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#### DLN: 93493045025284

Department of the Treasury

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

OMB No 1545-0047

Open to Public

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

Number of independent voting members of the governing body (Part VI, line 1b)   4   27   27   27   27   27   27   27			ie Gelvice					Inspection
DAY COLLEGE   Service content   DAY COLLEGE   Service content   DAY COLLEGE   DAY CO					-2013	D Francisco	!-!	*!6!*!
Name of angue   Temperature   Superative						D Employe	er iden	tilication number
Tenninet   Comparison   Compa	_		_	Doing Business As		13-350	08093	
Territoria manufact   Type Social Machine Microseptom MAL   Social Machine M			_					
Size	_				e	E Telephon	ne numb	er
To the comparison of the programment of the power in the power in the programment of the power in the power	Ter	mınate	ed	Suite		(914)6	33-24	183
P   Name and address of principal officer   Dr3 speak Nyre   F   Name and address of principal officer   Dr3 speak Nyre   T15 NORTH AVENUE MCSPEDON   NEW ROCHELLE, NY 10901   T17 No. *** Table a list (see instructions)   T17 No. ** Table a list (see instructions)	M Am	ended	l return	City or town, state or country, and ZIP + 4		(+ - + / +		
DP158eph Nyre   T18 NoRTH AVENUE MCSPEDON   NEW MCCHELE, W. 10801   Tax-excerned status   Foligicity   F	M App	olicatio	n pending	NEW ROCHELL, NI 100011030		<b>G</b> Gross red	ceipts \$	138,480,971
TIS NORTH AVERUE MCSPEDON NEW ROCHELLE, NY 10801    Tax-exempt status					<b>H(a)</b> Is	this a group r	eturn f	
Tax-exempt status					aff	ılıates?		┌ Yes 🗸 No
Tax-exempl status					<b>H(b)</b> Δ r	e all affiliates	ınclud	ed2 Tyes TNo
Website: ► WWW IONA EDU								
Website   P	I Ta	x-exer	mpt status	✓ 501(c)(3)		coup ovemption		.hor - 0029
Binefly describe the organization's mission or most significant activities	J W	ebsit	:e: ► WW	/W IONA EDU	H(c)	oup exemptio	on num	Del <b>F</b> 0928
Binefly describe the organization's mission or most significant activities	<b>K</b> Forr	n of o	rganization	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of	formation 1940	0 <b>M</b> 9	State of legal domicile NY
Bindity describe the organization's mission or most significant activities						101111411011 2511	·   · · ·	nate of logar dominion in
3 Number of voting members of the governing body (Part VI, line 1a) 3 2.26 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 2.75 5 Total number of independent voting members of the governing body (Part VI, line 1b) 5 5.1,844 6 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 1,844 6 Total number of volunteers (estimate if necessary) 77a Total unrelated business revenue from Part VIII, column (C), line 12 7a 375,445 6 Total number of volunteers (estimate if necessary) 7b  8 Contributions and grants (Part VIII, column (C), line 12 7b 9 Program service revenue (Part VIII, line 1b) 5,004,538 7,049,552 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,042,718 1,047,504 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 1,042,718 1,047,504 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 2,049,095 2,123,810 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 37,128,371 38,195,495 14 Benefits paid to no for members (Part IX, column (A), lines 1-3) 37,128,371 38,195,495 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 1-3) 37,128,371 38,195,495 16 Professional fundraising fees (Part IX, column (A), line 1b) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	overnance		THE TRA	OLLEGE IS A DIVERSE COMMUNITY OF LEARNERS AND SCHOLARS ADITION OF THE CHRISTIAN BROTHERS AND AMERICAN CATHOL	IC HIGHE	REDUCATIO	O N	
7a Total unrelated business revenue from Part VIII, column (C), line 12								
7a Total unrelated business revenue from Part VIII, column (C), line 12	20 년							2.8
7a Total unrelated business revenue from Part VIII, column (C), line 12	Ħ.						<del>-</del> +	
7a Total unrelated business revenue from Part VIII, column (C), line 12	Ę					· · ·  -		
B Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year	q.					· · ·		
Revenue   September   Septe		1				· · ·		3/5,449
88		۳	11CC dillic	rated business taxable meanic from Form 550 F, fine 54 F. F.			75 1	Current Vear
9		8	Contri	butions and grants (Part VIII line 1h)	<u> </u>		3.5	
11 Total revenue (Part VIII, Column (A), lines 3, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	₽						_	
11 Total revenue (Part VIII, Column (A), lines 3, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	¥e.	10					_	1,047,504
12   135,408,902   137,995,208   137,995,208   137,995,208   137,995,208   137,995,208   137,995,208   137,995,208   137,995,208   14   Benefits paid to or for members (Part IX, column (A), lines 1 - 3 )   0   0   0   0   0   0   0   0   0	<del>č</del>	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,049,09	9 5	2,123,810
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		12				135 400 00	, ,	127.005.200
14 Benefits paid to or for members (Part IX, column (A), line 4)		12			+		-	
15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   5-10)   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-100   5-1						37,120,3	_	
16a Professional fundraising fees (Part IX, column (A), line 11e)							+	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	83					56,949,96	69	57,453,816
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>₹</b>	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)		0	0	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 131,445,163 133,200,209 19 Revenue less expenses Subtract line 18 from line 12	ਤੂ ਤ	b						
19   Revenue less expenses Subtract line 18 from line 12					<u> </u>			37,550,898
Beginning of Current Year  20 Total assets (Part X, line 16)								
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    Anne marie Schettini-Lynch senior vp for fin Type or print name and title    Print/Type preparer's name   Preparer's signature   Date   Check   if self-employed   Firm's name   Firm's EIN	% G&	19	Keven	ue less expenses Subtract line 18 from line 12		ing of Current	_	
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    Anne marie Schettini-Lynch senior vp for fin Type or print name and title    Print/Type preparer's name   Preparer's signature   Date   Check   if self-employed   Firm's name   Firm's EIN	o de la composition della comp	20	Totala	assets (Part X, line 16)			99	201,825.197
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    Anne marie Schettini-Lynch senior vp for fin Type or print name and title    Print/Type preparer's name   Preparer's signature   Date   Check   if self-employed   Firm's name   Firm's EIN	4. A.							56,589,314
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    Anne marie Schettini-Lynch senior vp for fin Type or print name and title    Print/Type preparer's name   Preparer's signature   Date   Check   f self-employed	žĒ	22						145,235,883
with the preparer has any 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  ******    2014-02-10	Pai	rt II	Sign	ature Block				
Paid  Pint/Type or print name and title  Preparer's signature Scott Thompsett  Firm's name  GRANT THORNTON LLP  Preparer's signature Scott Thompsett  Firm's name  Firm's EIN	my kr prepa ——— Sign	nowle arer h	edge and l	belief, it is true, correct, and complete Declaration of preparer (other the nowledge		is based on a		
Print/Type preparer's name Scott Thompsett Preparer's signature Date Check if self-employed Firm's name GRANT THORNTON LLP Firm's EIN	неге	ė						
Paid    Scott Thompsett   Scott Thompsett   Self-employed					ite L	Shook F .r II	PTIN	
Firm's name F GRANT THORNTON LLP Firm's EIN F	Pair	4	S	cott Thompsett	1	THECK!	•	
				irm's name F GRANT THORNTON LLP	F	irm's EIN 🕨		

Firm's address ► 666 THIRD AVENUE

NEW YORK, NY 100174057

May the IRS discuss this return with the preparer shown above? (see instructions)

**Use Only** 

Phone no (212) 599-0100

✓ Yes No

orm	990 (	2012) P	age <b>2</b>
Part	1111	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	<u></u>
1	Brief	ly describe the organization's mission	
		LEGE IS A DIVERSE COMMUNITY OF LEARNERS AND SCHOLARS DEDICATED TO ACADEMIC EXCELLENCE IN THE	

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

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	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?	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code ) (Expenses \$ 69,358,802 including grants of \$ 38,195,495 ) (Revenue \$ 110,161,285 )	

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

**4b** (Code ) (Expenses \$ 15,386,496 including grants of \$ 0 ) (Revenue \$ 17,613,056 )

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

**4c** (Code ) (Expenses \$ 27,213,978 including grants of \$ 0 ) (Revenue \$ 0 )

Other academic and student support activities are provided for enrolled students and in support of faculty scholarship consistent with standards established by the New York State Education Department, the Commission on Higher Education of the Middle States Association of Schools and Colleges and best practices in American higher education. These include fully staffed and operational libraries, a career development center, counseling center, health services center, IT support center, faculty training center, tutoring and academic support center, campus ministries office, athletics department, and student development office servicing clubs, student government, student media, and student recreation

**4d** Other program services (Describe in Schedule O )

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

e Total program service expenses > 111,959,276

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)? $^{\circ}$	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	Yes	
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	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 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 $\sqrt{2}$	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  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	Yes	
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
е	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 and XII	12a	Yes	
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 and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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 United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 (see instructions)	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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 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 lines 24b through 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		Νo
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		Νo
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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	28a		No
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part $I$	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		
36	<b>Section 501(c)(3) organizations.</b> 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 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2012)

Par				_
	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   179			110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	<b>1</b> c	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		110
С	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 as charitable contributions?	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).			
	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	
	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			
е	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		Νo
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	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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.	L.		
		9a		
	Did the organization make any taxable distributions under section 4966?			
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
L2a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Se	ection 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			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		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			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		N o
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod <b>Yes</b>	e.) <b>No</b>
	<b>Ection B. Policies</b> ( <i>This Section B requests information about policies not required by the Internal R</i> Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed
- 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 Other (explain in Schedule O)
- 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 during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
  ►ANNE MARIE SCHETTINI-LYNCH 715 NORTH AVENUE MCSPEDON HALL NEWROCHELLE, NY (914)633-2468

Form	990	(2012)
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#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See 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 organization compensated any current officer, director, or trustee

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours	more t perso and	han o	one l both ector	box, an o	officer stee)		(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
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organization and related organizations
See Additional Data Table										
	•	•	•							Form <b>990</b> (2012)

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

<b>(A)</b> Name and Title	hours per more than one box, unless compensation compensation week (list person is both an officer any hours and a director/trustee) organization (W- organizations (									/-	(F) Estima mount o compens from t	ited fother sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		rganizati relati organiza	ed
1b Sub-Total	 ets to Part VIIS	 Jection 4	٠.	•			<b>*</b> *					
d Total (add lines 1b and 1c)	_			٠.	٠.	٠.	٠	2,734,554		0		279,604
Total number of individuals (i \$100,000 of reportable comp						d abov	e) wl	ho received more th	ian			
									[		Yes	No
3 Did the organization list any to on line 1a? If "Yes," complete					кеу	emplo	yee, •	or highest compen	sated employee	3	Yes	
<b>4</b> For any individual listed on ling organization and related organization and related organization.										4	Yes	
5 Did any person listed on line services rendered to the organisms									or individual for	5		No
Section B. Independent C	ontractors											
Complete this table for your f compensation from the organ	ive highest comp										tax vear	

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
DARLIND CONSTRUCTION , 1540 ROUTE 55 PO BOX 130 LAGRANGEVILLE NY 12540	construction	3,447,842
CHARTWELLS DINING SERVICES , 175 SUNNYSIDE BOULEVARD CHICAGO IL 60612	food service	2,721,801
TARTER KRINSKY DROGIN LLP , 1350 BROADWAY NEW YORK NY 10018	LEGAL	835,122
Platzner International Group Ltd , PO Box 111 Wykagyl Station NEW ROCHELLE NY 10804	Rental Services	766,595
HENNESSEY CONSTRUCTION CO INC , 14 OAK STREET CLOSTER NJ 07624	construction	687,585
Total number of independent contractors (including but not limited to these listed above)	who recoved make then	

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 18

		Check If Sched	ule O contains a respor	nse to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
s s	1a	Federated cam	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership du	ies <b>1b</b>					
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	c	Fundraising ev	ents <b>1c</b>	932,663				
ar /	d	Related organiz	zations 1d					
ું. કું <u>ક</u> િ	e	Government grant	s (contributions) <b>1e</b>	1,490,814				
<u> </u>	f		ons, gifts, grants, and <b>1f</b>	4,626,075		i		
tributions, Giffs, Grants Other Similar Amounts	g	sımılar amounts no	ot included above ons included in lines	202.675				
를 <sup>무</sup>	9	1a-1f \$		293,675	7 040 550			
and	h	Total. Add line:	s 1a-1f	· · · · •	7,049,552			
<u>a</u>	_		_	Business Code				
Program Serwce Revenue	2a	TUITION AND FEES		611710	110,161,285	110,161,285		
<u> </u>	b	CHARGES)	(& OTHER STUDENT	611710	16,614,608	16,614,608		
MCe	C	CAFETERIA		611710	827,301			827,301
<i>₹</i>	d	BOOKSTORE		611710	110,146			110,146
Ē	e	VENDING COMMIS		611710	61,002			61,002
<u>آ</u> و	f	All other progra	am service revenue					
	g		s 2a-2f		127,774,342			
	3		ome (including dividendar ar amounts)		1,126,455		-80	1,126,535
	4		stment of tax-exempt bond	- F	0			
	5	Royalties .	<u></u>	🕨	72,000			72,000
			(ı) Real	(II) Personal				
	6a _	Gross rents Less rental	433,101					
	D	expenses	422 101					
	С	Rental income or (loss)	433,101	0				
	d	Net rental inco	me or (loss)		433,101			433,101
	7a	Gross amount from sales of assets other than inventory	(I) Securities	(II) O ther -186,411				
	b	Less cost or other basis and sales expenses						
	C C	Gain or (loss)		-186,411	-78,951			-78,951
	d 8a		rom fundraising	· · · · •	-70,931	+		-70,931
omer kevenue		events (not inc \$	luding 2,663 s reported on line 1c)	299,352				
Ĭ	b		penses <b>b</b>	485,763	,,,,,,			
,	c 9a	Gross income f	(loss) from fundraising from gaming activities ne 19	events 🛌	-186,411			-186,411
	b c		a: penses b (loss) from gaming acti	vities	0			
	10a	Gross sales of returns and allo	ınventory, less	· ·				
	ь	Less costofa	oods sold <b>b</b>					
	C		(loss) from sales of inv	entory 🛌	0			
		Mıscellaneou	s Revenue	Business Code				
	11a	NCAA DISTRI	BUTION	611710	364,598	364,598		
	b	SPORTS CAME		713940	358,569		358,569	
	с	AQUATICS CL		713940	219,691	219,691	,	
	d	All other reven			862,262	831,012	16,960	14,290
	е	Total. Add line:		•	1,805,120			
	12	Total revenue.	See Instructions .	🕨	137,995,208	128,191,194	375,449	2,379,013

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fund raising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 38,195,495 38,195,495 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 0 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and 2,018,473 214,979 1,542,574 260.920 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 41,885,838 Other salaries and wages 35,349,332 5,233,028 1,303,478 Pension plan accruals and contributions (include section 401(k) 2,630,559 2,130,862 405,965 and 403(b) employer contributions) . . . . 93,732 7,745,944 6,274,536 1,195,405 Other employee benefits . . . . 276,003 10 3,173,002 2,570,263 489,679 113,060 11 Fees for services (non-employees) O Management . . . . 831,788 831,788 Legal . . . . . . . 213,590 213,590 2,500 2,500 Professional fundraising services See Part IV, line 17 0 Investment management fees . . . . . 116,888 116,888 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 5,019,878 2,437,155 2,494,374 Schedule O) . . . . . . . 88.349 Advertising and promotion . . 2,518,435 2,056,149 12 422,286 40,000 13 Office expenses . . . 799,716 555,939 199,985 43,792 166,630 1,366,177 14 Information technology . . 1,544,061 11,254 15 0 Royalties . 8,246,016 1,228,548 50,486 16 Occupancy . . . . . 6,966,982 **17** 2,103,453 1,850,285 185,015 68,153 Travel . . . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 0 19 Conferences, conventions, and meetings . 95,361 85,375 3,944 6,042 20 Interest . . . . . . . . . . . . 1,163,422 1,111,437 51,985 0 Payments to affiliates . . . . 21 O 22 Depreciation, depletion, and amortization . 5,503,548 328,871 5,142,216 32,461 23 1,090,902 1,025,971 64,931 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a FOOD SERVICE 5,018,312 4,946,949 56,210 15,153 OTHER ATHLETIC 930,494 868,991 61,503 0 STUDENT ACTIVITIES 691,958 691,958 0 d PROFESSIONAL DUES AND TRAINING 360,559 221,598 128,097 10,864 1,300,017 730,037 561,679 e All other expenses 8,301 Total functional expenses. Add lines 1 through 24e 25 133,200,209 111,959,276 18,757,382 2,483,551 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Pai	rt X	<b>Balance Sheet</b> Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	8,700	1	8,700
	2	Savings and temporary cash investments	10,610,506	2	10,164,623
	3	Pledges and grants receivable, net	2,460,667	3	2,330,468
	4	Accounts receivable, net	364,483	4	446,352
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
			0	5	0
s	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			
ē			0	6	0
Assets	7	Notes and loans receivable, net	1,696,764	7	1,767,963
-	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	1,918,830	9	1,040,173
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  197,543,860			
	b	Less accumulated depreciation 10b 90,137,394	103,047,297	10c	107,406,466
	11	Investments—publicly traded securities	135,729	11	195,570
	12	Investments—other securities See Part IV, line 11	62,866,662	12	73,545,562
	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	4,592,761	15	4,919,320
	16	Total assets. Add lines 1 through 15 (must equal line 34)	187,702,399	16	201,825,197
	17	Accounts payable and accrued expenses	8,052,268	17	6,915,531
	18	Grants payable	0	18	0
	19	Deferred revenue	4,205,832	19	4,039,266
	20	Tax-exempt bond liabilities	25,243,044	20	31,224,486
Ø.	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
gej		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	0	24	0
	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	44 240 052	2.	4.4.4.0.024
	26	D	14,310,952 51,812,096	25	14,410,031 56,589,314
	26	Total liabilities. Add lines 17 through 25	51,812,090	26	50,569,514
φ		Organizations that follow SFAS 117 (ASC 958), check here ▶     and complete   ines 27 through 29, and lines 33 and 34.			
ž	27	Unrestricted net assets	110,531,417	27	120,623,379
<u> </u>	28	Temporarily restricted net assets	9,445,599	28	8,131,580
ē	29	Permanently restricted net assets	15,913,287	29	16,480,924
r Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ō	30	Capital stock or trust principal, or current funds		30	
흱	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net #	33	Total net assets or fund balances	135,890,303	33	145,235,883
Ž	34	Total liabilities and net assets/fund balances	187,702,399	34	201,825,197
	1	The state of the s	1 .5.,752,550		20.,520,101

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		137.9	95,208
2	Total expenses (must equal Part IX, column (A), line 25)	2			.00,209
3	Revenue less expenses Subtract line 2 from line 1			133,2	.00,209
•	Leveline less expenses subtrace line 2 month line 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3		4,7	94,999
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		135.8	90,303
5	Net unrealized gains (losses) on investments	+		133,0	.,,,,,,,
		5		5,6	03,694
6	Donated services and use of facilities	6			
7	Investment expenses	+			
	·	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
	<u> </u>	9		-1,0	53,113
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		145,2	35,883
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both	ate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
За	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 re	equired	3b	Yes	

Software ID: Software Version:

EIN: 13-3508093
Name: IONA COLLEGE

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

Compensated Employees, and Independent				iste	æs,	кеу	/ EN	npioyees, nigne		
(A) Name and Title	Name and Title A verage hours per week (list		(Con (do than pers office ctor/t	o not n one son is er and trust	box s bot d a tee)	th		(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
	inicy	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
Dr Joseph Nyre President, Iona College	70 0	х		х				467,663		91,487
James Hynes Chairperson	1 0	х		х						
Stephen Reitano Secretary	1 0	х		х						
Michael Beckerich Trustee (thru may 2013)	1 0	х								
David Brown Trustee	1 0	х								
Linda Bruno Trustee	1 0	х								
Ronald DeFeo Trustee	1 0	х								
Andrew Dolce Trustee	1 0	х								
Richard Franchella Trustee	1 0	х								
Theresa Gottlieb Trustee	1 0	х								
Julia Considine Greifeld Trustee	1 0	х								
Thomas Hales Trustee	1 0	х								
Mike Hegarty Trustee	1 0	х								
Alice Hoersch Trustee	1 0	х								
Kathleen Hurlie Trustee	1 0	х								
Robert LaPenta Trustee	1 0	х								
Bartley Livolsi Trustee	1 0	х								
Patrick Lynch Trustee	1 0	х								
Phillip Maisano Trustee	1 0	х								
David McCabe Trustee	1 0	х								
J Riley McDonough Trustee	1 0	х								
JoAnn Murphy Trustee	1 0	х								
Br Lawrence Murphy CFC Trustee (thru may 2013)	1 0	х								
Br Hugh O'Neill CFC Trustee	1 0	х								
Peter Riguardi Trustee (thru may 2013)	1 0	x								

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Indepe			,,,,,,	1516	es,	Rey	LII	ipioyees, mgne	<b>5</b> (	
(A) Name and Title	(B) Average hours per week (list any	Positio more unless an d	than pers office ctor/	not one on is r and trust	box s bot d a cee)	, th		(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
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
Armando Rodriguez Trustee	1 0	х								
Charles Schoenherr Trustee	1 0	Х								
Raymond Vercruysse Trustee	10	Х								
Brian Walsh Trustee	1 0	х								
Lawrence Wills Trustee	1 0	Х								
Patrick Dunican Trustee	1 0	Х								
Jonathan Ivec SVP for Finance & Admin	55 0			Х				264,177		19,709
Brian Nickerson PROVOST/SVP, Academics	55 0			X				222,802		22,503
Vincent Calluzzo Dean, Hagan School of Business	40 0				х			207,644		22,936
Paul Sutera SVP-Advancement & External	40 0				х			207,118		20,890
Joanne Laughlin Steele Provost for IT	40 0				х			170,326		22,182
Timothy Cluess Men's Basketball Coach	40 0					х		339,229		13,188
Kurt Engemann Professor	40 0					х		186,821		13,993
Ronald Yager Professor	40 0					х		220,214		17,774
Donald Moscato Professor	40 0					х		170,139		19,203
Dimitris Halaris Assoc Vice Provost for IT	40 0					х		168,817	0	2,241
Warren Rosenberg Provost and VP for Academics							х	109,604		13,498

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493045025284

OMB No 1545-0047

# **Public Charity Status and Public Support**

Department of the Treasury Internal Revenue Service

IONA COLLEGE

**SCHEDULE A** 

(Form 990 or 990EZ)

Name of the organization

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

Open to Public

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

Inspection **Employer identification number** 

									13-3508	3093	
Pai	t Ι	Reas	on for Pu	blic Charity Sta	<b>tus</b> (All org	ganızatıons	s must com	plete this	part.) See	instruction	s.
The o	rganı		•	e foundation becaus	•			•	•		
1		A chur	ch, conventi	on of churches, or as	ssociation of	churches d	escribed in s	section 170	(b)(1)(A)(i).		
2	<u> </u>			I in <b>section 170(b)(1</b>			· ·				
3		•		perative hospital se	=						
4	Γ	hospita	al's name, ci	n organization operat ty, and state							
5	$\sqcap$	An org	anızatıon op	erated for the benefi	t of a college	or universi	ty owned or	operated by	a governme	ntal unıt des	cribed in
		sect ior	170(b)(1)(	<b>A)(iv).</b> (Complete P	art II )						
6	$\sqcap$	A fede	ral, state, or	local government or	government	al unit desc	ribed in <b>sect</b>	ion 170(b)(	(1)(A)(v).		
7 8	$\Gamma$	describ	bed in <b>sectio</b>	at normally receives n 170(b)(1)(A)(vi). described in section	(Complete P	art II )		_	iental unit or	from the ger	neral public
9	,		-	at normally receives			-	-	ihiitions mer	mhershin fee	s and aross
	'			ities related to its ex							
		•		oss investment inco	•	-		• •	• •		
				janization after June						,	
10	Г			ganized and operated							
11		_		, ganized and operated							the purposes of
	•	_		y supported organiz	,		, ,		•	•	
the box that describes the type of supp <b>a</b> Type I <b>b</b> Type II <b>c</b>											
	_		• •				, -	•	• •		, <u>-</u>
е	ı			ox, I certify that the on managers and otl							
_			n 509(a)(2)								
f			organization this box	received a written de	etermination	from the IR	.S that it is a	Type I, Ty	pe II, or I yp	e III suppor	ting organization,
g				2006, has the organi	zation accep	ted any gift	or contribut	ion from an	y of the		'
-			ng persons?		·				•		
		• • •		rectly or indirectly o	•		-	persons de	escribed in (i		Yes No
				governing body of th		_	n?				g(i)
				er of a person descri							g(ii)
				lled entity of a perso						119	y(iii)
h		Provid	e the follown	ng information about	the supporte	ed organızat	ion(s)				
(i	) Nam	e of	(ii) EIN	(iii) Type of	(iv) Is t	the	(v) Did yo	u notify	(vi) Is	the	(vii) A mount of
s	uppor	ted		organization	organızatı	on in	the organ		organiza	ition in	monetary
or	ganiza	ation		(described on	col (i) list		ın col (i)		col (i) or		support
				lines 1- 9 above or IRC section	your gove docume	_	suppo	rt <sup>7</sup>	in the	057	
				(see	docume	111.					
				instructions))	Yes	No	Yes	No	Yes	No	-
					162	140	162	140	1 63	140	+
								+		+	+
Total											

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(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	<b>Total.</b> Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable 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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,	<del>                                     </del>	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493045025284

#### OMB No 1545-0047

# Political Campaign and Lobbying Activities

**SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number IONA COLLEGE** 13-3508093 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes ┌ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l <b>.</b> )		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b					
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	.000				
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	<b>(e)</b> Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT
	filed Form 5768 (election under section 501(h)).

For o	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	1)	(b)	
activ		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
C	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	O ther activities?	Yes		2,50	
j	Total Add lines 1c through 1i			2,50	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		İ		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No		
Dar	t HILA. Complete if the organization is exempt under section $501(c)(4)$ , section	501(c)	\(5\ A	r section	

# Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

- line 3, is answered "Yes."

  1 Dues, assessments and similar amounts from members
  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political
- expenses for which the section 527(f) tax was paid).
- **a** Current year
- **b** Carryover from last year
- **c** lota
- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
  - Taxable amount of lobbying and political expenditures (see instructions)

#### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
SCHEDULE C, PART II-B		The College does not ordinarily undertake any direct lobbying activities. In fiscal 2013, the College paid a \$2,500 retainer to a lobbying consultant. In the interests of full disclosure, the College notes that it is a MEMBER IN VARIOUS ORGANIZATIONS (e.g. Nacubo) THAT PROMOTE THE NEEDS OF HIGHER EDUCATION AS WELL AS PROVIDE INFORMATION TO THE INDUSTRY. A portion of the dues paid to these organizations is deemed to be lobbying. The College is unable to identify that portion of its annual dues that constitutes lobbying and, accordingly, has not disclosed an amount in Schedule C.

2a

2b 2c 3

5

DLN: 93493045025284

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public

Interna	l Revenue Service	► Attach to For	► Attach to Form 990. ► See separate instructions.					
	me of the organi	ization	Employer identification number					
IONA COLLEGE				13-3508093				
Pa		izations Maintaining Donor Adv			<b>ts.</b> Complete ıf th			
	organiz	zation answered "Yes" to Form 990	•	1 455				
1	Total number a	t and afugar	(a) Donor advised funds	(b) Funds and	d other accounts			
2	Total number a	tributions to (during year)						
3		nts from (during year)						
4		ue at end of year						
5	55 5	zation inform all donors and donor adviso	L	or advised				
	funds are the o	organization's property, subject to the or	ganization's exclusive legal control?		┌ Yes ┌ No			
6	used only for c conferring imp	zation inform all grantees, donors, and de haritable purposes and not for the benef ermissible private benefit?	it of the donor or donor advisor, or for a	ny other purpose	┌ Yes ┌ No			
		rvation Easements. Complete if	<u> </u>	to Form 990, Part	IV, line 7.			
1	Preservation	conservation easements held by the org on of land for public use (e g , recreation of natural habitat on of open space	or education)	n historically importa certified historic stru				
2			a qualified concentration contribution in	the form of a sense	ation			
2		s 2a through 2d if the organization held a he last day of the tax year	a qualified conservation contribution in	the form of a conserv	ation			
		·		Held at th	ne End of the Year			
а	Total number o	of conservation easements		2a				
b	Total acreage	restricted by conservation easements		2b				
c	Number of con	servation easements on a certified histo	oric structure included in (a)	2c				
d		servation easements included in (c) acquire listed in the National Register	juired after 8/17/06, and not on a	2d				
3	Number of con	servation easements modified, transferr	ed, released, extinguished, or terminate	ed by the organizatio	n durıng			
	the tax year 🛌	<u> </u>						
4	Number of stat	tes where property subject to conservat	ion easement is located ►					
5		nization have a written policy regarding t f the conservation easements it holds?	the periodic monitoring, inspection, han	dling of violations, ai	nd <b>Yes No</b>			
6	Staff and volun	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments during the yea	r			
	A mount of ovn	enses incurred in monitoring, inspecting	and enforcing concervation eacoment	es during the year				
7		enses incurred in monitoring, inspecting	, and emorening conservation easement	s during the year				
8	Does each con	nservation easement reported on line 2(o 70(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	ction 170(h)(4)(B)(ı)	┌ Yes ┌ No			
9	balance sheet,	escribe how the organization reports cor , and include, if applicable, the text of the	e footnote to the organization's financia					
Dar		on's accounting for conservation easeme rizations Maintaining Collection		or Other Similar	r Accete			
II CII		ete if the organization answered "Y		or other similar	ASSCIS.			
1a	works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or research in furthe				
b	works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to thes	ts held for public exhibition, education,					
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1		<b>►</b> \$				
	(ii) Assets inc	luded in Form 990, Part X						
2	If the organiza	tion received or held works of art, histor ints required to be reported under SFAS		or financial gain, pro				
а	_	uded in Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,	<b>►</b> \$				

**b** Assets included in Form 990, Part X

Par	t IIII Organizations Maintaining Co	llections of Art	<u>, His</u>	<u>tori</u>	<u>cal Tr</u>	easures, or	<u>Othe</u>	<u>r Similar A</u>	sset	<b>S</b> (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	ieck a	any of t	he following that	are a	ı sıgnıfıcant u:	se of i	ts	
а	▼ Public exhibition d  ▼ Loan or exchange programs										
b	Scholarly research		e	굣	Other	Educational in	struct	ion			
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ıın hov	v the	y furthe	r the organization	n's e	xempt purpos	e in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t							nılar	<b>┌</b>	'oc	√ No
Par	rt IV Escrow and Custodial Arrang							'es" to Form			J* 140
	Part IV, line 9, or reported an ar										
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interme	ediary	for c	ontrıbu	tions or other as	sets	not	ΓY	'es	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follov	ving t	able			1			
								<i>P</i>	mour	nt	
с	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						<b>1</b> f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?						ΓY	'es	□ No
_ь	If "Yes," explain the arrangement in Part XII										<u> </u>
Pa	rt V Endowment Funds. Complete										an bade
1a	Beginning of year balance	(a)Current year 52,537,133	(D)	Prior y 49.!	ear 595,621	<b>b (c)</b> Two years bad 39,115,0	-	30,181,58			ears back 19,647,626
b	Contributions	12,304,637		•	186,079	3,312,0	_	6,600,33	-		5,469,739
c	Net investment earnings, gains, and losses					_,,_		-,,			
		6,593,610			-52,398	7,427,2	_	2,630,48	_		3,594,294
d	Grants or scholarships			-	381,205	154,60	50	102,20	)		170,920
е	Other expenditures for facilities and programs				0		0	119,28	5		1,114,172
f	Administrative expenses	116,888			110,964	104,0	33	75,87	1		56,398
g	End of year balance	71,318,492		52,	537,133	49,595,6	21	39,115,04	3	3	0,181,581
2	Provide the estimated percentage of the cur	rent year end baland	ce (lın	e 1g,	, colum	n (a)) held as					
а	Board designated or quasi-endowment 🕨	69 940 %									
ь	Permanent endowment ► 23 110 %										
С		50 %									
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation	that a	are helo	d and administer	ed for	the	_		
	organization by							-	-	Yes	No
	(i) unrelated organizations			•				<del></del>	a(i)		No
b	(ii) related organizations						•	-	3(ii)   3b		No .
4	Describe in Part XIII the intended uses of the	•					•		<u> </u>		<u> </u>
Pai	rt VI Land, Buildings, and Equipme					10.					
	Description of property		•	(a)	Cost or o	other (b)Cost or		(c) Accumulate depreciation	ed (	d) Boo	ok value
	Land					2,7:	31,612		$\top$		2,731,612
	Buildings						35,102	54,400,2	76		8,284,826
	Leasehold improvements					· · · · · · · · · · · · · · · · · · ·	55,952		_		2,599,794
d	Equipment					32,1	50,342	28,470,9	60		3,679,382
е	Other					1:	10,852				110,852
	ıl. Add lines 1a through 1e <i>(Column (d) must e</i>	equal Form 990, Part	X, colu	mn (l	B), line	10(c).)				10	7,406,466
								Schedule	D (Fo	orm 9	90) 2012

(a) Description of security or category	ee Form 990, Part X, line 12.	
(maluding name of accounts)	(b)Book value	(c) Method of valuation
(including name of security)  1 )Financial derivatives		Cost or end-of-year market value
2)Closely-held equity interests		
3)Other	10.705.011	_
A) MULTI-STRATEGY BOND FUND	19,705,941	F
B) MULTI-STRATEGY EQUITY FUND	37,574,078	F
C) GOVERNMENT SECURITIES FUND	12,734,046	F
D) COMMODITIES FUND	3,187,032	F
		F
E) CASH VALUE OF LIFE INSURANCE	24,457	<u> </u>
F) LIMITED PARTNERSHIPS	320,008	F
- N. (C.) - (1) (2) (2) (3) (4) (4) (4)	72.545.562	
otal. (Column (b) must equal Form 990, Part X, col (B) line 12 ) art VIII Investments—Program Related. S	73,545,562 73,545,562 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) must equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. See Form 990, Part X, (a) Desc		(b) Book value
(a) 5636	pcion	(D) Dook value
otal. (Column (b) must equal Form 990, Part X, col.(B) line	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Par		
Part X Other Liabilities. See Form 990, Par  (a) Description of liability	t X, line 25.	
Part X Other Liabilities. See Form 990, Par  (a) Description of liability  dederal income taxes	t X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Par  (a) Description of liability  ederal income taxes  EFUNDABLE ADVANCES FROM U S	t X, line 25. (b) Book value 0 2,259,031	
Part X Other Liabilities. See Form 990, Par  (a) Description of liability  ederal income taxes  EFUNDABLE ADVANCES FROM U S	t X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Par  (a) Description of liability  ederal income taxes  EFUNDABLE ADVANCES FROM U S	t X, line 25. (b) Book value 0 2,259,031	
Part X Other Liabilities. See Form 990, Par  (a) Description of liability  ederal income taxes  EFUNDABLE ADVANCES FROM U S	t X, line 25. (b) Book value 0 2,259,031	<b>.</b>
Part X Other Liabilities. See Form 990, Par  (a) Description of liability  dederal income taxes  REFUNDABLE ADVANCES FROM U S	t X, line 25. (b) Book value 0 2,259,031	
Part X Other Liabilities. See Form 990, Par  (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES FROM U S	t X, line 25. (b) Book value 0 2,259,031	
Part X Other Liabilities. See Form 990, Par  (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES FROM U S	t X, line 25. (b) Book value 0 2,259,031	<b>.</b>
Part X Other Liabilities. See Form 990, Par  (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES FROM U S	t X, line 25. (b) Book value 0 2,259,031	
Part X Other Liabilities. See Form 990, Par  (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES FROM U S	t X, line 25. (b) Book value 0 2,259,031	
Part X Other Liabilities. See Form 990, Part (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES FROM U S	t X, line 25. (b) Book value 0 2,259,031	
Part X Other Liabilities. See Form 990, Par  (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES FROM U S	t X, line 25. (b) Book value 0 2,259,031	
Part X Other Liabilities. See Form 990, Par  (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES FROM U S	t X, line 25. (b) Book value 0 2,259,031	
•	t X, line 25. (b) Book value 0 2,259,031	

	,		
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	104,720,169
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-33,643,914
3	Subtract line <b>2e</b> from line <b>1</b>	3	138,364,083
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 116,888		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	-368,875
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	137,995,208
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	95,374,589
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines 2a through 2d	2e	485,763
3	Subtract line <b>2e</b> from line <b>1</b>	3	94,888,826
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 116,888		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	38,311,383
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	133,200,209

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

Identifier	Return Reference	Explanation
ENDOWMENT FUNDS	FORM 990, SCHEDULE D, PART V	The College's endowment fund is intended to support its educational mission. Permanent Endowment funds and Quasi Endowment funds will fund student scholarships, faculty support, facility enhancements and other strategic initiatives. The College intends on keeping the endowment principal untouched, while using its earnings to satisfy the above-mentioned objectives.
Form 990, Schedule D, Part X, Line 2		Iona College is a tax-exempt organization as described in Section 501(c)(3) of the Internal Revenue Code (the Code), and is generally exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. The College has processes presently in place to ensure the maintenance of its tax-exempt status. The College recognizes the effect of uncertain tax provisions only if those positions are more likely than not of being sustained. Management has determined that the College has no uncertain tax positions that would require financial statement recognition or disclosure. The tax years ended 2010, 2011, and 2012 are still open to audit for both federal and state purposes. The College is, however, subject to federal and state income tax on unrelated business income.
reconcilation of revenue	Form 990, Schedule D, Part XI	Line 2d Scholarships \$38,194,495 Postretirement Benefits \$ (216,000) Loss on Debt Refinancing \$1,269,000 \$39,247,608 ========== Line 4b Special Events Expenses Reclassed to offset Special Events Revenue \$485,763 ===========
reconciliation of expenses	Form 990, Schedule D, Part XII	Line 2d Special Events Expenses Reclassed to Offset Special Event Revenue on Part VIII \$485,763 ====== Line 4b Scholarships \$38,194,495 ========
Schedule D, part III		Iona College operates a public gallery near its campus that is open to both students and to the general public, free of charge The College does not own any of the artwork exhibited in this gallery but receives these pieces for public exhibition. The gallery is intended as a vehicle to increase public appreciation of art and to enhance the student educational experience.

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DLN: 93493045025284

OMB No 1545-0047

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schools**

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

► Attach to Form 990 or Form 990-EZ.

**Employer identification number** 

**IONA COLLEGE** 13-3508093 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes 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 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 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? No\_ 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Yes

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)

ldentifier	Return Reference	Explanation
Form 990, Schedule E, Line 3		The organization publishes its racially nondiscriminatory policy on the web at www iona edu/ombuds. The college also publishes its nondiscriminatory policy in student handbooks.
Form 990, Schedule E, Line 4b		Ethnic background is an optional question on the admissions application. If students provide the information it is entered into peoplesoft. This data is also kept on employees where provided. Admissions decision letters are maintained in student files and are kept in SFS. The college communications department maintains blueprints on file of any admissions brochures and outsources, and the duplications department maintains copies of any brochure, poster, etc. that has been created internally
Form 990, Schedule E, Line 6A		The College receives both federal and state funding for student loans. The college administers the new york state tuition assistance program (TAP) and the pell grants program, a federally funded title iv program.

Schedule E (Form 990 or 990-EZ) 2012

DLN: 93493045025284

OMB No 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

IONA COLLEGE

**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. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

**Employer identification number** 

						13-3508093	
Pa	rt I Fundraising Act	ivities. Complete	ıf the o	ganızatı	on answered "Yes" t	o Form 990, Part IV	, line 17.
a b c d	Indicate whether the organ Mail solicitations Internet and email soli Phone solicitations In-person solicitations Did the organization have a	citations . written or oral agre	ement witl	e f g n any indi	Solicitation of non Solicitation of gov Special fundraising	-government grants ernment grants g events rs, directors, trustees	
b	or key employees listed in If "Yes," list the ten highes to be compensated at least	t paid individuals or	entities (f				<b>Yes No</b> ndraiser is
(	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
Tota			<u> </u> 	<u> </u>			
3	List all states in which the licensing	organization is regis	tered or li	censed to	l o solicit funds or has be	l en notified it is exempt	I from registration or

		G (Form 990 or 990-EZ) 2012				Page 2
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut			
		o, once mun groot recorpte g	(a) Event #1 WINGED FOOT	(b) Event #2 DINNER DANCE	(c) O ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	255,770	875,900	100,345	1,232,015
3ev∈	2	Less Contributions	155,770	725,900	50,993	932,663
_	3	Gross income (line 1 minus line 2)	100,000	150,000	49,352	299,352
	4	Cash prizes				
မွာ	5	Noncash prizes				
Expenses	6	Rent/facility costs	93,241	240,948	21,937	356,126
នី	7	Food and beverages .				
Direct	8	Entertainment		10,000		10,000
Δ	9	Other direct expenses .	28,962	63,260	27,415	119,637
	10	Direct expense summary Add lir	nes 4 through 9 in column	(d)		(485,763)
	11	Net income summary Combine I	ine 3, column (d), and line	210		-186,411
Par	t III	<b>Gaming.</b> Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>공</u>	1	Gross revenue				
ses	2	Cash prizes				
sesuedo	3	Non-cash prizes				
ញ ក្	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	☐ Yes	┌ Yes	┌ Yes	_
	7	Direct expense summary Add line	s 2 through 5 in column (	d)		
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	ımn (d)	🛌	
9 a b	Ist	er the state(s) in which the organiz the organization licensed to operate No," explain	e gaming activities in eac	h of these states?		. 「Yes 「No
						1
10a b	Wer	re any of the organization's gaming Yes," explain	licenses revoked, susper	nded or terminated during	the tax year?	

7063	the organization operate gaining	activities with nonmembers?			,	Yes	l No	
<b>12</b>	Is the organization a grantor, be	neficiary or trustee of a trust	or a mem	ber of a partnership or other entity				
	formed to administer charitable (	gamıng?				. Г	Yes	Γ <sub>No</sub>
	Indicate the percentage of gamin			!		•		
а	The organization's facility				13a			
b	An outside facility				13b			
L <b>4</b>	Enter the name and address of the	ne person who prepares the or	rganızatıo	n's gamıng/specıal events books a	nd recor	ds		
	Name 🕨							
	Address 🏲							
	Does the organization have a correvenue?			organization receives gaming		. г	- Vas	r No
				:ion 🟲 \$ and		• •	165	1 110
	amount of gaming revenue retain							
	If "Yes," enter name and address							
	Name ►							
	Address 🟲							
16	Gaming manager information							
	Name ►							
	Gaming manager compensation <b>I</b>	<b>▶</b> \$						
	Description of services provided	<b>&gt;</b>						
	Director/officer Mandatory distributions	F Employee		Independent contractor				
	•	er state law to make charitabl	le distribu	itions from the gaming proceeds to				
	retain the state gaming license?					Г	- Yes	
b	Enter the amount of distributions	required under state law dist	tributed to	o other exempt organizations or sp	ent	•	103	, 110
	in the organization's own exempt	activities during the tax yea	r <b>►</b> \$					
Part	columns (III) and (v), a		.0b, 15b,	ovide the explanations required 15c, 16, and 17b, as applicabons).				
	Identifier	Return Reference		Explanat	tion			,
Sche	dule G, Part II, Line 6			All food and beverages costs asso Dinner Dance and Winter Auction e facility costs on Line 6 of Schedule	events ar	e repo		

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OMB No 1545-0047

DLN: 93493045025284

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

Open to Public

Schedule I

(Form 990)

ame of the organization						Employer identification	on number
ONA COLLEGE						13-3508093	
Part I General Information							
<ul> <li>Does the organization maintain r</li> <li>the selection criteria used to awa</li> <li>Describe in Part IV the organization</li> </ul>	ard the grants or as	sıstance?					✓ Yes ✓ N
Part II Grants and Other As Form 990, Part IV, line	sistance to Go	vernments and O	rganizations in the	United States. Com			es" to
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> A mount 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 gran or assistance
<ul><li>Enter total number of section 50</li><li>Enter total number of other organ</li></ul>						<del>-</del>	
or Paperwork Reduction Act Notice, see				Cat No 50055P			le I (Form 990) 2012

<b>Part III</b>	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	<b>(d)</b> A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	3159	38,195,495			

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

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

DLN: 93493045025284

OMB No 1545-0047

Open to Public Inspection

#### **Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

**Compensation Information** 

Part IV, question 23. ► Attach to Form 990. ► See separate instructions.

Name of the organization IONA COLLEGE

**Employer identification number** 

13-3508093

Pa	rt I Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	<u> </u>	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	<u>~</u>	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement or provision of all of the expenses des			1b	Yes	
2	Did the organization require substantiation prior to re directors, trustees, and the CEO/Executive Director,				V	
	directors, diastees, and the eloyexecutive pricetor,	regure	any the rems encered in fine 14.	2	Yes	
3	Indicate which, if any, of the following the filing organiorganization's CEO/Executive Director Check all the used by a related organization to establish compensa	at appl	y Do not check any boxes for methods			
	✓ Compensation committee		Written employment contract			
	Independent compensation consultant	Γ	Compensation survey or study			
	Form 990 of other organizations	<b>▽</b>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, P or a related organization	art VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	aymer	nt?	4a	Yes	
b	Participate in, or receive payment from, a supplement	tal non	nqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and pro	vıde th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	t com	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	a, did the organization pay or accrue any			
а	The organization?			5a		Νo
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, compensation contingent on the net earnings of	lıne 1a	a, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported in Form 990, Part VII, pa	aid or a	accured pursuant to a contract that was			
	subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$ ?	rebutt	able presumption procedure described in Regulations	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MI:	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	<b>(F)</b> Compensation reported as deferred in prior Form 990	
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)		
See Additional Data Table								

Schedule J (Form 990) 2012

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any addition	onal information	
Identifier	Return Reference	Explanation
COMPENSATION INFORMATION	FORM 990, SCHEDULE J	LINE 1A The Current President is provided housing in close proximity to the campus, the value of that housing is not included in taxable income as the President's presence on the campus is required as a condition of employment. The College, likewise, pays social club dues for the President. To the extent that the President uses the social club for business purposes, the value of the club dues is reported in the nontaxable benefits column on Schedule J. The College makes available to various College personnel and guests a driver for College-related activities. Occasionally, the President will make use of these driver services for college-related events only. Finally, several individuals reported on Part VII and Schedule J of the Form 990 received one-time gross-up payments in fiscal 2012. These amounts are reported in Schedule J, part II, Column (b)(iii) and represent payments made in connection with the College's Defined contribution retirement plan. LINE 1B. Any expenses incurred by the President with respect to his housing allowance and/or his social club dues are submitted for direct payment to the Finance office via a check request. THE CHECK REQUEST NEEDS THE APPROVAL OF THE APPROPRIATE PERSON (SVP FINANCE AND ADMINISTRATION IN THIS CASE) BEFORE BEING SUBMITTED TO ACCOUNTS PAYABLE FOR PROCESSING. THE DRIVER IN THIS CASE IS AN IONA COLLEGE EMPLOYEE AND THE STIPEND HE RECEIVES FOR DRIVING IS INCLUDED IN HIS PAYCHECK AND APPROVED BY THE DIRECTOR OF HUMAN RESOURCES. Form 990 Schedule J, Column D Included within the President's non-taxable benefits is the value of employer provided housing on Iona's campus. To determine the value of the lodging, Iona utilized comparable rentals in the surrounding community.
Form 990 Schedule J, Line 4a		Jonathan Ivec, Senior Vice President for Finance and Administration, received a severance payment in May of 2013 Since the Form 990 requires compensation to be reported on a calendar year basis, Mr Ivec's severance

payment will not be reported on this Form 990, but will be disclosed on the succeeding year's Form 990

Schedule J (Form 990) 2012

Software ID: Software Version:

**EIN:** 13-3508093

Name: IONA COLLEGE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
	422,675	41,500	3,488	12,500	78,987	559,150	
	109,074		530	11,143	2,355	123,102	
	262,137		2,040	12,500	7,209	283,886	
	205,174		2,470	19,802	3,134	230,580	
	206,988		130	10,693	10,197	228,008	
	222,388		414	11,134	11,369	245,305	
	170,019 1)		307	17,473	4,709	192,508	
	318,341	20,000	888	11,528	1,660	352,417	
	185,182		1,639	13,993		200,814	
	217,799 I)		2,415	12,640	5,134	237,988	
	166,946		3,193	13,569	5,634	189,342	
Dimitris Halaris ((	168,693	0	124 0	0	0	/	

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**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 Part VI.

► Attach to Form 990.

► See separate instructions.

DLN: 93493045025284 OMB No 1545-0047

2012

Open to Public **Inspection** 

Department of the Treasury

Internal Revenue Service

(Form 990)

	e of the organization				Employer identification no						tion num	ımber			
1011	A COLLEGE									13-	35080	93			
Pa	rt I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	<b>(e)</b> Issue p	rıce	(f	Description	n of purpose	<b>(g)</b> De	feased	beh	On alf of uer		Pool ncing
										Yes	No	Yes	No	Yes	No
A	Dormitory Authority of the State of New York	14-6000293	649906P65	08-01-2012	31,366		Refunding 2002 Bond/Construction o			×		x		х	
Pa	rt III Proceeds														
								В	3		С			D	
1						142	,376								
	A mount of bonds legally defea				0										
3	Total proceeds of issue		3	31,366											
4	Gross proceeds in reserve funds					2,023,887									
5	Capitalized interest from proc						0								
6	Proceeds in refunding escrow						0								
7	Issuance costs from proceed					507	,061								
8	Credit enhancement from pro						0								
9	Working capital expenditures	from proceeds					0								
10	Capital expenditures from pro	oceeds			0										
11	Other spent proceeds				25,291,862										
12	Other unspent proceeds					6,075,000									
13	Year of substantial completio	n					-		-			-			
					Yes	No	<b>)</b>	Yes	No	Yes	N	0	Yes		No
14	Were the bonds issued as par	rt of a current refund	ding issue?		X										
15	Were the bonds issued as par	rt of an advance refu	unding issue?			Х									
16	Has the final allocation of pro	ceeds been made?				Х									
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				Х										
Par	rt IIII Private Business Use														
				A A			B		W	C	_		D		
1	Was the organization a partne	er in a partnership o	ora member of an I	LC, which owned	Yes	No		Yes	No	Yes	N	0	Yes	+	No
<u> </u>	property financed by tax-exer					X								$\bot$	

financed property?

Are there any lease arrangements that may result in private business use of bond-

Х

Sche	dule K (Form 990) 2012									Page <b>2</b>
Par	Private Business Use (Continued)									
				A		В		C		D
_	A see bloom and see a	h	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private of bond-financed property?			Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-		Х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use bother than a section $501(c)(3)$ organization or a state or local government			0%		%		%		%
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothor (c)(3) organization, or a state or local government			%		%		%		%
6	Total of lines 4 and 5			%		%		%		%
7	Does the bond issue meet the private security or payment test?									
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?			х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?			х						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under			х						
Do	Regulations sections 1 141-12 and 1 145-2?									
Par	t IV Arbitrage	Α		В		С			D	
		Yes	No	Yes	No	Ye		No	Yes	No
1	Has the issuer filed Form 8038-T?		Х							
2	If "No" to line 1, did the following apply?									
 а	Rebate not due yet?	X							I	
b	Exception to rebate?		Х							
c	No rebate due?									
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								Į.	
3	Is the bond issue a variable rate issue?		Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider	0								
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was a hedge terminated?									<u> </u>
					•	•	•	•		

Pai	rt IV Arbitrage (Continued)								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
ь	Name of provider	0							
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		х						
7	Has the organization established written procedures to monitor the requirements of section 148?		х						
Pa	rt V Procedures To Undertake Corrective Action								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has 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?		x						

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).											
<b>Ident if ier</b>	Return Reference	Explanation									
Form 990, Part III, Line 7		At this time, the College has not undertaken the necessary calculations to determine whether or not it has met the private security or payment test									
Form 990, Part III, Line 9, Part IV, Line 7 & Part V		The College is in the process of implementing written procedures to monitor its bonds so that they are compliant with each of the requirements under the Internal Revenue Code									

Schedule K (Form 990) 2012

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OMB No 1545-0047

#### 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, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. 2012

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b  (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction Yes No	Name of the orga IONA COLLEGE	nızatıon						Em	ploye	r ident i	fication	numbei	r
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) Relationship between disqualified person end organization  Person and organization  (c) Description of transaction  (d) Corrected?  Yes No  Yes No  2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section  4958													
(d) Corrected? Yes No  2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958													
2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958													
2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958	1 (a) Name o	or disqualified pe	rson (b) K				(c) Descrip	ption o	rtrans	saction			
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization				person and	a organizaci	1011						res	NO
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization													
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization													
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization													
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization													
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization													
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization													
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization													
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization													
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization													
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	<b>3</b> Fate-th-												
Approved person  To From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22  (a) Name of interested person  To From  To Fro		ount of tax incur	rea by organi:	zation mana 	gers or dis			year u	ınaer s	ection • ¢			
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22  (a) Name of interested person    (b) Relationship   (c) Purpose   (d) Loan to   (e) Original   (f) Balance   (g) In   (h)   (i) Written   (a) Original   (f) Balance   (g) In   (h)   (f) Original   (f) Balance   (g) In   (f) Balan		ount of tax if an	von line 2 a	hove reimb	ursed by th			• •	•	- + 			
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22  (a) Name of interested person  (b) Relationship (c) Purpose of assistance growing and the organization of loan or from the organization?  (d) Loan to or from the organization?  (e) Original principal amount of the organization?  (f) Balance due due due due due due due due due du	5 Enter the ann	ounce or eax, ii aii	y, on mic 2, a	bove, rennb	arsea by th	ic organization		•	•	- Ψ			
(a) Name of interested person   (b) Relationship person   (c) Purpose of assistance   (d) Loan to or from the organization?   (d) Loan to or from the organization?   (e) Original amount   (f) Balance due   (g) In Approved by board or committee?   (e) Purpose of assistance   (e) Pur													
(a) Name of interested person  (b) Relationship (c) Purpose of loan or from the organization person  (b) Relationship (c) Purpose of loan or from the organization?  To From  (e) Original principal amount  (f) Balance due default?  Yes No Yes No Yes No Yes No  Yes No Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No							ne 38a, or Fo	rm 990	O, Par	t IV, lın	ie 26, o	rıfthe	
Interested person with organization of loan or from the organization?  To From Prom Principal amount  Yes No Yes No Yes No Yes No Organization  To From Prom Principal amount  To From Prom Principal amount  To From Prom Principal amount  To From Prom Principal amount  To From Prom Principal amount  To From Prom Prom Principal amount  To From Prom Prom Principal amount  To From Prom Prom Principal amount  To From Prom Principal amount  To From Prom Prom Principal amount  To From Prom Prom Prom Prom Prom Prom Prom P						<u> </u>	(6) D - I	()	T			(:))//::	
person organization? amount by board or committee?  To From Yes No Yes No Yes No  To From Interested person and the organization answered Interested person and the organization?  To From Interested person amount by by board or committee?  Yes No Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No													
To From Yes No Yes No Yes No or No Yes No Ye												3, 55.	
otal  Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person and the person interested person and the person of the person										commi	ittee?		
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person interested person and the person (c) Amount of assistance person (e) Purpose of assistance (e) Purpose of assistance (e) Purpose of assistance (figure 27).				То	From			Yes	No	Yes	No	Yes	No
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person interested person and the person (c) Amount of assistance person (e) Purpose of assistance (e) Purpose of assistance (e) Purpose of assistance (figure 27).											ļ	_	
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person interested person and the person (c) Amount of assistance person (e) Purpose of assistance (e) Purpose of assistance (e) Purpose of assistance (figure 27).											1	_	
Grants or Assistance Benefitting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person interested person and the person   (c) A mount of assistance   (d) Type of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (f) Type of assistance   (f) of ass												_	
Grants or Assistance Benefitting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person interested person and the person   (b) Relationship between interested person and the person   (c) A mount of assistance   (d) Type of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (f) Type of assistance   (f) Purpose of assistance   (f) P											<u> </u>	_	
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person interested person and the person (c) Amount of assistance person (e) Purpose of assistance (e) Purpose of assistance (e) Purpose of assistance (figure 27).											1	_	
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person interested person and the person (c) Amount of assistance person (e) Purpose of assistance (e) Purpose of assistance (e) Purpose of assistance (figure 27).										<u> </u>		_	
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person interested person and the complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (b) Relationship between interested person and the complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (c) Amount of assistance interested person and the complete if the organization answered "Yes" on Form 990, Part IV, line 27.													
(a) Name of interested person interested person and the (b) Relationship between interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance	Gran	its or Assista	nce Benefi	itting Inte	erested I	Persons.	- TV   luna 27						
person Interested person and the										(-)	Dumas	6	
	` '	` '			a mount o	or assistance	(a) Type o	rassis	tance	(e)	Purpos	e or ass	istance
	person		•										
		İ					•						
							•						

Part IV Business Transactions In Complete if the organization			e 28a, 28b, or 28c.			
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reveni	of ization':	
				Yes	No	
(-,	Board of Trustees Member	172,076	See Schedule L Narrative		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	
Form 990, Schedule L, Part IV		The College purchased LED lighting from a corporation that employs (as an officer) an Iona Board of Trustees member, Robert LaPenta The College's total expenditures for the year ending June 30, 2013 was \$172,076

Schedule L (Form 990 or 990-EZ) 2012

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DLN: 93493045025284

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

**SCHEDULE M** 

(Form 990)

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

**Noncash Contributions** 

Internal Revenue Service Name of the organization IONA COLLEGE

**Employer identification number** 

Б.	T				13-3508093			
Pa	<b>It I</b> Types of Property	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of o noncash contri		_	ts
				1g				
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
_	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	16	293,675	FMV			
	Securities—Closely held stock .							
L <b>1</b>	Securities—Partnership, LLC, or trust interests							
2	Securities—Miscellaneous							
	Qualified conservation							
.5	contribution—Historic structures							
4	Qualified conservation contribution—Other							
5	Real estate—Residential .							
6	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
9	Food inventory							
0	Drugs and medical supplies .							
1	Taxıdermy							
2	Historical artifacts							
	Scientific specimens							
4	Archeological artifacts							
5	O ther ► ()							
6	O ther ►()							
	O ther ▶()							
	O ther ► ()							
9	Number of Forms 8283 received for which the organization comple		<del>-</del>		29		-	
	5				4 20 11 1 1		Yes	No
sva	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No
Ь	If "Yes," describe the arrangem	ent in Part :	II					
31	Does the organization have a gif	ft acceptan	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell i	noncash	22-	V 2.5	
L		-	· · · · ·	·	-	32a	Yes	
в 33	If "Yes," describe in Part II  If the organization did not report	tan amount	in column (c) for a type of	property for which column (	a) is chacked			
	describe in Part II	can amount	. In column (c) for a type of	property for willen column (	a, is checked,			

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

I dentifier	Return Reference	Explanation		
Schedule M, Question 32a	,	To the extent that Iona College receives any noncash contributions of marketable securities, the College's investment advisors are tasked with disposing of the securities		

Schedule M (Form 990) (2012)

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As Filed Data -

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Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

**SCHEDULE 0** 

(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.

Open to Public Inspection

Name of the organization	Employer identifi	cation number
	13-3508093	

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 11		The Form 990 was prepared by a nationally renowned accounting firm in conjunction with the organization's financial department. A copy of the draft Form 990 was circulated to the full Board of Trustees for discussion and comment. Each Board Member was provided ample opportunity to comment on the information contained in the 990 prior to its electronic filing with the Internal Revenue Service.
FORM 990, PART VI, LINE 12		Each trustee of the College is required to annually disclose any conflicts of interest that arise by virtue of their employment, board service, or position with the College. The College monitors compliance with its conflict of interest policy through an annual questionnaire/disclosure statement that is distributed to these individuals. Potential conflicts are investigated immediately. In an effort to comply with the requirements of increased transparency and disclosure required by the Form 990, The College is in the process of amending its Conflict of Interests Policy to broaden its applicability to officers, directors and key employees. Form 990, Part VI, Line 14. The College is in the process of amending its existing document retention policy and implementing a more comprehensive policy that is consistent with best governance practices.
FORM 990, PART VI, LINE 15		The College undertakes a thorough process to ensure that the executive compensation it pays to its top management official and all of its officers and key employees is reasonable given the market in which the College operates in relevant part, the Board of Directors has established a Compensation Committee of independent persons that have no personal interest in the proposed compensation agreement
FORM 990, PART VI, LINE 19		The taxpayer makes its Form 990 available to the public by retaining a copy at its place of business and is available upon request. The Form 990 is likewise published on the internet at www guidestar org. The organization's financial statements, governing documents and conflict of interest policy are not ordinarily made available to the public, but, if requested, will be provided at management's discretion
Form 990, Part IV, Line 4 & Schedule C		lona College does not undertake any direct lobbying activities, however, the College is a dues-paying member in various college and higher education professional associations. By virtue of its membership in these associations, the College may undertake some indirect lobbying activities as a portion of its membership dues may be used to fund higher education advocacy endeavors. The College has not received notification from the associations of its allocable share of non-deductible lobbying expenditures, accordingly the College has not disclosed any amounts on Schedule C. This disclosure in Schedule O is offered in the interests of full disclosure.
Form 990, Part XI, Line 9		Adjustments to Net Assets or Fund Balances Loss on Debt Refinancing (1,269,113) Postretirement Benefit Changes 216,000 Total Changes in Fund Balances (1,053,113)