELL AS THROUGH ITS FOOD SERVICE PROVIDER SODEXO MR TENNEY IS THE PRESIDENT OF PEPSI COLA OF THE HUDSON VALLEY AND A MEMBER OF OUR BOARD OF TRUSTEES IN ALL CASES, TRUSTEES DISCLOSED THE PRECISE NATURE OF THEIR INTEREST OR INVOLVEMENT IN THE TRANSACTION, REFRAINED FROM PARTICIPATING IN CONSIDERATION OF THE PROPOSED TRANSACTION, AND WERE PROHIBITED FROM DISCUSSING THE ISSUE WITH THE OFFICERS OF THE COLLEGE OR VOTING ON THE MATTER

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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Name of the organization
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Employer identification number
14-1442493

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

(a) Name, address, and EIN 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
VAYU LLC 3399 NORTH ROAD POUGHKEEPSIE, NY 12601		NY			MARIST COL

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
MARIST REAL PROPERTY SERVICES INC 3399 NORTH ROAD POUGHKEEPSIE, NY 12601 14-1785087	REAL PROP	NY	501	11A	NA
MARIST REAL PROPERTY SERV TWOINC 3399 NORTH ROAD POUGHKEEPSIE, NY 12601 14-1825215	REAL PROP	NY	501	11A	NA

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

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

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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:
Software Version:
EIN: 14-1442493
Name: MARIST COLLEGE

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
ROBERT R DYSON CHAIRMAN	1 00	X						0	0	0
ELLEN M HANCOCK VICE CHAIR	1 00	X						0	0	0
ROSS A MAURI SECRETARY	1 00	X						0	0	0
ELIZABETH M WOLF ASST SCRTRY	1 00	X						0	0	0
THOMAS J WARD TREASURER	1 00	X						0	0	0
JAMES A CANNAVINO TRUSTEE	1 00	X						0	0	0
JAMES R BARNES TRUSTEE	1 00	X						0	0	0
JAMES M BARNES TRUSTEE	1 00	X						0	0	0
TIMOTHY G BRIER TRUSTEE	1 00	X						0	0	0
H TODD BRINCKERHOFF TRUSTEE	1 00	X						0	0	0
BRENDAN T BURKE TRUSTEE	1 00	X						0	0	0
KATHLEEN K CULLEN TRUSTEE	1 00	X						0	0	0
GERARD E DAHOWSKI TRUSTEE	1 00	X						0	0	0
MARK V DENNIS TRUSTEE	1 00	X						0	0	0
MICHAEL C DUFFY TRUSTEE	1 00	X						0	0	0
MICHAEL G GARTLAND TRUSTEE	1 00	X						0	0	0
DR STANLEY E HARRIS TRUSTEE	1 00	X						0	0	0
DANIEL G HICKEY SR TRUSTEE	1 00	X						0	0	0
DR JAMES P HONAN TRUSTEE	1 00	X						0	0	0
MARY E JOYCE TRUSTEE	1 00	X						0	0	0
BRO JAMES P KEARNEY TRUSTEE	1 00	X						0	0	0
PATRICK M LAVELLE TRUSTEE	1 00	X						0	0	0
CHRISTOPHER G MCCANN TRUSTEE	1 00	X						0	0	0
JOHN P O'SHEA TRUSTEE	1 00	X						0	0	0
PATRICE CONNOLLY PANTELLO TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
TIM TENNEY TRUSTEE	1 00	X						0	0	0
DR DENNIS J MURRAY PRESIDENT	50 00			X				453,643	0	63,679
ROY H MEROLLI EXECUTIVE VP	50 00			X				264,790	0	27,538
SEAN P KAYLOR VP ENROLLMT	50 00			X				217,559	0	41,674
THOMAS WERMUTH ACADEMIC VP	50 00			X				206,266	0	29,728
JEANNE T PLECENIK VP BUS AFF	50 00			X				199,831	0	26,182
ROBERT L WEST VP ADVNCMNT	50 00			X				192,534	0	37,539
DEBORAH A DICAPRIO VP STUD AFF	50 00			X				189,249	0	38,277
WILLIAM T THIRSK VP IT	50 00			X				186,475	0	26,885
JOHN RITSCHDORFF ASST ACAD VP	50 00				X			192,968	0	33,484
JOSE L MARTIN COACH	50 00					X		225,404	0	21,104
LEE M MIRINGOFF MIPO	50 00					X		218,222	0	16,912
BARBARA CARVALHO MIPO	50 00					X		187,217	0	18,528
DR ROGER L NORTON DEAN	50 00					X		186,741	0	34,700
ELMORE R ALEXANDER DEAN	50 00					X		186,528	0	26,397

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
CONTRACTED SERVICES	3,911,290	3,756,690	51,052	103,548
OTHER	2,806,793	2,588,935	217,858	
ATHLETICS	1,210,765	1,183,709	27,056	
HOSPITALITY	997,296	699,288	231,749	66,259
LECTURERS & CONSULTANTS	444,744	282,085	5,073	157,586