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Form 990   Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>  ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		<b>2010</b>
		<b>Open to Public Inspection</b>

<b>A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011</b>				
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization IONA COLLEGE		<b>D Employer identification number</b>  13-3508093	
	Doing Business As		<b>E Telephone number</b>  (914) 633-2483	
	Number and street (or P O box if mail is not delivered to street address) 715 NORTH AVENUE - MCSPEDON HALL		Room/suite	<b>G</b> Gross receipts \$ 133,673,234
	City or town, state or country, and ZIP + 4 NEW ROCHELLE, NY 108011890			
	<b>F</b> Name and address of principal officer James Liguori 715 NORTH AVENUE MCSPEDON NEW ROCHELLE, NY 10801		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶ 0928	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b> ▶ WWW IONA EDU				
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation 1940	<b>M</b> State of legal domicile NY

<b>Part I Summary</b>				
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities IONA COLLEGE IS A DIVERSE COMMUNITY OF LEARNERS AND SCHOLARS DEDICATED TO ACADEMIC EXCELLENCE IN THE TRADITION OF THE CHRISTIAN BROTHERS AND AMERICAN CATHOLIC HIGHER EDUCATION			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .		<b>3</b>	33
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .		<b>4</b>	32
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .		<b>5</b>	1,979
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .		<b>6</b>	0	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .		<b>7a</b>	767,627	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .		<b>7b</b>	20,321	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .		<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .		8,687,356	7,856,446
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7 d ) . . . . .		117,922,900	122,861,689
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		864,002	944,192
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .		2,061,978	1,371,569
			129,536,236	133,033,896
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .		33,672,274	36,056,895
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		54,713,173	55,575,205
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶2,445,065			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .		30,731,498	32,451,738
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		119,116,945	124,083,838
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .		10,419,291	8,950,058
Net Assets or Fund Balances			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .		169,294,829	184,087,443
	<b>21</b> Total liabilities (Part X, line 26) . . . . .		51,123,639	50,359,454
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .		118,171,190	133,727,989

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

Sign Here	***** Signature of officer		2012-03-07 Date		
	JONATHAN IVEC VP for Finance & Admin Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ GRANT THORNTON LLP				Firm's EIN ▶
	Firm's address ▶ 666 THIRD AVENUE  NEW YORK, NY 100174011				Phone no ▶ (212) 599-0100
May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

1 Briefly describe the organization’s mission

IONA COLLEGE IS A DIVERSE COMMUNITY OF LEARNERS AND SCHOLARS DEDICATED TO ACADEMIC EXCELLENCE IN THE TRADITION OF THE CHRISTIAN BROTHERS AND AMERICAN CATHOLIC HIGHER EDUCATION WE COMMIT OURSELVES TO EDUCATION WITHIN THE RICH HERITAGE OF THESE LEGACIES, ESPECIALLY INTELLECTUAL INQUIRY AND THE VALUES OF JUSTICE, PEACE, AND SERVICE IONA COLLEGE GRADUATES WILL BE SOUGHT AFTER BECAUSE THEY WILL BE (1) ETHICAL AND SKILLED DECISION MAKERS AND PROBLEM SOLVERS MOTIVATED TO LEADERSHIP, SERVICE AND CIVIC RESPONSIBILITY, (2) INDEPENDENT THINKERS INFORMED AND ENRICHED BY A LIBERAL ARTS EDUCATION, (3) LIFELONG LEARNERS SKILLED IN AND ADAPTABLE TO NEW INFORMATION AND TECHNOLOGIES, AND (4) INDIVIDUALS WHO INTEGRATE THE SPIRITUAL, INTELLECTUAL, CIVIC, EMOTIONAL, AND PHYSICAL DIMENSIONS OF THEIR LIVES THE IONA COLLEGE COMMUNITY WILL ACHIEVE THESE GOALS BY DEDICATED TEACHING ENHANCED THROUGH CREATIVE RESEARCH AND SCHOLARSHIP, INTERNSHIPS, CAREER DEVELOPMENT AND BY PARTICIPATION OF STUDENTS, FACULTY,

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 \$ 70,814,772 including grants of \$ 36,056,895 ) (Revenue \$ 107,904,861 )
	Iona College is chartered by the State of New York and fully accredited by the Commission on Higher Education of the Middle States Association of Schools and Colleges (CHE-MSA) to offer credit-bearing coursework towards degrees and registered certificates at the undergraduate and graduate levels In addition to the federal Department of Education approved regional accreditor (CHE-MSA), Iona's academic programs hold multiple professional and special accreditations from outside agencies Iona offers a wide variety of undergraduate and graduate degrees in the School of Arts and Science and the Hagan School of Business, including undergraduate degree programs for students enrolled in the evening Professional Studies Program The School of Arts & Science supports the mission of Iona College through its commitment to academic excellence and education in the liberal arts tradition A community of teacher-scholars devoted to academic excellence, the School of Arts & Science seeks, through the departments that comprise it, to provide all students with an educational foundation that is both traditional and contemporary Through its major programs at the undergraduate and graduate levels, the School offers courses of study in the traditional liberal arts disciplines and appropriate preprofessional and professional programs that provide academic challenge and intellectual depth, and are rooted in liberal learning Beyond its own inherent values, such broadly based education serves especially well the needs of students who will be employed in a rapidly evolving work environment and may change careers several times In furtherance of these commitments, the School of Arts & Science strives to - provide an education that is current, student-centered, outcome-based, and involves an appropriate mix of classroom-based instruction, independent research, and internship or practical experience, - equip students with the skills necessary for success in a rapidly changing environment critical thinking, effective oral and wrtten communication, problem solving, ethical decision making, computer competency, and scientific and technological literacy, - instill in students the habits of mind enabling them to possess our most precious human heritage those ideas, beliefs, and writings that are the basis of intellectual, cultural, and moral development, - deepen students' self-awareness, reflectiveness, and commitment to a core of values that will illuminate both their personal relationships and their relationship to a pluralistic society with the qualities of intelligence, tolerance, decency, and compassion, - recruit, retain, and support the development of a faculty of exceptional teacher-scholars whose pedagogy is informed by research, experience, and scholarship The Hagan School of Business offers degree programs leading to the Bachelor of Business Administration (B BA ) degree in seven majors Accounting, Business Administration, Finance, Information Systems, International Business, Management, and Marketing

4b	(Code ) (Expenses \$ 13,333,055 including grants of \$ 0 ) (Revenue \$ 14,956,828 )
	Iona College provides ancillary auxiliary services to both its student population and its employee base in an effort to support its educational mission 1 Residential Services As part of the student experience, Iona College offers on-campus residence hall housing and related services The primary goal of Iona's Residential Life program is to provide a safe, secure and comfortable environment where academic success, as well as the social, emotional, spirtual, physical and cultural development of each resident, is facilitated 2 Bookstore The College also operates an on-campus bookstore where students can purchase textbooks, study aids, electronics, software, stationery, and related hard goods 3 Food Services/Cafeteria The College operates an on-campus cafeteria that is committed to providing quality and nutritious food with exceptional service Resident students and commuters may participate in the full Meal Plan offered at Iona College

4c	(Code ) (Expenses \$ 19,299,326 including grants of \$ 0 ) (Revenue \$ 0 )
	Other academic and student support activities are provided for enrolled students and in support of faculty scholarship consistent with standards established by the New York State Education Department, the Commission on Higher Education of the Middle States Association of Schools and Colleges and best practices in Amecan higher education These include fully staffed and operational libraries, a career development center, counseling center, health services center, IT support center, faculty training center, tutoring and academic support center, campus ministries office, athletics department, and student development office servicing clubs, student government, student media, and student recreation

4d	Other program services (Describe in Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )

4e	Total program service expenses \$ 103,447,153
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Part IV

Checklist of Required Schedules

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	<b>3</b>	No
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	<b>4</b>	No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	<b>5</b>	
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I.</i>	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	<b>8</b> Yes	
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV.</i>	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	<b>10</b> Yes	
<b>11</b> If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	<b>11a</b> Yes <b>11b</b> Yes <b>11c</b> <b>11d</b> <b>11e</b> Yes <b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>	<b>12a</b> Yes <b>12b</b>	No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	<b>13</b> Yes	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? <b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<b>14a</b> <b>14b</b>	No No
<b>15</b> 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 ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	<b>15</b>	No
<b>16</b> 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 ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	<b>18</b> Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	<b>19</b> Yes	
<b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> <b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	<b>20a</b> <b>20b</b>	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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21		No
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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	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? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<div>Part V</div> <div>Statements Regarding Other IRS Filings and Tax Compliance</div>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	179
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	1,979
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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?	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	Yes
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes
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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?			
14a			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	No

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.  
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management			Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b> 33		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b> 32		
<b>2</b>	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? . . . . .	<b>2</b>		No
<b>3</b>	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? . . . . .	<b>3</b>		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		No
<b>6</b>	Does the organization have members or stockholders? . . . . .	<b>6</b>		No
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>		No
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .			
<b>a</b>	The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b>	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 . . . . .	<b>9</b>		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>		No
<b>b</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? . . . . .	<b>10b</b>		
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .			
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	Yes	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes	
<b>15</b>	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? . . . . .			
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	Yes	
<b>b</b>	Other officers or key employees of the organization . . . . .	<b>15b</b>	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) . . . . .			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>		No
<b>b</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? . . . . .	<b>16b</b>		

Section C. Disclosure	
<b>17</b>	List the States with which a copy of this Form 990 is required to be filed▶
<b>18</b>	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
<b>19</b>	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.
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ ANDREW MCDERMOTT 715 NORTH AVENUE MCSPEDON HALL NEW ROCHELLE, NY 10801 (914) 633-2008

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

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

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]



## Part VII

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								2,257,066	0	324,970

**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 ▶69

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b> Yes	
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b> Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	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
DARLIND CONSTRUCTION 1540 ROUTE 55 PO BOX 130 LAGRANGEVILLE, NY 12540	CONSTRUCTION	1,400,870
Chartwells Dining Services 175 Sunnyside Boulevard CHICAGO, IL 60693	FOOD SERVICE	2,714,945
Hennessey Construction Co Inc PO Box 189 14 Oak Street CLOSTER, NJ 07624	Construction	1,425,818
re think group 700 Canal Street 5th Floor STAMFORD, CT 06902	Publication/advertis	811,250
Platzner International Group Ltd PO Box 111 Wykagyl Station NEW ROCHELLE, NY 10804	Rental Services	743,959
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>21</b>		

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	966,704			
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions)	1e	1,884,901			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,004,841			
	g	Noncash contributions included in lines 1a-1f \$		579,220			
	h	Total. Add lines 1a-1f . . . . .		7,856,446			
	Program Service Revenue	2a	Business Code				
		TUITION AND FEES	900099	107,904,861	107,904,861		
b		ROOM AND BOARD (& OTHER STUDENT CHARGES)	611710	14,054,574	14,054,574		
c		CAFETERIA	611710	704,785		704,785	
d		BOOKSTORE	611710	127,242		127,242	
e		VENDING COMMISSIONS	611710	70,227		70,227	
f		All other program service revenue					
g		Total. Add lines 2a-2f . . . . .		122,861,689			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		944,192		944,192	
	4	Income from investment of tax-exempt bond proceeds . .		0			
	5	Royalties . . . . .		78,286		78,286	
	6a	(i) Real					
		185,292					
		(ii) Personal					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . .		185,292		185,292	
	7a	(i) Securities					
		(ii) Other					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . .		0			
	8a	Gross income from fundraising events (not including \$ 966,704 of contributions reported on line 1c) See Part IV, line 18 . . . . .		272,880			
		a					
		b					
	b	Less direct expenses . . . . .		617,933			
	c	Net income or (loss) from fundraising events . .			-345,053		-345,053
9a	Gross income from gaming activities See Part IV, line 19 . .		30,300				
	b		21,405				
	c						8,895
10a	Gross sales of inventory, less returns and allowances . .						
	a						
	b						
b	Less cost of goods sold . . . . .						
c	Net income or (loss) from sales of inventory . .			0			
Miscellaneous Revenue			Business Code				
11a	AQUATICS CLUB		713940	308,758	308,758		
	b		713940	443,919	443,919		
	c		611710	350,701	350,701		
	d			340,771	308,011	14,950	17,810
	e			1,444,149			
12	Total revenue. See Instructions . . . . .			133,033,896	122,618,147	767,627	1,791,676

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	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	36,056,895	36,056,895		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	1,446,672	638,454	736,043	72,175
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages	40,898,208	33,355,531	6,303,315	1,239,362
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	2,307,869	1,847,312	386,457	74,100
9	Other employee benefits . . . . .	7,973,449	6,382,272	1,335,170	256,007
10	Payroll taxes . . . . .	2,949,007	2,360,505	493,817	94,685
a	Fees for services (non-employees)				
	Management . . . . .	0			
b	Legal . . . . .	583,232	10,143	573,089	
c	Accounting . . . . .	213,130		213,130	
d	Lobbying . . . . .	0			
e	Professional fundraising services See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	104,033		104,033	
g	Other . . . . .	2,694,870	647,113	2,003,245	44,512
12	Advertising and promotion . . . . .	1,801,610	818,741	823,080	159,789
13	Office expenses . . . . .	1,863,523	761,634	904,047	197,842
14	Information technology . . . . .	711,877	422,973	275,644	13,260
15	Royalties . . . . .	0			
16	Occupancy . . . . .	7,570,501	5,677,876	1,853,238	39,387
17	Travel . . . . .	1,388,735	1,294,323	49,585	44,827
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	105,125	75,887	27,934	1,304
20	Interest . . . . .	1,276,780	1,206,174	70,606	
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	5,103,158	4,205,002	865,695	32,461
23	Insurance . . . . .	1,080,001	414,586	665,415	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	FOOD SERVICE	4,308,059	4,142,376	139,925	25,758
b	ATHLETICS	1,352,370	1,325,516		26,854
c	ADVANCEMENT	206,122	76,562	16,942	112,618
d	STUDENT ACTIVITIES	642,157	642,157		
e	PROFESSIONAL DUES AND TRAINING	416,079	303,151	109,372	3,556
f	All other expenses	1,030,376	781,970	241,838	6,568
25	Total functional expenses. Add lines 1 through 24f	124,083,838	103,447,153	18,191,620	2,445,065
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
						Beginning of year		End of year
Assets	<b>1</b>	Cash—non-interest-bearing . . . . .				8,700	<b>1</b>	8,700
	<b>2</b>	Savings and temporary cash investments . . . . .				6,548,063	<b>2</b>	10,957,064
	<b>3</b>	Pledges and grants receivable, net . . . . .				3,961,303	<b>3</b>	3,442,480
	<b>4</b>	Accounts receivable, net . . . . .				596,332	<b>4</b>	483,862
	<b>5</b>	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees <i>Complete Part II of Schedule L</i> . . . . .					<b>5</b>	
	<b>6</b>	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) <i>Schedule L</i> . . . . .					<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .				2,166,584	<b>7</b>	1,946,998
	<b>8</b>	Inventories for sale or use . . . . .					<b>8</b>	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .				1,916,414	<b>9</b>	1,834,883
	<b>10a</b>	Land, buildings, and equipment <i>cost or other basis Complete Part VI of Schedule D</i> . . . . .	<b>10a</b>	182,855,186				
	<b>b</b>	Less accumulated depreciation . . . . .	<b>10b</b>	77,830,886		105,384,024	<b>10c</b>	105,024,300
	<b>11</b>	Investments—publicly traded securities . . . . .				93,163	<b>11</b>	122,793
	<b>12</b>	Investments—other securities <i>See Part IV, line 11</i> . . . . .				45,832,905	<b>12</b>	57,844,351
	<b>13</b>	Investments—program-related <i>See Part IV, line 11</i> . . . . .					<b>13</b>	
	<b>14</b>	Intangible assets . . . . .					<b>14</b>	
	<b>15</b>	Other assets <i>See Part IV, line 11</i> . . . . .				2,787,341	<b>15</b>	2,422,012
	<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .				169,294,829	<b>16</b>	184,087,443
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .				6,265,824	<b>17</b>	6,794,325
	<b>18</b>	Grants payable . . . . .					<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .				3,926,900	<b>19</b>	4,212,046
	<b>20</b>	Tax-exempt bond liabilities . . . . .				27,088,453	<b>20</b>	25,933,899
	<b>21</b>	Escrow or custodial account liability <i>Complete Part IV of Schedule D</i> . . . . .					<b>21</b>	
	<b>22</b>	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .					<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .					<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .					<b>24</b>	
	<b>25</b>	Other liabilities <i>Complete Part X of Schedule D</i> . . . . .				13,842,462	<b>25</b>	13,419,184
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .				51,123,639	<b>26</b>	50,359,454
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>							
	<b>27</b>	Unrestricted net assets . . . . .				94,219,282	<b>27</b>	106,352,740
	<b>28</b>	Temporarily restricted net assets . . . . .				9,215,013	<b>28</b>	12,347,759
	<b>29</b>	Permanently restricted net assets . . . . .				14,736,895	<b>29</b>	15,027,490
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>							
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .					<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .					<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .					<b>32</b>	
	<b>33</b>	Total net assets or fund balances . . . . .				118,171,190	<b>33</b>	133,727,989
	<b>34</b>	Total liabilities and net assets/fund balances . . . . .				169,294,829	<b>34</b>	184,087,443

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	133,033,896
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	124,083,838
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	8,950,058
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	118,171,190
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	6,606,741
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	133,727,989

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	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	Yes	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	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?	Yes	
<b>b</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	Yes	

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

2010

Open to Public  
Inspection

Name of the organization IONA COLLEGE	Employer identification number 13-3508093
--	--

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 described in **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?  

(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)

☐

Yes

☐

No

(ii)

a family member of a person described in (i) above?

11g(ii)

☐

Yes

☐

No

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

11g(iii)

☐

Yes

☐

No

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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2010

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (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 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section 501(c)(3) organization, check this box and <b>stop here</b> 						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2009 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2010. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 			
b 33 1/3% support tests—2009. 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 <b>stop here</b> . 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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

2010

Open to Public Inspection

<b>Name of the organization</b> IONA COLLEGE	<b>Employer identification number</b> 13-3508093
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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.

	<b>(a)</b> Donor advised funds	<b>(b)</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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

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

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

▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

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 Educational instruction

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
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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 . . . . .	39,115,043	30,181,581	29,647,626	
b	Contributions . . . . .	3,312,012	6,600,330	5,469,739	
c	Investment earnings or losses . . . . .	7,427,259	2,630,489	-3,594,294	
d	Grants or scholarships . . . . .	154,660	102,200	170,920	
e	Other expenditures for facilities and programs . . . . .	0	119,286	1,114,172	
f	Administrative expenses . . . . .	104,033	75,871	56,398	
g	End of year balance . . . . .	49,595,621	39,115,043	30,181,581	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 61 940 %

b

Permanent endowment ▶ 30 300 %

c

Term endowment ▶ 7 760 %

3a

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

(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

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 . . . . .		2,512,212		2,512,212
b Buildings . . . . .		131,331,312	47,526,820	83,804,492
c Leasehold improvements . . . . .		13,986,457	5,287,988	8,698,469
d Equipment . . . . .		31,541,651	25,016,079	6,525,572
e Other . . . . .		3,483,555	0	3,483,555
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				105,024,300



Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	133,033,896
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	124,083,838
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	8,950,058
4	Net unrealized gains (losses) on investments	4	6,606,741
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	6,606,741
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	15,556,799

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements . . . . .	1	105,016,047
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	6,606,741
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	1,536,338
e	Add lines 2a through 2d . . . . .	2e	8,143,079
3	Subtract line 2e from line 1 . . . . .	3	96,872,968
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	104,033
b	Other (Describe in Part XIV) . . . . .	4b	36,056,895
c	Add lines 4a and 4b . . . . .	4c	36,160,928
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	133,033,896

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	89,459,248
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	1,536,338
e	Add lines 2a through 2d . . . . .	2e	1,536,338
3	Subtract line 2e from line 1 . . . . .	3	87,922,910
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	104,033
b	Other (Describe in Part XIV) . . . . .	4b	36,056,895
c	Add lines 4a and 4b . . . . .	4c	36,160,928
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	124,083,838

Part XIVSupplemental 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
ENDOWMENT FUNDS	FORM 990, SCHEDULE D, PART V	The College's endowment fund is intended to support its educational mission. Permanent endowment funds are intended to fund student scholarships, faculty support and facility enhancements, quasi endowment funds are reserved to satisfy the College's debt covenants and other strategic initiatives. The College intends on keeping the endowment principal untouched, while using its earnings to satisfy the abovementioned objectives.
INCOME TAXES	Form 990, Schedule D, Part X, Line 2	Iona College is a tax-exempt organization as described in Section 501(c)(3) of the Internal revenue Code ("the Code"), and is generally exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. The College has processes presently in place to ensure the maintenance of its tax-exempt status. The College recognizes the effect of income tax provisions only if those positions are more likely than not of being sustained. However, as of June 30, 2011 and 2010, no provision for income taxes was determined to be necessary in the financial statements. The College is, however, subject to federal and state income tax on unrelated business income, and a provision for such taxes is included in the accompanying financial statements.
reconciliation of revenue	Form 990, Schedule D, Part XII	Line 2d Special events expenses (reclass to revenue) \$617,933 Gaming Expenses (reclassified to revenue) \$21,405 Postretirement related changes 897,000 ----- Total Line 2d \$1,536,338 Line 4b Scholarships \$36,056,895
reconciliation of expenses	Form 990, Schedule D, Part XIII	Line 2d Special events expenses (reclass to revenue) \$617,933 Gaming Expenses (reclassified to revenue) \$21,405 Postretirement Benefit Expense \$897,000 Total Line 2d \$1,536,338 Line 4b Scholarships \$36,056,895
Schedule D, part III		Iona College operates a public gallery near its campus that is open to both students and to the general public, free of charge. The College does not own any of the artwork exhibited in this gallery but receives these pieces for public exhibition. The gallery is intended as a vehicle to increase public appreciation of art and to enhance the student educational experience.

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

2010

Open to Public  
Inspection

Name of the organization  
IONA COLLEGE

Employer identification number

13-3508093

Part I

- 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?
- 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?
- 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II

- 4 Does the organization maintain the following?
- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered "No" to any of the above, please explain If you need more space, use Part II

- 5 Does the organization discriminate by race in any way with respect to
- a Students' rights or privileges?

b Admissions policies?

c Employment of faculty or administrative staff?

d Scholarships or other financial assistance?

e Educational policies?

f Use of facilities?

g Athletic programs?

h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain If you need more space, use Part II

- 6a Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Part II

- 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

YES NO

1

Yes

2

Yes

3

Yes

4a

Yes

4b

No

4c

Yes

4d

Yes

5a

No

5b

No

5c

No

5d

No

5e

No

5f

No

5g

No

5h

No

6a

Yes

6b

No

7

Yes

**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
Form 990, Schedule E, Line 3		The organization publishes its racially nondiscriminatory policy on the web at <a href="http://www.iona.edu/ombuds">www.iona.edu/ombuds</a> . The college also publishes its nondiscriminatory policy in student handbooks. Form 990, Schedule E, Line 4b Ethnic background is an optional question on the admissions application. If students provide the information it is entered into Peoplesoft. This data is also kept on employees where provided. Admissions decision letters are maintained in student files and are kept in SFS. The college communications department maintains blueprints on file of any admissions brochures and outsources, and the duplications department maintains copies of any brochure, poster, etc. that has been created internally. Form 990, Schedule E, Line 6A The College receives both federal and state funding for student loans. The college administers the New York State Tuition Assistance Program (TAP) and the Pell Grants program, a federally funded Title IV program.

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

2010

Open to Public  
Inspection

Name of the organization  
IONA COLLEGE

Employer identification number  
13-3508093

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations

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 services?

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

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.



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	(b) Event #2	(c) Other Events	(d) Total Events
		<u>Dinner Dance</u> (event type)	<u>Winged Foot</u> (event type)	<u>0</u> (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	981,244	258,340	1,239,584
	2	Less Charitable contributions . . . .	777,804	188,900	966,704
	3	Gross income (line 1 minus line 2) . . . .	203,440	69,440	272,880
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .	270,128	81,785	351,913
	7	Food and beverages . . . .			
	8	Entertainment . . . .	30,870		30,870
	9	Other direct expenses . . . .	143,028	92,122	235,150
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			617,933
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶			-345,053

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 . . . . .		30,300	30,300
	2	Cash prizes . . . . .		21,055	21,055
Direct Expenses	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .		350	350
	6	Volunteer labor . . . . .	<div><input type="checkbox"/> Yes % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes % <input type="checkbox"/> No</div>
7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					21,405
8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶					8,895

9 Enter the state(s) in which the organization operates gaming activities See Additional Data TableNY

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☒ Yes ☐ No

b If "No," Explain \_\_\_\_\_

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

b If "Yes," Explain \_\_\_\_\_

11

Does the organization operate gaming activities with nonmembers?

☒ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☒ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	100.000 %
b	An outside facility	13b	

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name Andrew McDermott

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☒ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

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?

☐ Yes ☒ No

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 \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
Schedule G, Part II, Line 6		All food and beverages costs associated with both the Dinner Dance and the Winged Foot event are reported in the facility costs on Line 6 of Schedule G, Part II

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
IONA COLLEGE

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

2010

Open to Public  
Inspection

Employer identification number

13-3508093

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. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (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

2

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

▶

3

Enter total number of other organizations . . . . .

▶

Part IIIGrants 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
(1) SCHOLARSHIPS	3245	36,056,895			

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

Identifier	Return Reference	Explanation
Description of Grants and Assistance	FORM 990, SCHEDULE I, PART 1, LINE 2	Iona College gives aid to students in two forms Merit aid and need based aid The amount of merit aid a student receives is based on a calculated academic index that is derived from their GPA and SAT scores Need based aid is determined from the student EFC Students are given these awards upon acceptance to the College and the awards are renewed on an annual basis assuming the student meets the required cumulative GPA and their need as determined by the FAFSA has not changed All scholarships issued by the College are intended to be used to defray tuition costs and enable students to matriculate in Iona College, the student has no discretion on how to expend those funds Accordingly, the College does not formally monitor the use of the scholarship funds since it is required that such funds be used to offset tuition costs

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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.

Name of the organization IONA COLLEGE	Employer identification number 13-3508093
--	--

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel		
<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account		
<input checked="" type="checkbox"/> 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 or provision 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		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed 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 from the organization or a related organization?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
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 Yes	
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in 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 duplicate copies if additional space is needed.

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

**Note.** The sum of columns (B)(i)-(iii) 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				
(1) Br James A Liguori CFC	(i)	136,712	0	14,884	14,272	6,187	172,055	0
	(ii)	0	0	0	0	0	0	0
(2) Warren Rosenberg	(i)	208,088	0	18,278	21,275	18,615	266,256	0
	(ii)	0	0	0	0	0	0	0
(3) Kelli Hudson	(i)	136,130	30,000	3,508	10,634	11,847	192,119	0
	(ii)	0	0	0	0	0	0	0
(4) Jonathan Ivec	(i)	158,780	0	9,003	7,357	11,508	186,648	0
	(ii)	0	0	0	0	0	0	0
(5) Vincent Calluzzo	(i)	163,860	0	40,347	19,036	17,314	240,557	0
	(ii)	0	0	0	0	0	0	0
(6) Brian Nickerson	(i)	171,942	0	13,132	8,758	12,563	206,395	0
	(ii)	0	0	0	0	0	0	0
(7) Joanne Laughlin Steele	(i)	153,508	0	12,380	16,797	18,438	201,123	0
	(ii)	0	0	0	0	0	0	0
(8) Dimitris Halaris	(i)	157,937	0	6,218	16,432	20,989	201,576	0
	(ii)	0	0	0	0	0	0	0
(9) Kurt Engemann	(i)	161,361	0	22,762	13,466	660	198,249	0
	(ii)	0	0	0	0	0	0	0
(10) Ronald Yager	(i)	156,091	0	20,046	12,149	12,386	200,672	0
	(ii)	0	0	0	0	0	0	0
(11) Patrick Lyons	(i)	151,962	0	11,399	12,321	777	176,459	0
	(ii)	0	0	0	0	0	0	0
(12) Nicholas Beutell	(i)	146,971	0	16,739	14,185	18,384	196,279	0
	(ii)	0	0	0	0	0	0	0
(13) Kevin Willard	(i)	131,622	0	3,406	3,075	5,545	143,648	0
	(ii)	0	0	0	0	0	0	0
( 14 )								
( 15 )								
( 16 )								

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
COMPENSATION INFORMATION	FORM 990, SCHEDULE J	LINE 1A The President of the College is a member of a religious order and his compensation is usually remit directly to the Order. The President is provided housing in close proximity to the campus, the value of that housing is not included in his taxable income as his presence on the campus is required as a condition of his employment. The College, likewise, pays social club dues for the President. The President uses the social club exclusively for business purposes and the value of the club dues is reported in the nontaxable benefits column on Schedule J. The President occasionally receives personal services (e.g., chauffeur services). LINE 1B Any expenses incurred by the President with respect to his housing allowance and/or his social club dues are submitted for reimbursement to the Finance office via a check request. THE CHECK REQUEST NEEDS THE APPROVAL OF THE APPROPRIATE PERSON (VP FINANCE IN THIS CASE) BEFORE BEING SUBMITTED TO ACCOUNTS PAYABLE FOR PROCESSING. THE DRIVER IN THIS CASE IS AN IONA COLLEGE EMPLOYEE AND THE STIPEND HE RECEIVES FOR DRIVING IS INCLUDED IN HIS PAYCHECK AND APPROVED BY THE DIRECTOR OF HUMAN RESOURCES.
Form 990, Schedule J, Part I, Line 7		Only one officer, director, trustee or key employee received a bonus in fiscal year 2010. VP for Finance and Administration, Kelli Hudson, received a \$30,000 bonus prior to her separation from service from the College. The bonus was authorized and approved by the President.

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

2010

Open to Public Inspection

Name of the organization  
IONA COLLEGE

Employer identification number  
13-3508093

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts						
1 Art—Works of art . . . .										
2 Art—Historical treasures										
3 Art—Fractional interests										
4 Books and publications										
5 Clothing and household goods . . . . .										
6 Cars and other vehicles .										
7 Boats and planes . . . .										
8 Intellectual property . .										
9 Securities—Publicly traded	X	16	579,220	OTHER						
10 Securities—Closely held stock . . . . .										
11 Securities—Partnership, LLC, or trust interests .										
12 Securities—Miscellaneous										
13 Qualified conservation contribution—Historic structures . . . . .										
14 Qualified conservation contribution—Other . .										
15 Real estate—Residential .										
16 Real estate—Commercial										
17 Real estate—Other . .										
18 Collectibles . . . . .										
19 Food inventory . . . . .										
20 Drugs and medical supplies										
21 Taxidermy . . . . .										
22 Historical artifacts . .										
23 Scientific specimens . .										
24 Archeological artifacts .										
25 Other ► ( )										
26 Other ► ( )										
27 Other ► ( )										
28 Other ► ( )										
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . .			29							
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? . . . . .				<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>30a</td><td></td><td>No</td></tr></table>		Yes	No	30a		No
	Yes	No								
30a		No								
b If "Yes," describe the arrangement in Part II				<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>31</td><td>Yes</td><td></td></tr></table>		Yes	No	31	Yes	
	Yes	No								
31	Yes									
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>32a</td><td>Yes</td><td></td></tr></table>		Yes	No	32a	Yes	
	Yes	No								
32a	Yes									
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .				<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>33</td><td></td><td></td></tr></table>		Yes	No	33		
	Yes	No								
33										
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
Schedule M, Question 32a	FORM 990, SCHEDULE M	To the extent that Iona College receives any noncash contributions of marketable securities, the College's investment advisors are tasked with disposing of the securities

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization IONA COLLEGE	Employer identification number 13-3508093
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Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 11		The Form 990 was prepared by a nationally renowned accounting firm in conjunction with the organization's financial department. A copy of the draft Form 990 was circulated to the full Board of Trustees for discussion and comment. Each Board Member was provided ample opportunity to comment on the information contained in the 990 prior to its electronic filing with the Internal Revenue Service.

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 12		Each trustee of the College is required to annually disclose any conflicts of interest that arise by virtue of their employment, board service, or position with the College. The College monitors compliance with its conflict of interest policy through an annual questionnaire/disclosure statement that is distributed to these individuals. Potential conflicts are investigated immediately. In an effort to comply with the requirements of increased transparency and disclosure required by the Form 990, The College is in the process of amending its Conflict of Interests Policy to broaden its applicability to officers, directors and key employees.

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 15		The College undertakes a thorough process to ensure that the executive compensation it pays to its top management official and all of its officers and key employees is reasonable given the market in which the College operates. In relevant part, the Board of Directors has established a Compensation Committee of independent persons that have no personal interest in the proposed compensation agreement.

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 19		The taxpayer makes its Form 990 available to the public by retaining a copy at its place of business and is available upon request. The Form 990 is likewise published on the internet at <a href="http://www.guidestar.org">www.guidestar.org</a> . The organization's financial statements, governing documents and conflict of interest policy are not ordinarily made available to the public, but, if requested, will be provided at management's discretion.

Identifier	Return Reference	Explanation
Form 990, Part IV, Line 4 & Schedule C		Iona College does not undertake any direct lobbying activities, however, the College is a dues-paying member in various college and higher education professional associations by virtue of its membership in these associations, the college may undertake some indirect lobbying activities as a portion of its membership dues may be used to fund higher education advocacy endeavors the college has not received notification from the associations of its allocable share of non-deductible lobbying expenditures, accordingly the college has not disclosed any amounts on schedule c this disclosure in schedule o is offered in the interests of full disclosure

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 5		Unrealized Gains on Investments - \$6,606,741 ----- ---- Total Change in Net Assets - 6,606,741

Additional Data

Software ID:  
Software Version:  
EIN: 13-3508093  
Name: IONA 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			
Br James A Liguori CFC Trustee and president	40 0	X		X				151,596	0	20,459
James Hynes Chairperson	1 0	X		X				0	0	0
Stephen Reitano Secretary	1 0	X		X				0	0	0
Michael Beckerich Trustee	1 0	X						0	0	0
David Brown Trustee	1 0	X						0	0	0
Linda Bruno Trustee	1 0	X						0	0	0
Ronald DeFeo Trustee	1 0	X						0	0	0
Andrew Dolce Trustee	1 0	X						0	0	0
Richard Franchella Trustee	1 0	X						0	0	0
Theresa Gottlieb Trustee	1 0	X						0	0	0
Julia Considine Greinfeld Trustee	1 0	X						0	0	0
Robert Grubert Trustee	1 0	X						0	0	0
Thomas Hales Trustee	1 0	X						0	0	0
Alice Hoersch Trustee	1 0	X						0	0	0
Kathleen Hurlie Trustee	1 0	X						0	0	0
Robert LaPenta Trustee	1 0	X						0	0	0
Bartley Livolsi Trustee	1 0	X						0	0	0
Patrick Lynch Trustee	1 0	X						0	0	0
Br James MacDonald CFC Trustee	1 0	X						0	0	0
Phillip Maisano Trustee	1 0	X						0	0	0
David McCabe Trustee	1 0	X						0	0	0
J Riley McDonough Trustee	1 0	X						0	0	0
JoAnn Murphy Trustee	1 0	X						0	0	0
Br Lawrence Murphy CFC Trustee	1 0	X						0	0	0
Br Hugh O'Neill CFC Trustee	1 0	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			
Kamini Pahuja Trustee	1 0	X						0	0	0
Peter Riguardi Trustee	1 0	X						0	0	0
Armando Rodriguez Trustee	1 0	X						0	0	0
Charles Schoenherr Trustee	1 0	X						0	0	0
Raymond Vercruysse Trustee	1 0	X						0	0	0
Brian Walsh Trustee	1 0	X						0	0	0
Lawrence Wills Trustee	1 0	X						0	0	0
Br John Driscoll Trustee (through 09/2010)	1 0	X						0	0	0
Helen Lafferty Trustee (through 01/2011)	1 0	X						0	0	0
Mike Hegerty Trustee (as of 04/2011)	1 0	X						0	0	0
Warren Rosenberg Provost and VP for Academics	40 0			X				226,366	0	39,890
Kelli Hudson VP for finance and admin	40 0			X				169,638	0	22,481
Jonathan Ivec VP for Finance & Admin	40 0			X				167,783	0	18,865
Vincent Calluzzo Dean, Hagan School of Business	40 0				X			204,207	0	36,350
Brian Nickerson Dean, School of A&S	40 0				X			185,074	0	21,321
Joanne Laughlin Steele Provost for IT	40 0				X			165,888	0	35,235
Dimitris Halaris Assoc Vice Provost for IT	40 0					X		164,155	0	37,421
Kurt Engemann Professor	40 0					X		184,123	0	14,126
Ronald Yager Prof of Information Systems	40 0					X		176,137	0	24,535
Patrick Lyons Athletic Director	40 0					X		163,361	0	13,098
Nicholas Beutell Prof of Mgmt & Business Admin	40 0					X		163,710	0	32,569
Kevin Willard Basketball Coach	0 0						X	135,028	0	8,620