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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2012 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization Marist College		D Employer identification number 14-1442493
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 3399 North Road Suite	Room/suite	E Telephone number (845) 575-3000
	City or town, state or country, and ZIP + 4 Poughkeepsie, NY 12601		G Gross receipts \$ 319,421,285
	F Name and address of principal officer Dennis J Murray President 3399 North Road Poughkeepsie, NY 12601		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527			
J Website: ▶ marist.edu			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities MARIST IS DEDICATED TO HELPING STUDENTS DEVELOP THE INTELLECT, CHARACTER AND SKILLS REQUIRED FOR ENLIGHTENED, ETHICAL, AND PRODUCTIVE LIVES IN THE GLOBAL COMMUNITY OF THE 21ST CENTURY		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	3,669
	6 Total number of volunteers (estimate if necessary)	6	241
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	336,175
b Net unrelated business taxable income from Form 990-T, line 34	7b	-6,725	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,301,820	12,689,352
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	184,406,332	197,631,366
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,228,393	15,071,306
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,221,352	3,521,623
		201,157,897	228,913,647
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	40,985,940	43,525,302
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	83,592,897	86,792,438
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ☒ 1,583,070		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	56,940,648	64,861,634
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	181,519,485	195,179,374
	19 Revenue less expenses Subtract line 18 from line 12	19,638,412	33,734,273
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		457,992,335	517,047,632
21 Total liabilities (Part X, line 26)		135,006,099	147,629,812
22 Net assets or fund balances Subtract line 21 from line 20		322,986,236	369,417,820

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	***** Signature of officer			2014-05-05 Date	
	JOHN PECCHIA VP of B A/CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature		Date
	Firm's name ▶ GRANT THORNTON LLP			Check ☐ if self-employed	PTIN
	Firm's address ▶ 666 THIRD AVENUE NEW YORK, NY 100174057			Firm's EIN ▶ Phone no (212) 599-0100	

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

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

MARIST COLLEGE ("MARIST") IS A COMPREHENSIVE, LIBERAL ARTS-BASED INSTITUTION WITH ITS 168 ACRE MAIN CAMPUS IN THE HUDSON RIVER VALLEY OF NEW YORK, A BRANCH CAMPUS IN FLORENCE, ITALY, THE RAYMOND A. RICH INSTITUTE FOR LEADERSHIP DEVELOPMENT IN ESOPUS, NY, EXTENSION CENTERS THROUGHOUT NEW YORK, AND EDUCATIONAL OFFERINGS AROUND THE WORLD THROUGH ITS ONLINE PROGRAMS. MARIST IS DISTINGUISHED BY ITS HIGH-QUALITY FACULTY, INNOVATIVE PROGRAM OFFERINGS, BEAUTIFUL CAMPUS, AND A TECHNOLOGICAL PLATFORM THAT IS COMPARABLE TO THE BEST RESEARCH UNIVERSITIES IN THE WORLD. FOR THE 11TH YEAR IN A ROW, MARIST WAS NAMED ONE OF "THE 378 BEST COLLEGES" IN AMERICA BY THE PRINCETON REVIEW, WHICH ALSO NAMED MARIST'S SCHOOL OF MANAGEMENT ONE OF "THE TOP 295 BUSINESS SCHOOLS". IN ADDITION, KIPLINGER'S PERSONAL FINANCE MAGAZINE AGAIN NAMED MARIST ONE OF THE "BEST VALUES" IN PRIVATE COLLEGE EDUCATION IN THE U.S. MARIST WAS NAMED TO THE LIST BECAUSE IT OFFERS A HIGH-QUALITY COMPREHENSIVE EDUCATION AT A REASONABLE

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

If "Yes," describe these changes on Schedule O

Marist College is a highly selective, comprehensive liberal arts-based institution noted for its leadership in the use of technology in and out of the classroom. Marist is chartered by the State of New York and fully accredited by the Middle States Commission on Higher Education (MSCHE). Marist's student body is comprised of 5,560 undergraduate students and 817 graduate students with 43 bachelor's programs, 12 master's programs and 21 certificate programs. Founded in 1929, Marist's 228-acre campus overlooks the Hudson River in the heart of the historic Hudson Valley and is situated midway between New York City and Albany, the state capital. What started as a school for the training of future Marist Brothers has developed into one of the most selective colleges in the nation. Marist is ecumenical in character and reflects the ideals of the Marist Brothers' founder, St. Marcellin Champagnat: commitment to excellence in education, the importance of community, and dedication to the principle of service. Marist is dedicated to the development of the whole person in a way that will prepare our graduates to lead enlightened, ethical, and productive lives in the global community of the 21st century.

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

[illegible]

4e	Total program service expenses	179,872,071
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Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8 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 V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, 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	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	13 Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the 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 Yes	
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	

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes	
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	6,814	
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	3,669	
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)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
b	If "Yes," enter the name of the foreign country SP, IT See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	29		
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		
1b	28		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	NY
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ 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	JOHN PECCHIA CFO VP OF BA 3399 NORTH ROAD POUGHKEEPSIE, NY (845) 575-3000

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

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

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,892,268	0	816,349

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 95

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
SODEXO INC AND AFFILIATES ,	FOOD SERVICE	7,699,957
RESIDENCE INN ,	STUDENT HOUSING	1,730,271
ROBERT AM STERN ARCHITECTS ,	ARCHITECTS	1,603,953
Daniel O'Connells Sons Incorporatio ,	Construction	11,908,095
COMMERCIAL INDUSTRIAL CONSTRUCTION ,	CONSTRUCTION	1,382,898

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 ►64

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	13,833				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	2,745,556				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,929,963				
	g	Noncash contributions included in lines 1a-1f \$		2,732,769				
	h	Total. Add lines 1a-1f		12,689,352				
Program Service Revenue	2a	TUITION & FEES	Business Code 611710	157,306,014	157,306,014			
	b	ROOM & BOARD	721310	40,325,352	40,325,352			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		197,631,366				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,298,282		3,298,282	
4		Income from investment of tax-exempt bond proceeds . . .		245		245		
5		Royalties		0				
6a		Gross rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)	0				0
		d	Net rental income or (loss)					0
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less cost or other basis and sales expenses	102,186,045				36,970
		c	Gain or (loss)	90,195,600				254,636
		d	Net gain or (loss)	11,990,445				-217,666
8a		Gross income from fundraising events (not including \$ 13,833 of contributions reported on line 1c) See Part IV, line 18	a	32,270				
b		Less direct expenses	b	39,539				
c		Net income or (loss) from fundraising events . . .		-7,269				-7,269
9a		Gross income from gaming activities See Part IV, line 19	a	95,381				
b		Less direct expenses	b	17,863				
c		Net income or (loss) from gaming activities . . .		77,518				77,518
10a		Gross sales of inventory, less returns and allowances . .	a					
b		Less cost of goods sold	b					
c		Net income or (loss) from sales of inventory . . .		0				
Miscellaneous Revenue		Business Code						
11a		STUDENT CLUB ACTIVITIES	900099	667,523			667,523	
b	ATHLETICS	611600	1,058,108			1,058,108		
c	SUMMER CAMP ACTIVITIES	611600	336,175		336,175			
d	All other revenue		1,389,568			1,389,568		
e	Total. Add lines 11a-11d		3,451,374					
12	Total revenue. See Instructions		228,913,647	197,631,366	336,175	18,256,754		

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

☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	130,000	130,000		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	43,395,302	43,395,302		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	2,753,633	830,585	1,420,346	502,702
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	60,438,100	55,140,542	4,732,243	565,315
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	6,390,405	4,899,626	1,434,813	55,966
9	Other employee benefits.	12,017,626	10,131,428	1,775,568	110,630
10	Payroll taxes.	5,192,674	5,002,870	142,286	47,518
11	Fees for services (non-employees):				
a	Management.	5,742,985	5,742,985		
b	Legal.	312,897	11,184	301,713	
c	Accounting.	311,037	891	310,146	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	379,886		379,886	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,945,584	1,389,468	551,610	4,506
12	Advertising and promotion.	2,335,919	2,273,126	61,317	1,476
13	Office expenses.	4,000,304	3,844,373	19,887	136,044
14	Information technology.	5,482,631	5,261,650	220,981	
15	Royalties.	701,278	676,984	24,294	
16	Occupancy.	9,606,325	9,588,129	16,215	1,981
17	Travel.	4,012,109	3,535,249	428,658	48,202
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	583,814	525,655	56,853	1,306
20	Interest.	2,742,283	2,658,402	76,838	7,043
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	11,655,477	10,712,484	942,993	
23	Insurance.	1,279,548	1,117,860	161,688	
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	INTERNATIONAL STUDIES	7,130,008	7,130,008		
b	ATHLETICS	1,554,137	1,554,137		
c	HOSPITALITY	1,888,417	1,308,461	479,575	100,381
d	STUDENT MAINTENANCE EXPENSES	1,624,406	1,624,406		
e	All other expenses	1,572,589	1,386,266	186,323	
25	Total functional expenses. Add lines 1 through 24e.	195,179,374	179,872,071	13,724,233	1,583,070
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

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		12,139,648	1	1,216,644
	2	Savings and temporary cash investments		39,764,288	2	48,146,113
	3	Pledges and grants receivable, net		2,631,703	3	3,931,133
	4	Accounts receivable, net		4,449,723	4	3,690,475
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		52,975	5	48,748
	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		0	6	0
	7	Notes and loans receivable, net		5,869,738	7	5,836,494
	8	Inventories for sale or use		351,352	8	332,393
	9	Prepaid expenses and deferred charges		2,417,816	9	3,215,841
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a404,817,020			
	b	Less accumulated depreciation	10b147,673,901	239,783,368	10c	257,143,119
	11	Investments—publicly traded securities		136,464,977	11	162,771,224
	12	Investments—other securities See Part IV, line 11		10,637,947	12	23,347,471
	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		3,428,800	15	7,367,977
	16	Total assets. Add lines 1 through 15 (must equal line 34)		457,992,335	16	517,047,632
Liabilities	17	Accounts payable and accrued expenses		16,342,130	17	19,448,925
	18	Grants payable		0	18	0
	19	Deferred revenue		6,786,143	19	7,894,218
	20	Tax-exempt bond liabilities		85,670,509	20	98,563,134
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		23,148	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 D		26,184,169	25	21,723,535
	26	Total liabilities. Add lines 17 through 25		135,006,099	26	147,629,812
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		264,243,441	27	306,481,107
	28	Temporarily restricted net assets		33,694,436	28	36,276,283
	29	Permanently restricted net assets		25,048,359	29	26,660,430
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		322,986,236	33	369,417,820
	34	Total liabilities and net assets/fund balances		457,992,335	34	517,047,632

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	228,913,647
2	Total expenses (must equal Part IX, column (A), line 25)	2	195,179,374
3	Revenue less expenses Subtract line 2 from line 1	3	33,734,273
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	322,986,236
5	Net unrealized gains (losses) on investments	5	8,668,558
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)	9	4,028,753
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	369,417,820

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 14-1442493

Name: Marist College

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT R DYSON TRUSTEE	1 0	X						0		
ELLEN M HANCOCK CHAIR	2 0	X						0		
THOMAS J WARD TREASURER	1 0	X						0		
ROSS A MAURI VICE CHAIR	1 0	X						0		
ELIZABETH M WOLF ASSISTANT SECRETARY	1 0	X						0		
JAMES A CANNAVINO TRUSTEE	1 0	X						0		
JAMES M BARNES TRUSTEE	1 0	X						0		
JAMES R BARNES SECRETARY	1 0	X						0		
TIMOTHY G BRIER TRUSTEE	1 0	X						0		
BRENDAN T BURKE TRUSTEE	1 0	X						0		
GERARD E DAHOWSKI TRUSTEE	1 0	X						0		
MARK V DENNIS TRUSTEE	1 0	X						0		
MICHAEL C DUFFY TRUSTEE	1 0	X						0		
STEVEN EFFRON TRUSTEE	1 0	X						0		
MICHAEL G GARTLAND TRUSTEE	1 0	X						0		
DR STANLEY E HARRIS TRUSTEE	1 0	X						0		
DANIEL G HICKEYSR TRUSTEE	1 0	X						0		
JAMES P HONAN TRUSTEE	1 0	X						0		
BRO JAMES P KEARNEY TRUSTEE	1 0	X						0		
PATRICK M LAVELLE TRUSTEE	1 0	X						0		
CHRISTOPHER G MCCANN TRUSTEE	1 0	X						0		
GENINE MCCORMICK TRUSTEE	1 0	X						0		
JOHN P O'SHEA TRUSTEE	1 0	X						0		
PATRICE M CONNOLLY PANTELLO TRUSTEE	1 0	X						0		
BRO SEAN SAMMON TRUSTEE	1 0	X						0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TIM TENNEY TRUSTEE	1 0	X						0	0	
DR DENNIS J MURRAY PRESIDENT	50 0 0 0	X		X				659,455	0	150,668
DR SUSAN L COHEN TRUSTEE	1 0	X								
LAUREEN DEJONG TRUSTEE	1 0	X								
DR GEOFFREY L BRACKETT EXECUTIVE VP	50 0			X				336,895		85,909
JOHN PECCHIA VP BUSINESS AFFAIRS/CFO	50 0			X				223,367		27,771
SEAN P KAYLOR VP ADMISSION & ENROLLMENT	50 0			X				235,799		50,103
DR THOMAS WERMUTH VP ACAD AFFAIR DEAN OF FACULTY	50 0			X				247,197		35,542
DEBORAH A DICAPRIO VP/DEAN OF STUDENT AFFAIRS	50 0			X				207,131		46,436
WILLIAM T THIRSK VP & CHIEF INFORMATION OFFICER	50 0			X				209,126		22,535
CHRISTOPHER DELGIORNO VP COLLEGE ADVANCEMENT	50 0			X				214,057		38,214
DR JOHN RITSCHDORFF ASSOC VP OF ACADEMIC AFFAIRS	50 0				X			180,844		37,773
JOSE MARTIN MEN'S BASKETBALL COACH	50 0					X		233,982		39,466
DR ROGER NORTON DEAN, SCHOOL OF SCIENCE & MATH	50 0					X		215,521		42,165
brian giorgis women's basketball coach	50 0					X		176,807		50,336
DR LEE MIRINGHOFF DIRECTOR OF MIPO	50 0					X		296,187		89,397
DR BARBARA CARVALHO DIRECTOR OF MARIST POLL	50 0					X		251,084		74,143
DR ROY HMEROLLI FORMER EXECUTIVE VP	0 0 0 0						X	204,816	0	25,891

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization Marist College	Employer identification number 14-1442493
--	--

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

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

☐

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

☐

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

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2011 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2011 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
b 33 1/3% support tests—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 ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			

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

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization Marist College	Employer identification number 14-1442493
--	--

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

▶ \$ 2,391,100

(ii) Assets included in Form 990, Part X

▶ \$ 7,118,455

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

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

3

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

a

☒ Public exhibition

d

☐ Loan or exchange programs

b

☒ Scholarly research

e

☐ Other

c

☒ Preservation for future generations

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	42,888,844	44,454,456	39,159,130	29,991,135	30,178,049
b Contributions	1,626,123	572,432	777,180	7,771,725	840,568
c Net investment earnings, gains, and losses	2,606,865	-1,462,091	4,921,221	1,597,729	-248,421
d Grants or scholarships	467,278	395,479	403,075	451,459	481,103
e Other expenditures for facilities and programs	-47,500	280,474			261,958
f Administrative expenses				-250,000	36,000
g End of year balance	46,702,054	42,888,844	44,454,456	39,159,130	29,991,135

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶ 15 970 %

b

Permanent endowment ▶ 57 080 %

c

Temporarily restricted endowment ▶ 26 950 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐

☐

4

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,433,461		7,433,461
b Buildings		212,065,429	72,256,146	139,809,283
c Leasehold improvements		98,231,027	28,062,464	70,168,563
d Equipment		55,376,602	45,077,847	10,298,755
e Other		31,710,501	2,277,444	29,433,057
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				257,143,119

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	198,819,525
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	8,668,558
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	4,632,622
e	Add lines 2a through 2d	2e	13,301,180
3	Subtract line 2e from line 1	3	185,518,345
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	43,395,302
c	Add lines 4a and 4b	4c	43,395,302
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	228,913,647

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	151,898,777
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	114,705
e	Add lines 2a through 2d	2e	114,705
3	Subtract line 2e from line 1	3	151,784,072
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	43,395,302
c	Add lines 4a and 4b	4c	43,395,302
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	195,179,374

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
Part III, Line 4	Collection of artworks	College holds a culturally and historically diverse collection. Various artworks and archives serve primarily as learning and research resources for faculty and students. Part V, Line 4 Endowment Funds. Endowment funds are intended to be used for scholarships and to support academic programs of the College.
Part X, Line 2	FIN 48 Disclosure	Tax effects from an uncertain tax position are recognized in the consolidated financial statements only if the position is "more-likely-than-not" to be sustained if the position were to be challenged by a taxing authority. The assessment of the tax position is based solely on the technical merits of the position, without regard to the likelihood that the position might be challenged. The College is exempt from income tax under IRC Section 501(c)(3), though it is subject to tax on income unrelated to its exempt purposes, unless that income is otherwise excluded by the Code. The tax years ending June 30, 2010, 2011, 2012 and 2013 are still open to audit for both Federal and State purposes.
Part XI, Line 2d		CHANGE IN VALUE INTEREST RATE SWAP \$3,885,963 FASB 158 ADJUSTMENT 746,659 ----- \$4,632,622
Part XI, Line 4b		SCHOLARSHIPS 43,395,302
Part XII, Line 2d		MRPS DEPRECIATION 114,705
Part XII, Line 4b		SCHOLARSHIPS 43,395,302

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization
Manst College

Employer identification number

14-1442493

Part I

- 1** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 2** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II

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

- 5** Does the organization discriminate by race in any way with respect to
- a** Students' rights or privileges?
- b** Admissions policies?
- c** Employment of faculty or administrative staff?
- d** Scholarships or other financial assistance?
- e** Educational policies?
- f** Use of facilities?
- g** Athletic programs?
- h** Other extracurricular activities?
- If you answered "Yes" to any of the above, please explain If you need more space, use Part II

- 6a** Does the organization receive any financial aid or assistance from a governmental agency?
- b** Has the organization's right to such aid ever been revoked or suspended?
- If you answered "Yes" to either line 6a or line 6b, explain on Part II
- 7** Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

	YES	NO
1	Yes	
2	Yes	
3	Yes	
4a	Yes	
4b	Yes	
4c	Yes	
4d	Yes	
5a		No
5b		No
5c		No
5d		No
5e		No
5f		No
5g		No
5h		No
6a	Yes	
6b		No
7	Yes	

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

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

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Marist College

Employer identification number
14-1442493

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	2	5			21,586,636
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	2	5			21,586,636

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ Yes

☒ No

Supplemental Information
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

[illegible]

Additional Data

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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	2	5	Program Services	Admin & Education	8,538,281
Central America and the Caribbean			Investments	Hedge Funds	11,920,631
Central America/Caribbean			Program Services	Educational	191,411

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	Educational	730,323
South America			Program Services	Educational	31,278
Middle East and North Africa			Program Services	Educational	6,400

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Sharan Africa			Program Services	Educational	168,312

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Marist College

Employer identification number

14-1442493

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

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			<u>Red Fox Golf</u>	<u>Alumni Golf</u>	<u>1</u>	(add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	25,535	13,474	7,094	46,103	
	2	Less Contributions . . .	7,113	4,234	2,486	13,833	
3	Gross income (line 1 minus line 2)	18,422	9,240	4,608	32,270		
Direct Expenses	4	Cash prizes	1,600			1,600	
	5	Noncash prizes . . .	2,334	9,869		12,203	
	6	Rent/facility costs . . .	4,140	9,236		13,376	
	7	Food and beverages .	3,652		5,821	9,473	
	8	Entertainment					
	9	Other direct expenses .	1,128	1,028	731	2,887	
	10	Direct expense summary Add lines 4 through 9 in column (d) ►					(39,539)
	11	Net income summary Combine line 3, column (d), and line 10 ►					-7,269

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue		95,381	95,381
	2	Cash prizes		1,500	1,500
Direct Expenses	3	Non-cash prizes		12,090	12,090
	4	Rent/facility costs			
	5	Other direct expenses . . .		4,273	4,273
	6	Volunteer labor ☐ Yes ☐ No	☐ Yes ☐ No	☒ Yes 100.000 % ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			17,863
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			77,518

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

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

b If "No," explain

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

b If "Yes," explain

Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No

13	Indicate the percentage of gaming activity operated in		
a	The organization's facility	13a	100.000 %
b	An outside facility	13b	

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

Name ▶ TRAVIS TELLITOCCHI

Address ▶ 3399 NORTH ROAD
POUGHKEEPSIE, NY 12601

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No

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

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶ TIM MURRAY

Gaming manager compensation ▶ \$ 0

Description of services provided ▶ OVERSEES ALL ASPECTS OF GAMING ACTIVITIES

☐ Director/officer ☒ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2012

Open to Public Inspection

Attach to Form 990

14-1442493

Part I General Information on Grants and Assistance

☒ Yes ☐ No

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

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

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

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) INSTITUTIONAL SCHOLARSHIP	6602	43,395,302			

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
ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS	PART 1, LINE 2	The College provides scholarships and financial aids to students based on need and academic performance. The funds are credited directly to the student's account. Records are maintained in accordance with College's policies. The College's financial aid office adheres strictly to all federal and state regulations and is subject to the compliance and internal controls of OMB A-133.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Marist College

Employer identification number
14-1442493

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☒ First-class or charter travel ☒ Travel for companions ☒ Tax idemnification and gross-up payments ☐ Discretionary spending account	☒ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☒ Compensation committee ☒ Independent compensation consultant ☒ Form 990 of other organizations	☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

Note. The sum of columns (B)(i)-(iii) 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 W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

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 additional information.

Identifier	Return Reference	Explanation
SCHEDULE J, PART I, Line 1a		Schedule J, Part I, Question 1A - First Class or Charter Travel - The general policy for all executives is that they fly coach. Exceptions may be made for health and/or extremely long flights. In such cases, executives are permitted to fly business class if available, but not first class. Schedule J, Part I, Question 1A - Travel for Companion is very limited and always includes a clear business purpose for the companion and must be pre-approved by the President. Schedule J, Part I, Question 1a - Housing Allowance or Residence for Personal Use - The President of the College is provided with housing in close proximity to the campus in order for him to attend to emergent situations on a 24/7 basis. The housing is provided as a condition of his employment, is used for college business and entertainment purposes and as a convenience to the college to enable him to perform his duties. The fair market value of the President's residence was estimated to be \$26,700 based on the value of property, property taxes, and maintenance expenses and is reported in column D on Schedule J. Schedule J, Part I, Question 1a - Health or Social Club Dues or Initiation Fees - The College pays club membership fees for four executives, which are intended to be used exclusively for the College's business entertainment or college sponsored events and to the extent there is any personal use of these privileges the individual executives are taxed on the value of the use. Only one of the four executives is taxed on personal use of the membership. The other three executives use the membership exclusively for business purposes. Schedule J, Part I, Question 1a - Tax indemnification and gross-up payments - The College provided \$23,000 additional gross-up payment to fund the President's pension plan, this amount is included in box Biii on Schedule J. Schedule J, Part I, Question 7 - Non-fixed payments - Annually, variable pay awards were given in recognition of employees contributions to the overall success of the College. Any variable pay awards in future years will be contingent on individual performance and the continued success of the College.
Schedule J, Part I, Question 4b	Supplemental nonqualified retirement plan	EFFECTIVE JULY 1, 2011, THE COLLEGE PUT IN PLACE A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) FOR THE PRESIDENT OF THE COLLEGE. The annual accruals for these benefits have been reported despite being subject to a substantial risk of forfeiture and contingent upon the president's continued employment at the College. The value of the accrual for calendar year 2012 is included in the Deferred Compensation column (Column C) of Schedule J. The College has in place a Non-qualified Deferred Compensation Plan for the Executive Vice President and several key employees of the College. The annual accruals for these benefits have been reported despite being subject to a substantial risk of forfeiture and contingent upon the executive's continued employment at the College. The value of the accrual for calendar year 2012 is included in the Deferred Compensation column (Column C) of Schedule J.
SCHEDULE J, PART 1, LINE 3		SCHEDULE J, PART 1, LINE 3- COMPENSATION COMMITTEE AND INDEPENDENT COMPENSATION CONSULTANT, NO NEW EXECUTIVES WERE HIRED IN FY13 REQUIRING THE COMMITTEE OR CONSULTANT to perform any services.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DR DENNIS J MURRAY	(i) (ii)	433,865 0	175,000	50,590	104,663	46,005	810,123 0	
DR ROY HMEROLLI	(i) (ii)	158,482 0		46,334	24,048	1,843	230,707 0	
DR GEOFFREY L BRACKETT	(i) (ii)	300,223	15,000	21,672	57,920	27,989	422,804	
JOHN PECCHIA	(i) (ii)	195,311	15,000	13,056	15,938	11,833	251,138	
SEAN P KAYLOR	(i) (ii)	216,694	15,000	4,105	26,687	23,416	285,902	
DR THOMAS WERMUTH	(i) (ii)	229,827	15,000	2,370	27,000	8,542	282,739	
DEBORAH A DICAPRIO	(i) (ii)	175,621	15,000	16,510	23,447	22,989	253,567	
WILLIAM T THIRSK	(i) (ii)	186,173	15,000	7,953	14,844	7,691	231,661	
DR JOHN RITSCHDORFF	(i) (ii)	160,060	5,000	15,784	19,488	18,285	218,617	
JOSE MARTIN	(i) (ii)	224,025		9,957	16,477	22,989	273,448	
DR ROGER NORTON	(i) (ii)	198,335	15,000	2,186	24,360	17,805	257,686	
brian giorgis	(i) (ii)	136,354	15,500	24,953	41,503	8,833	227,143	
DR LEE MIRINGHOFF	(i) (ii)	274,564	15,000	6,623	69,165	20,232	385,584	
DR BARBARA CARVALHO	(i) (ii)	237,355	12,500	1,229	64,310	9,833	325,227	
CHRISTOPHER DELGIORNO	(i) (ii)	191,468	10,000	12,589	15,225	22,989	252,271	

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Marist College

Employer identification number
14-1442493

Part I

Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DUTCHESS COUNTY IDA	14-1613685	267041FJ5	03-23-2005	20,000,000	STUDENT HOUSING FULTON		X		X		X
B	DUTCHESS COUNTY IDA	14-1613685	267041GN5	01-25-2008	20,000,000	STUDENT HOUSING FULTON		X		X		X
C	DUTCHESS COUNTY LOCAL DEVELOPMENT CORPORATION	27-3106797	267045BL5	05-17-2012	15,415,962	REFUND 2003 BONDS (90&92 BONDS)		X		X		X
D	DUTCHESS COUNTY LOCAL DEVELOPMENT CORPORATION	27-3106797	267045Cv2	03-28-2013	15,262,546	Student Center Addition/Renovation		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	2,915,000		2,045,000		0		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	20,000,000		20,167,954		15,415,962		15,262,711	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	263,450		301,631		116,944		165,781	
8	Credit enhancement from proceeds	50,000		81,184		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	19,686,550		19,785,140		0		15,096,930	
11	Other spent proceeds	0		0		15,229,018		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2006		2008		2012		2014	
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
			X		X	X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 00000%		0 00000%		0 00000%		0 00000%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 00000%		0 00000%		0 00000%		0 00000%	
6	Total of lines 4 and 5	0 00000%		0 00000%		0 00000%		0 00000%	
7	Does the bond issue meet the private security or payment test?		X		X				X
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?		X		X				X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 00000%		0 00000%		0 00000%		0 00000%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X				X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X				X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X				X		X	
b	Exception to rebate?	X		X					
c	No rebate due?								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	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?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

		A		B		C		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		X		X		X	

Part VI

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

Identifier	Return Reference	Explanation
Part II, Line 1, All Columns	0	AMOUNTS RETIRED AS OF 06/30/2013
Part II, Lines 3 and 10, All Columns	0	Any discrepancy between the amounts listed on line 3 and the issue price (part I, column e) are attributable to investment earnings during the construction period. Investment earnings, if any, were applied to finance eligible expenditures (line 10) within the applicable temporary period.
Part II, Line 6, Column C	0	The 2012 bonds were applied to purchase U S treasury securities - state and local government securities ("SLGS"). Such amounts were used to redeem the 2003 bonds within 90 days of the issue date of the 2012 bonds.
part II, line 7, column d	0	The college financed a portion of the costs of issuance with a post-issue date equity contribution and applied the additional proceeds to finance project costs. The post-issuance equity contribution caused the actual amount of bond-financed issuance costs to be less than the amount reported on the form 8038.
part II, line 10, all columns	0	Amounts listed include capitalized delivery date expenses not subject to the 2 percent limitation in section 147(g) of the code.

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.

OMB No 1545-0047
2012
Open to Public Inspection

Name of the organization
Marist College

Employer identification number
14-1442493

Part I

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

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

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-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 with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e)Original principal amount	(f)Balance due	(g) In default?		(h) Approved by board or committee?	(i)Written agreement?	
			To	From			Yes	No		Yes	No
(1) JOSE MARTIN		MORTGAGE		X	75,000	48,748		No		No	Yes
Total ▶ \$						48,748					

Part III

Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
LOANS TO AND/OR FROM INTERESTED PERSON	SCHEDULE L, PART II	THE PURPOSE OF THE LOAN WAS TO ASSIST MR. MARTIN WITH THE DOWN PAYMENT ON THE PURCHASE OF A LOCAL RESIDENCE. THE TERMS OF THE PROMISSORY NOTE ARE FIVE YEARS AT A RATE OF 5% PER ANNUM.

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

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

Name of the organization
Marist College

Employer identification number
14-1442493

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures	X	2	2,391,100	APPRAISAL VALUE
3 Art—Fractional interests				
4 Books and publications	X		2,008	EST MARKET VALUE
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	20	173,095	AVG PRICE DOT
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>EQUIPMENT</u>)	X	2	165,931	EST MARKET VALUE
26 Other ► (<u>SUPPLIES</u>)	X	2	635	EST APPRAISAL VALUE
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

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

29

0

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

Part II

Supplemental Information.

Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, 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.

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

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization Marst College	Employer identification number 14-1442493
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Identifier	Return Reference	Explanation
ORGANIZATIONS REVIEW PROCESS OF FORM 990	FORM 990, PART VI, LINE 11B	THE 990 WAS prepared Internally, APPROVED BY THE CFO and then provided to an independent accounting firm for review THE 990 WAS then PRESENTED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW AND APPROVAL COPIES OF THE complete 990 ARE PROVIDED TO ALL BOARD MEMBERS FOR REVIEW AND DISCUSSION PRIOR TO FILING

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

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

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

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

Identifier	Return Reference	Explanation
Other Changes in Net Assets	Form 990, Part XI, Line 9	Change in Fair Value of Interest Rate Sw ap Obligations \$3,885,963 Pension & Post-Retirement Related Changes 746,659 MRPS Net change in Fixed Assets -603,869 ----- \$4,028,753

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Manst College

Employer identification number
14-1442493

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) VAYU LLC 3399 NORTH ROAD POUGHKEEPSIE, NY 12601	EDUCATIONAL	NY		14,834,602	MARIST COL

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

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

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) MARIST REAL PROPERTY SERVICES TWO INC 3399 NORTH ROAD POUGHKEEPSIE, NY 12601 14-1825215	REAL Prop	NY	MARIST COL	C Corp		175,000	100 000 %		

Part V

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

No

No

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2012

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

[illegible]

Software ID:

Software Version:

EIN: 14-1442493

Name: Marist College

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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