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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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

C Name of organization
Marist College

Doing Business As

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

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

D Employer identification number
14-1442493

E Telephone number
(845) 575-3000

G Gross receipts $ 271,084,967

F Name and address of principal officer
Dennis J Murray President
3399 North Road
Poughkeepsie, NY 12601

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

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

H(c) Group exemption number ▶

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

J Website: ▶ marist edu

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1946 | **M** State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
MARIST IS DEDICATED TO HELPING STUDENTS DEVELOP THE INTELLECT, CHARACTER AND SKILLS REQUIRED FOR ENLIGHTENED, ETHICAL, AND PRODUCTIVE LIVES IN THE GLOBAL COMMUNITY OF THE 21ST CENTURY

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	29
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	27
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	3,687
6	Total number of volunteers (estimate if necessary)	**6**	199
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	283,501
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-13,894

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	9,178,866	8,301,820
9	Program service revenue (Part VIII, line 2g)	177,633,208	184,406,332
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,388,412	5,228,393
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,877,267	3,221,352
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	196,077,753	201,157,897
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	38,288,159	40,985,940
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	81,890,419	83,592,897
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,249,458		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	55,977,887	56,940,648
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	176,156,465	181,519,485
19	Revenue less expenses Subtract line 18 from line 12	19,921,288	19,638,412

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	458,016,639	457,992,335
21	Total liabilities (Part X, line 26)	156,504,299	135,006,099
22	Net assets or fund balances Subtract line 21 from line 20	301,512,340	322,986,236

Part II Signature Block

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

Sign Here

****** | 2013-05-13
Signature of officer | Date

JOHN PECCHIA VP of B A /CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
GRANT THORNTON
666 THIRD AVENUE
NEW YORK, NY 100174011

EIN ▶

Phone no ▶ (212) 599-0100

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

MARIST COLLEGE ("MARIST") IS A COMPREHENSIVE, LIBERAL ARTS-BASED INSTITUTION WITH ITS 168 ACRE MAIN CAMPUS IN THE HUDSON RIVER VALLEY OF NEW YORK, A BRANCH CAMPUS IN FLORENCE, ITALY, THE RAYMOND A RICH INSTITUTE FOR LEADERSHIP DEVELOPMENT IN ESOPUS, NY, EXTENSION CENTERS THROUGHOUT NEW YORK, AND EDUCATIONAL OFFERINGS AROUND THE WORLD THROUGH ITS ONLINE PROGRAMS MARIST IS DISTINGUISHED BY ITS HIGH- QUALITY FACULTY, INNOVATIVE PROGRAM OFFERINGS, BEAUTIFUL CAMPUS, AND A TECHNOLOGICAL PLATFORM THAT IS COMPARABLE TO THE BEST RESEARCH UNIVERSITIES IN THE WORLD FOR THE 10TH YEAR IN A ROW, MARIST WAS NAMED ONE OF "THE 377 BEST COLLEGES" IN AMERICA BY THE PRINCETON REVIEW, WHICH ALSO NAMED MARIST'S SCHOOL OF MANAGEMENT ONE OF "THE TOP 294 BUSINESS SCHOOLS", AND MARIST'S STUDY ABROAD PROGRAM ONE OF THE "TOP 20 MOST POPULAR STUDY ABROAD PROGRAMS " IN ADDITION, KIPLINGER'S PERSONAL FINANCE MAGAZINE AGAIN NAMED MARIST ONE OF THE "BEST VALUES" IN PRIVATE COLLEGE EDUCATION IN THE U S MARIST WAS N

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 137,246,116 including grants of $ 40,985,940) (Revenue $ 147,943,906)

Marist College is a highly selective, comprehensive liberal arts-based institution noted for its leadership in the use of technology in and out of the classroom Marist is chartered by the State of New York and fully accredited by the Middle States Commission on Higher Education (MSCHE) Marist's student body is comprised of 5,442 undergraduate students and 861 graduate students with 43 bachelor's programs, 12 master's programs and 22 certificate programs Founded in 1929, Marist's 228-acre campus overlooks the Hudson River in the heart of the historic Hudson Valley and is situated midway between New York City and Albany, the state capital What started as a school for the training of future Marist Brothers has developed into one of the most selective colleges in the nation Marist is ecumenical in character and reflects the ideals of the Marist Brothers' founder, St Marcellin Champagnat commitment to excellence in education, the importance of community, and dedication to the principle of service Marist is dedicated to the development of the whole person in a way that will prepare our graduates to lead enlightened, ethical, and productive lives in the global community of the 21st century

4b (Code) (Expenses $ 29,722,741 including grants of $) (Revenue $ 36,462,426)

Marist College provides a variety of auxiliary services to both its students and employees in support of its educational mission As part of the student experience, Marist offers a variety of college housing to over 3,200 students in corridor, suite, apartment, and townhouse-style residences The residential life program at Marist is based upon the philosophy of providing students with a safe, healthy, and attractive living environment that supports and supplements the educational mission of the College Students are housed using a "rites of passage" philosophy, which recognizes that a student's development should be supported by his/her living environment Another large auxiliary function includes food service through both a resident and retail dining program The main resident dining operation provides food on a daily basis to over 1,500 participants The campus's six retail cafes, catering to an additional 1,800 participants, offer a wide selection of hot and cold drinks, soups, salads, sandwiches, and snacks The campus dining experience is focused on culinary expertise, fresh local and regional ingredients, healthy options, and a shared sense of environmental and social responsibility Other campus auxiliary services include a bookstore, computer store, and a campus/community debit card account known as Marist Money Throughout all of the College's auxiliary services, an emphasis is placed on promoting sustainable practices where applicable and include, but are not limited to, educating faculty, staff, and students about the impact of their actions on the environment, identifying, establishing, and publicizing sustainability principles, goals, and best practices, providing a framework for guiding sustainable procedures, programs, and initiatives, and monitoring and reporting progress on campus sustainability initiatives

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

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

4e **Total program service expenses** ▶ $ 166,968,857

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

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

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	338		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	3,687			
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 or securities account)?			**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶ SP , IT 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**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization 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?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	29		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	27		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

JOHN PECCHIA CFO VP OF BA
3399 NORTH ROAD
POUGHKEEPSIE, NY 12601
(845) 575-3000

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								5,641,743	0	606,743

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 73

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO INC AND AFFILIATES	FOOD SERVICE	7,275,489
RESIDENCE INN	STUDENT HOUSING	1,624,541
ROBERT AM STERN ARCHITECTS	ARCHITECTS	1,854,500
KIRCHHOFF CONSIGLI	CONSTRUCTION	7,036,926
CASLER MASONRY INC	MASON	1,551,941

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 83

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	16,511			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	3,585,875			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,699,434			
	g	Noncash contributions included in lines 1a-1f $ 287,450					
	h	**Total.** Add lines 1a-1f		8,301,820			
Program Service Revenue			Business Code				
	2a	TUITION & FEES	611710	147,943,906	147,943,906		
	b	ROOM & BOARD	721310	36,462,426	36,462,426		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		184,406,332			
	3	Investment income (including dividends, interest and other similar amounts)		2,664,755			2,664,755
	4	Income from investment of tax-exempt bond proceeds		463			463
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	72,405,661	20,943			
	b	Less cost or other basis and sales expenses	69,263,872	599,557			
	c	Gain or (loss)	3,141,789	-578,614			
	d	Net gain or (loss)			2,563,175			2,563,175
Other Revenue	8a	Gross income from fundraising events (not including $ 16,511 of contributions reported on line 1c) See Part IV, line 18	a 40,867				
	b	Less direct expenses	b 44,378				
	c	Net income or (loss) from fundraising events		-3,511			-3,511
	9a	Gross income from gaming activities See Part IV, line 19	a 107,789				
	b	Less direct expenses	b 19,263				
	c	Net income or (loss) from gaming activities		88,526			88,526
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	STUDENT CLUB ACTIVITIES	900099	1,371,512			1,371,512
	b	ATHLETICS	611600	1,029,394			1,029,394
	c	SUMMER CAMP ACTIVITIES	611600	283,501		283,501	
	d	All other revenue		451,930			451,930
	e	**Total.** Add lines 11a–11d		3,136,337			
	12	**Total revenue.** See Instructions		201,157,897	184,406,332	283,501	8,166,244

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	40,985,940	40,985,940		
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	4,982,040	738,980	3,650,804	592,256
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	55,237,316	53,189,913	1,165,071	882,332
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,477,544	5,711,946	674,256	91,342
9	Other employee benefits	12,310,804	11,275,438	868,745	166,621
10	Payroll taxes	4,585,193	3,948,565	561,339	75,289
11	Fees for services (non-employees)				
a	Management	6,954,432	6,729,077	81,143	144,212
b	Legal	618,685	28,514	590,171	
c	Accounting	386,300	310,838	75,462	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	416,760		416,760	
g	Other	1,569,756	1,235,386	311,761	22,609
12	Advertising and promotion	791,913	752,150	39,763	
13	Office expenses	4,882,827	4,126,518	605,218	151,091
14	Information technology	5,544,542	4,674,904	869,638	
15	Royalties . .	0			
16	Occupancy	7,705,969	7,371,536	310,790	23,643
17	Travel	3,549,928	3,242,606	270,991	36,331
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	912,176	834,301	73,268	4,607
20	Interest	3,586,579	3,121,186	449,985	15,408
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	10,557,790	9,856,055	701,735	
23	Insurance	1,155,833	964,219	191,614	
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	INTERNATIONAL STUDIES	3,355,658	3,355,158	500	
b	ATHLETICS	1,202,704	1,196,145	6,559	
c	HOSPITALITY	956,303	678,499	234,087	43,717
d	STUDENT MAINTENANCE EXPENSES	980,137	980,137		
e					
f	All other expenses	1,812,356	1,660,846	151,510	
25	**Total functional expenses.** Add lines 1 through 24f	181,519,485	166,968,857	12,301,170	2,249,458
26	**Joint costs.** Check here ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		15,046,284	1	12,139,648
	2	Savings and temporary cash investments		33,292,791	2	39,764,288
	3	Pledges and grants receivable, net		5,710,303	3	2,631,703
	4	Accounts receivable, net		6,057,785	4	4,449,723
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		60,467	5	52,975
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		6,118,119	7	5,869,738
	8	Inventories for sale or use		377,377	8	351,352
	9	Prepaid expenses and deferred charges		2,832,199	9	2,417,816
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 376,774,959			
	b	Less accumulated depreciation	10b 136,991,591	231,190,992	10c	239,783,368
	11	Investments—publicly traded securities		138,025,621	11	136,464,977
	12	Investments—other securities See Part IV, line 11		10,877,734	12	10,637,947
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		8,426,967	15	3,428,800
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		458,016,639	16	457,992,335
Liabilities	17	Accounts payable and accrued expenses		18,924,732	17	16,342,130
	18	Grants payable		0	18	0
	19	Deferred revenue		6,761,416	19	6,786,143
	20	Tax-exempt bond liabilities		92,309,992	20	85,670,509
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		44,582	24	23,148
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		38,463,577	25	26,184,169
	26	**Total liabilities.** Add lines 17 through 25		156,504,299	26	135,006,099
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		239,565,400	27	264,243,441
	28	Temporarily restricted net assets		37,153,116	28	33,694,436
	29	Permanently restricted net assets		24,793,824	29	25,048,359
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		301,512,340	33	322,986,236
	34	Total liabilities and net assets/fund balances		458,016,639	34	457,992,335

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	201,157,897
2	Total expenses (must equal Part IX, column (A), line 25)	2	181,519,485
3	Revenue less expenses Subtract line 2 from line 1	3	19,638,412
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	301,512,340
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,835,484
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	322,986,236

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Marist College

Employer identification number
14-1442493

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

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

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

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

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

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

_____

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

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

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

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

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

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

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

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

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Marist College

Employer identification number
14-1442493

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

		(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	44,454,456	39,159,130	29,991,135	30,178,049	
b	Contributions	572,432	777,180	7,771,725	840,568	
c	Investment earnings or losses	-1,462,091	4,921,221	1,597,729	-248,421	
d	Grants or scholarships	395,479	403,075	451,459	481,103	
e	Other expenditures for facilities and programs	280,474			261,958	
f	Administrative expenses			-250,000	36,000	
g	End of year balance	42,888,844	44,454,456	39,159,130	29,991,135	

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

- a Board designated or quasi-endowment ▶ 16 320 %
- b Permanent endowment ▶ 58 400 %
- c Term endowment ▶ 25 280 %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No

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

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	7,397,205		7,397,205
b Buildings	0	212,759,290	67,508,186	145,251,104
c Leasehold improvements		89,941,637	25,054,419	64,887,218
d Equipment		53,489,744	42,266,017	11,223,727
e Other		13,187,083	2,162,969	11,024,114
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				239,783,368

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
ACCRUED POST-RETIREMENT BENEFITS	8,577,334
CAPITAL LEASE OBLIGATIONS	1,157,103
ANNUITIES PAYABLE	528,684
US GOV'T GRANTS REFUNDABLE	5,264,139
OTHER LIABILITIES	10,656,909
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	26,184,169

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	201,157,897
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	181,519,485
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	19,638,412
4	Net unrealized gains (losses) on investments	4	-8,714,982
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	11,494,127
9	Total adjustments (net) Add lines 4 - 8	9	2,779,145
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	22,417,557

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

1	Total revenue, gains, and other support per audited financial statements			1	151,456,975
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-8,714,982		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	-8,714,982
3	Subtract line **2e** from line **1**			3	160,171,957
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	40,985,940		
c	Add lines **4a** and **4b**			4c	40,985,940
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	201,157,897

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

1	Total expenses and losses per audited financial statements			1	140,617,160
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	83,615		
e	Add lines **2a** through **2d**			2e	83,615
3	Subtract line **2e** from line **1**			3	140,533,545
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	40,985,940		
c	Add lines **4a** and **4b**			4c	40,985,940
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	181,519,485

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
PART XII, LINE 4B		SCHOLARSHIPS 40,958,940
PART XIII, LINE 4B		SCHOLARSHIPS 40,985,940
PART XI, LINE 8		FASB 158 ADJUSTMENT 17,583,685 CHANGE IN VALUE INTEREST RATE SWAP -5,300,952 MRPS DEPRECIATION -83,615 LOSS ON REDEMPTION OF BONDS -704,991
PART XIII, LINE 2D		MRPS DEPRECIATION 83,615
FIN 48 Disclosure	Part X, Line 2	Tax effects from an uncertain tax position are recognized in the consolidated financial statements only if the position is "more-likely-than-not" to be sustained if the position were to be challenged by a taxing authority The assessment of the tax position is based solely on the technical merits of the position, without regard to the likelihood that the position might be challenged The College is exempt from income tax under IRC Section 501(c)(3), though it is subject to tax on income unrelated to its exempt purposes, unless that income is otherwise excluded by the Code The tax years ending June 30, 2009, 2010, 2011 and 2012 are still open to audit for both Federal and State purposes

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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Marist College

Employer identification number
14-1442493

Part I

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

Part II 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
SCHEDULE E, LINE 3		The college publicizes its racially nondiscriminatory policy on its WEBSITE to make the policy known to all parts of the general community it serves
SCHEDULE E, LINE 6A		THE COLLEGE RECEIVES FINANCIAL AID AND OTHER GRANTS FROM FEDERAL AND STATE agencies

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Marist College

Employer identification number
14-1442493

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

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

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

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
Europe (Including Iceland and Greenland)	2	5	Program Services	Admin & Education	4,955,709
Central America and the Caribbean	0	0	Program Services	Educational	64,333
East Asia and the Pacific	0	0	Program Services	Educational	590,742
Sub-Saharan Africa	0	0	Program Services	Educational	78,748
Central America and the Caribbean	0	0	Investments	Hedge Funds	10,637,947
3a Sub-total	2	5			16,327,479
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	2	5			16,327,479

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

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

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

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

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Additional Data

Software ID:
Software Version:
EIN: 14-1442493
Name: Marist College

Part V **Supplemental Information**

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

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Marist College

Employer identification number
14-1442493

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising 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 RED FOX GOLF (event type)	(b) Event #2 ALUMNI GOLF (event type)	(c) Other Events 3 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	21,990	13,660	21,728	57,378
	2 Less Charitable contributions	7,295	2,825	6,391	16,511
	3 Gross income (line 1 minus line 2)	14,695	10,835	15,337	40,867
Direct Expenses	4 Cash prizes	1,600			1,600
	5 Non-cash prizes	2,936	1,477		4,413
	6 Rent/facility costs	6,783	10,339	9,445	26,567
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,432	4,902	5,464	11,798
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(44,378)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-3,511

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			107,789	107,789
Direct Expenses	2 Cash prizes			1,500	1,500
	3 Non-cash prizes			13,400	13,400
	4 Rent/facility costs				
	5 Other direct expenses			4,363	4,363
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☑ Yes 100.000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				(19,263)
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				88,526

9 Enter the state(s) in which the organization operates gaming activities NY

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 ▶ TRAVIS TELLITOCCI

Address ▶ 3399 NORTH ROAD
POUGHKEEPSIE, NY 12601

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 ▶ $ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶ TIM MURRAY

Gaming manager compensation ▶ $ 0

Description of services provided ▶ OVERSEES ALL ASPECTS OF GAMING ACTIVITIES

☐ 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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Marist College

Employer identification number
14-1442493

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) INSTITUTIONAL SCHOLARSHIP	6489	40,985,940			

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

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS	PART 1, LINE 2	SCHOLARSHIPS ARE CREDITED TO THE STUDENT'S ACCOUNT AND THEREFORE MONITORING IS NOT NEEDED

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Marist College

Employer identification number
14-1442493

Part I Questions Regarding Compensation

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

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

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

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

(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) DR DENNIS J MURRAY	(i)	431,650	150,000	1,981,385	89,181	35,932	2,688,148	70,258
	(ii)	0					0	
(2) DR ROY HMEROLLI	(i)	265,050	17,500	39,533	29,400	1,532	353,015	0
	(ii)	0	0	0	0	0	0	
(3) DRGEOFFREY L BRACKETT	(i)	294,700	15,000	17,760	57,078	18,673	403,211	0
	(ii)							
(4) JOHN PECCHIA	(i)	182,400	15,000	5,318	14,250	7,053	224,021	0
	(ii)							
(5) SEAN P KAYLOR	(i)	213,758	15,000	1,304	25,910	18,470	274,442	0
	(ii)							
(6) DR THOMAS WERMUTH	(i)	222,750	15,000	1,012	27,000	7,253	273,015	0
	(ii)							
(7) DEBORAH A DICAPRIO	(i)	171,898	15,000	13,157	22,582	18,833	241,470	0
	(ii)							
(8) WILLIAM T THIRSK	(i)	180,138	15,000	4,972	14,073	14,597	228,780	0
	(ii)							
(9) DR JOHN RITSCHDORFF	(i)	167,814	7,500		18,647	14,597	208,558	0
	(ii)							
(10) JOSE MARTIN	(i)	214,865		6,287	15,996	18,832	255,980	0
	(ii)							
(11) DR ROGER NORTON	(i)	192,622	15,000		23,400	14,597	245,619	0
	(ii)							
(12) brian giorgis	(i)	123,703	21,777	22,695	40,453	7,253	215,881	0
	(ii)							
(13) DR LEE MIRINGHOFF	(i)	221,707	15,000	997	17,173	14,502	269,379	0
	(ii)							
(14) DR BARBARA CARVALHO	(i)	184,613	15,000		13,097	7,253	219,963	0
	(ii)							
(15) CHRISTOPHER DELGIORNO	(i)	136,333	5,000	6,545	10,000	14,132	172,010	0
	(ii)							

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
SCHEDULE J, PART I, Line 1a		Schedule J, Part I, Question 1a - Housing Allowance or Residence for Personal Use - The President of the College is provided off campus housing as a condition of his employment The fair market value of the President's residence was estimated to be $21,335 based on the value of property, property taxes, and maintenance expenses and is reported in column D on Schedule J Schedule J, Part I, Question 1a - Health or Social Club Dues or Initiation Fees - The College pays social club membership fees for three executives, which are intended to be used exclusively for the College's business entertainment or college sponsored events and to the extent there is any personal use of these privileges the individual executives are taxed on the value of the use Schedule J, Part I, Question 1a - Tax indemnification and gross-up payments - The College provided $22,650 additional gross-up payment to fund the President's pension plan, this amount is included in box Biii on Schedule J
Schedule J, Part I, Question 4b	Supplemental nonqualified retirement plan	THE COLLEGE HAS IN PLACE A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) FOR THE PRESIDENT OF THE COLLEGE, WHO BY THE AGE OF 65 WILL HAVE PROVIDED 33 YEARS OF SERVICE TO THE COLLEGE, AS ITS PRESIDENT THE DESIGN OF THE BENEFIT IS INTENDED TO PROVIDE THE PRESIDENT WITH A COMBINED TARGET RETIREMENT INCOME REPLACEMENT RATIO OF 75% OF HIS FINAL THREE YEAR AVERAGE SALARY, INCORPORATING ADDITIONAL ELEMENTS OF RETIREMENT FUNDED BY THE COLLEGE OVER THE COURSE OF HIS TENURE THROUGH THE BROAD BASED DEFINED CONTRIBUTION PLAN (WHICH IS SUBJECT TO IRS IMPOSED LIMITS ON RECOGNIZED COMPENSATION) AND THE SERP IS SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE THROUGH JUNE 30, 2011 UNDER THE GUIDANCE OF OUR LEGAL COUNSEL, THE CURRENT BENEFIT WHICH WAS FULLY VESTED, WAS PAID DURING 2011 IN THE AMOUNT OF $1,935,935 THE AMOUNT WAS REPORTED IN BOX Biii ON SCHEDULE J EFFECTIVE JULY 1, 2011, THE COLLEGE PUT IN PLACE A NEW NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) FOR THE PRESIDENT OF THE COLLEGE The annual accruals for these benefits have been reported despite being subject to a substantial risk of forfeiture and contingent upon the president's continued employment at the College The value of the accrual for calendar year 2011 is included in the Deferred Compensation column (Column C) of Schedule J The College has in place a Non-qualified Deferred Compensation Plan for the Executive Vice President of the College The annual accruals for these benefits have been reported despite being subject to a substantial risk of forfeiture and contingent upon the executive's continued employment at the College The value of the accrual for calendar year 2011 is included in the Deferred Compensation column (Column C) of Schedule J
SCHEDULE J, PART 1, LINE 3		SCHEDULE J, PART 1, LINE 3- COMPENSATION COMMITTEE AND INDEPENDENT COMPENSATION CONSULTANT, NO NEW EXECUTIVES WERE HIRED IN FY12 REQUIRING THE COMMITTEE OR CONSULTANT

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Marist College

Employer identification number
14-1442493

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DUTCHESS COUNTY IDA	14-1613685	267041FJ5	03-23-2005	20,000,000	STUDENT HOUSING FULTON		X		X		X
B	DUTCHESS COUNTY IDA	14-1613685	267041GN5	01-25-2008	20,000,000	STUDENT HOUSING FULTON		X		X		X
C	DUTCHESS COUNTY LOCAL DEVELOPMENT CORPORATION	27-3106797	267045BL5	05-17-2012	15,415,962	REFUND 2003 BONDS (90&92 BONDS)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0	0	
2	Amount of bonds defeased	0	0	0	
3	Total proceeds of issue	20,000,000	20,000,000	15,415,962	
4	Gross proceeds in reserve funds	0	0	0	
5	Capitalized interest from proceeds	0	0	0	
6	Proceeds in refunding escrow	0	0	0	
7	Issuance costs from proceeds	540,012	504,756	116,944	
8	Credit enhancement from proceeds	50,000	81,184	0	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	18,801,024	19,414,060	0	
11	Other spent proceeds	359,000	0	52,804	
12	Other unspent proceeds	0	0	0	
13	Year of substantial completion	2006	2008	2012	

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X			

Part IV Arbitrage

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

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
PART V - PROCEDURES TO UNDERTAKE CORRECTIVE ACTION	0	MARIST COLLEGE IS IN THE PROCESS OF ESTABLISHING A WRITTEN REMEDIATION POLICY

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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2011

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Name of the organization
Marist College

Employer identification number
14-1442493

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

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
(1) JOSE MARTIN MORTGAGE		X	75,000	52,975		No		No	Yes	
Total . . . . . ▶ $				52,975						

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) M GARTLAND	TRUSTEE	187,175	LEGAL SERVICE		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
LOANS TO AND/OR FROM INTERESTED PERSON	SCHEDULE L, PART II	THE PURPOSE OF THE LOAN WAS TO ASSIST MR MARTIN WITH THE DOWN PAYMENT ON THE PURCHASE OF A LOCAL RESIDENCE THE TERMS OF THE PROMISSORY NOTE ARE FIVE YEARS AT A RATE OF 5% PER ANNUM
BUSINESS TRANSACTIONS	SCHEDULE L, PART IV	THE LAW FIRM OF CORBALLY, GARTLAND & RAPPLEYEA (CGR) PROVIDES COUNSEL FOR THE COLLEGE ON SOME LEGAL MATTERS THE COLLEGE USES THE SERVICES OF FOUR ATTORNEYS AT CGR WITH MR MICHAEL GARTLAND, WHO SERVES ON OUR BOARD OF TRUSTEES, BEING ONE OF THE FOUR MR GARTLAND'S SERVICES GENERALLY PERTAIN TO BOND ISSUES AND ASSOCIATED LETTERS OF CREDIT, AND OCCASIONAL PROPERTY TRANSACTIONS IT SHOULD BE NOTED THAT THE COLLEGE USES THREE OTHER LEGAL FIRMS FOR ASSISTANCE IN SUCH AREAS AS EMPLOYEE RELATIONS, ENVIRONMENTAL,AND ATHLETIC MATTERS Mr Gartland DISCLOSED THE PRECISE NATURE OF HIS INTEREST OR INVOLVEMENT IN THE TRANSACTION, REFRAINED FROM PARTICIPATING IN CONSIDERATION OF THE PROPOSED TRANSACTION, AND WAS PROHIBITED FROM DISCUSSING THE ISSUE WITH THE OFFICERS OF THE COLLEGE OR VOTING ON THE MATTER

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Marist College

Employer identification number
14-1442493

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures	X	1	6,412	APPRAISAL VALUE
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	18	49,680	AVG PRICE DOT
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 ▶ (EQUIPMENT)	X	3	141,011	EST MARKET VALUE
26	Other ▶ (FURNITURE)	X	2	90,347	EST APPRAISAL VALUE
27	Other ▶( )				
28	Other ▶ ( )				

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

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

Part II

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

Identifier	Return Reference	Explanation
THIRD PARTY TO SOLICIT, PROCESS AND SELL NONCASH CONTRIBUTIONS	PART I, LINE 32B	MERRILL LYNCH IS THE COLLEGE'S BROKER THAT HANDLES ALL TRANSACTIONS FOR DONATED SECURITIES
EXPLANATION OF NONCASH CONTRIBUTIONS	COLUMN B	MARIST COLLEGE REPORTS THE NUMBER OF CONTRIBUTIONS RECEIVED IN COLUMN B, NOT THE NUMBER OF ITEMS

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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

2011

Open to Public Inspection

Name of the organization
Marist College

Employer identification number
14-1442493

Identifier	Return Reference	Explanation
ORGANIZATION'S REVIEW PROCESS OF FORM 990	FORM 990, PART VI, LINE 11B	THE 990 WAS REVIEWED Internally, APPPROVED BY THE CFO and then provided to an independent accounting firm for review THE 990 WAS then PRESENTED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW AND APPROVAL COPIES OF THE complete 990 ARE PROVIDED TO ALL BOARD MEMBERS FOR REVIEW AND DISCUSSION PRIOR TO FILING

Identifier	Return Reference	Explanation
ENFORCEMENT AND COMPLIANCE OF CONFLICTS OF INTEREST POLICY	FORM 990, PART VI, LINE 12C	As an on-going practice and as required by our Code of Ethics, all trustees are required to complete Conflict of Interest Statements on an annual basis in which they are asked to discuss any business relationships they or a member of their families have with the College Our Code of Ethics requires that all cabinet members and staff who engage in significant business dealings for the College (e g , Director of Physical Plant) complete a Conflict of Interest Statement annually Completed statements that indicate a potential conflict of interest are reviewed by the Chief Financial Officer, Associate Vice President for Human Resources, and the Executive Vice President If a conflict exists, appropriate action is taken to ensure full disclosure or termination of the arrangement

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

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

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE	FORM 990, PART VI, LINE 19	THE COLLEGE'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST FROM THE OFFICE OF THE CHIEF FINANCIAL OFFICER THE FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON THE COLLEGE'S WEBSITE AT MARIST EDU

Identifier	Return Reference	Explanation
Other Changes in Net Assets	Form 990, Part XI, Line 5	Net Unrealized Gains on Investments (8,714,982) Net Loss on Redemption of Bonds (704,991) Change in Fair Value of Interest Rate Swap Obligations (5,300,952) Pension & Post-Retirement Related Changes 17,583,685 Other Non-Operating Changes Related to Change in Fixed Assets (1,027,276) ---------- 1,835,484

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Marist College

Employer identification number
14-1442493

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) VAYU LLC 3399 NORTH ROAD POUGHKEEPSIE, NY 12601	EDUCATIONAL	NY	0	15,146,872	MARIST COL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) MARIST REAL PROPERTY SERVICES INC 3399 NORTH ROAD POUGHKEEPSIE, NY 12601 14-1785087	REAL PROP	NY	501 (C)(3)	11A	MARIST COL		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) MARIST REAL PROPERTY SERVICES TWO INC 3399 NORTH ROAD POUGHKEEPSIE, NY 12601 14-1825215	REAL Prop	NY	MARIST COL	C Corp	0	175,000	100 000 %

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

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TIM TENNEY TRUSTEE	1 0	X						0		
DR DENNIS J MURRAY PRESIDENT	50 0	X		X				2,563,035		125,113
DR SUSAN L COHEN TRUSTEE	1 0	X						0		
LAURIE DEJONG TRUSTEE	1 0	X						0		
DRGEOFFREY L BRACKETT EXECUTIVE VP	50 0			X				327,460		50,750
JOHN PECCHIA VP BUSINESS AFFAIRS/CFO	50 0			X				202,718		21,302
SEAN P KAYLOR VP ADMISSION & ENROLLMENT	50 0			X				230,062		44,380
DR THOMAS WERMUTH VP ACAD AFFAIR DEAN OF FACULTY	50 0			X				238,762		34,253
DEBORAH A DICAPRIO VP/DEAN OF STUDENT AFFAIRS	50 0			X				200,055		41,414
WILLIAM T THIRSK VP & CHIEF INFORMATION OFFICER	50 0			X				200,110		28,669
CHRISTOPHER DELGIORNO VP COLLEGE ADVANCEMENT	50 0			X				147,878		24,132
DR JOHN RITSCHDORFF ASSOC VP OF ACADEMIC AFFAIRS	50 0				X			175,314		33,244
JOSE MARTIN BASKETBALL COACH	50 0					X		221,152		34,828
DR ROGER NORTON DEAN, SCHOOL OF SCIENCE & MATH	50 0					X		207,622		37,996
brian giorgis women's basketball coach	50 0					X		168,175		47,706
DR LEE MIRINGHOFF DIRECTOR OF MIPO	50 0					X		237,704		31,674
DR BARBARA CARVALHO DIRECTOR OF MARIST POLL	50 0					X		199,613		20,350
DR ROY HMEROLLI FORMER EXECUTIVE VP	50 0						X	322,083	0	30,932

Additional Data

Software ID:
Software Version:
EIN: 14-1442493
Name: Marist College

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT R DYSON TRUSTEE	1 0	X						0		
ELLEN M HANCOCK CHAIR	2 0	X						0		
THOMAS J WARD TREASURER	1 0	X						0		
ROSS A MAURI VICE CHAIR	1 0	X						0		
ELIZABETH M WOLF ASSISTANT SECRETARY	1 0	X						0		
JAMES A CANNAVINO TRUSTEE	1 0	X						0		
JAMES M BARNES TRUSTEE	1 0	X						0		
JAMES R BARNES SECRETARY	1 0	X						0		
TIMOTHY G BRIER TRUSTEE	1 0	X						0		
BRENDAN T BURKE TRUSTEE	1 0	X						0		
GERARD E DAHOWSKI TRUSTEE	1 0	X						0		
MARK V DENNIS TRUSTEE	1 0	X						0		
MICHAEL C DUFFY TRUSTEE	1 0	X						0		
STEVEN EFFRON TRUSTEE	1 0	X						0		
MICHAEL G GARTLAND TRUSTEE	1 0	X						0		
DR STANLEY E HARRIS TRUSTEE	1 0	X						0		
DANIEL G HICKEYSR TRUSTEE	1 0	X						0		
JAMES P HONAN TRUSTEE	1 0	X						0		
BRO JAMES P KEARNEY TRUSTEE	1 0	X						0		
PATRICK M LAVELLE TRUSTEE	1 0	X						0		
CHRISTOPHER G MCCANN TRUSTEE	1 0	X						0		
GENINE MCCORMICK TRUSTEE	1 0	X						0		
JOHN P O'SHEA TRUSTEE	1 0	X						0		
PATRICE M CONNELLY PANTELLO TRUSTEE	1 0	X						0		
BRO SEAN SAMMON TRUSTEE	1 0	X						0		