

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/foi990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

| | | |
|--|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization MANHATTAN COLLEGE Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite 4513 Manhattan College Parkway City or town, state or province, country, and ZIP or foreign postal code Riverdale, NY 104714098 | D Employer identification number 13-1740468 E Telephone number (718) 862-7349 G Gross receipts \$ 199,363,574 |
| F Name and address of principal officer Dr Brennan O'Donnell same as C above Riverdale, NY 10471 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | L Year of formation 1863 M State of legal domicile NY |
| J Website: ▶ WWW.MANHATTAN.EDU | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | |

Part I Summary

| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities Manhattan College is an independent Catholic institution of higher learning that embraces qualified men and women of all faiths, cultures, and traditions. The mission of Manhattan College is to provide a contemporary, person-centered educational experience that prepares graduates for lives of personal development, professional success, civic engagement, and service to their fellow human beings. The College pursues this mission through programs that integrate a broad liberal education with concentration in specific disciplines in the arts and sciences or with professional preparation in business, education and engineering. Established in 1853 by the Institute of the Brothers of the Christian Schools, the College continues to draw its inspiration from the heritage of John Baptist de La Salle, the innovator of modern pedagogy and patron saint of teachers. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------|---|---|--|---------------------------|--------------|-----------|---|-------------|-------------|--|---|-------------|--|------------|---|--|-------------|-----------|--|-----------|-----------|-----------|--|-------------|-------------|-----------|--|-------------|-------------|-----------|---|------------|------------|--|
| | 2 Check this box <input type="checkbox"/> 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) | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">3</td> <td style="width: 70%;"></td> <td style="width: 25%; text-align: right;">31</td> </tr> <tr> <td>4</td> <td>Number of independent voting members of the governing body (Part VI, line 1b)</td> <td style="text-align: right;">30</td> </tr> <tr> <td>5</td> <td>Total number of individuals employed in calendar year 2015 (Part V, line 2a)</td> <td style="text-align: right;">2,321</td> </tr> <tr> <td>6</td> <td>Total number of volunteers (estimate if necessary)</td> <td style="text-align: right;">712</td> </tr> <tr> <td>7a</td> <td>Total unrelated business revenue from Part VIII, column (C), line 12</td> <td style="text-align: right;">0</td> </tr> <tr> <td>7b</td> <td>Net unrelated business taxable income from Form 990-T, line 34</td> <td style="text-align: right;">0</td> </tr> </table> | 3 | | 31 | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 30 | 5 | Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 2,321 | 6 | Total number of volunteers (estimate if necessary) | 712 | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 0 | 7b | Net unrelated business taxable income from Form 990-T, line 34 | 0 | | | | | | | | | | | | | | |
| 3 | | 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 2,321 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Total number of volunteers (estimate if necessary) | 712 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Revenue | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Prior Year</th> <th style="width: 15%; text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8</td> <td>Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">14,391,425</td> <td style="text-align: right;">21,944,865</td> </tr> <tr> <td>9</td> <td>Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">156,939,004</td> <td style="text-align: right;">172,300,011</td> </tr> <tr> <td>10</td> <td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">1,757,517</td> <td style="text-align: right;">1,601,671</td> </tr> <tr> <td>11</td> <td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">2,867,611</td> <td style="text-align: right;">2,244,548</td> </tr> <tr> <td>12</td> <td>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">175,955,557</td> <td style="text-align: right;">198,091,095</td> </tr> </tbody> </table> | | | Prior Year | Current Year | 8 | Contributions and grants (Part VIII, line 1h) | 14,391,425 | 21,944,865 | 9 | Program service revenue (Part VIII, line 2g) | 156,939,004 | 172,300,011 | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,757,517 | 1,601,671 | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,867,611 | 2,244,548 | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 175,955,557 | 198,091,095 | | | | | | | | | |
| | | Prior Year | Current Year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Contributions and grants (Part VIII, line 1h) | 14,391,425 | 21,944,865 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 175,955,557 | 198,091,095 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expenses | <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 5%;">13</td> <td style="width: 60%;">Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="width: 20%; text-align: right;">47,679,099</td> <td style="width: 15%; text-align: right;">53,800,254</td> </tr> <tr> <td>14</td> <td>Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td>15</td> <td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">70,687,127</td> <td style="text-align: right;">74,875,811</td> </tr> <tr> <td>16a</td> <td>Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">69,072</td> <td style="text-align: right;">226,768</td> </tr> <tr> <td>b</td> <td>Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,702,859</td> <td></td> <td></td> </tr> <tr> <td>17</td> <td>Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">47,462,818</td> <td style="text-align: right;">51,946,873</td> </tr> <tr> <td>18</td> <td>Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">165,898,116</td> <td style="text-align: right;">180,849,706</td> </tr> <tr> <td>19</td> <td>Revenue less expenses Subtract line 18 from line 12</td> <td style="text-align: right;">10,057,441</td> <td style="text-align: right;">17,241,389</td> </tr> </tbody> </table> | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 47,679,099 | 53,800,254 | 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) | 70,687,127 | 74,875,811 | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 69,072 | 226,768 | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,702,859 | | | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 47,462,818 | 51,946,873 | 18 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 165,898,116 | 180,849,706 | 19 | Revenue less expenses Subtract line 18 from line 12 | 10,057,441 | 17,241,389 | |
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| 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) | 70,687,127 | 74,875,811 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 69,072 | 226,768 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,702,859 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 19 | Revenue less expenses Subtract line 18 from line 12 | 10,057,441 | 17,241,389 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Net Assets or Fund Balances | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Beginning of Current Year</th> <th style="width: 15%; text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20</td> <td>Total assets (Part X, line 16)</td> <td style="text-align: right;">315,000,922</td> <td style="text-align: right;">327,792,709</td> </tr> <tr> <td>21</td> <td>Total liabilities (Part X, line 26)</td> <td style="text-align: right;">114,349,007</td> <td style="text-align: right;">109,770,323</td> </tr> <tr> <td>22</td> <td>Net assets or fund balances Subtract line 21 from line 20</td> <td style="text-align: right;">200,651,915</td> <td style="text-align: right;">218,022,386</td> </tr> </tbody> </table> | | | Beginning of Current Year | End of Year | 20 | Total assets (Part X, line 16) | 315,000,922 | 327,792,709 | 21 | Total liabilities (Part X, line 26) | 114,349,007 | 109,770,323 | 22 | Net assets or fund balances Subtract line 21 from line 20 | 200,651,915 | 218,022,386 | | | | | | | | | | | | | | | | | |
| | | Beginning of Current Year | End of Year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Total assets (Part X, line 16) | 315,000,922 | 327,792,709 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 22 | Net assets or fund balances Subtract line 21 from line 20 | 200,651,915 | 218,022,386 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 _____ Date 2016-12-23 | |
| | Matthew McManness Vice President Finance, Treasurer Type or print name and title | |

| | | | | | |
|-------------------------------|-------------------------------------|-------------------------------|---------------|---|---------------|
| Paid Preparer Use Only | Print/Type preparer's name _____ | Preparer's signature _____ | Date _____ | Check <input type="checkbox"/> if self-employed | PTIN _____ |
| | Firm's name ▶ _____ | Firm's EIN ▶ _____ | | Phone no _____ | |
| | Firm's address ▶ _____ | | | | |

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

Manhattan College is an independent Catholic institution of higher learning that embraces qualified men and women of all faiths, cultures, and traditions. The mission of Manhattan College is to provide a contemporary, person-centered educational experience that prepares graduates for lives of personal development, professional success, civic engagement, and service to their fellow human beings.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 154,879,288 including grants of \$ 53,800,254) (Revenue \$ 172,300,011)
Manhattan College's undergraduate and graduate programs are... The School of Liberal Arts offers courses and undergraduate degree programs in the humanities and social sciences. Since its founding, Manhattan College has sought to broaden the intellectual horizons of its students to prepare them for the various professions.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

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

4d Other program services (Describe in Schedule O) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 154,879,288

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational activities, lobbying, endowments, and fundraising.

Part IV Checklist of Required Schedules (continued)

| | | | | |
|------------|--|------------|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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 25a</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), 501(c)(4), and 501(c)(29) 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 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | | |
| 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 or note to any line in this Part V

Table with columns for question number, question text, and Yes/No response. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, charitable contributions, and health insurance issuers.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No responses. Includes questions 1a-1b, 2-9 regarding governing body structure and relationships.

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

Table with columns for question number, description, and Yes/No responses. Includes questions 10a-16b regarding organizational policies on chapters, conflicts of interest, whistleblower, and document retention.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
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
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, address, and telephone number of the person who possesses the organization's books and records

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | | | |
|---|---|--|---|--|---|---|-----------|----------|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns 1a | 0 | | | | | | |
| | b | Membership dues 1b | 0 | | | | | | |
| | c | Fundraising events 1c | 1,717,527 | | | | | | |
| | d | Related organizations 1d | 0 | | | | | | |
| | e | Government grants (contributions) 1e | 2,636,925 | | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f | 17,590,413 | | | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | 2,996,218 | | | | | | |
| | h | Total. Add lines 1a-1f ▶ | 21,944,865 | | | | | | |
| Program Service Revenue | | | Business Code | | | | | | |
| | 2a | Tuition and Fees | 611310 | 172,300,011 | 172,300,011 | 0 | 0 | | |
| | b | | | | | | | | |
| | c | | | | | | | | |
| | d | | | | | | | | |
| | e | | | | | | | | |
| | f | All other program service revenue | | 0 | 0 | 0 | 0 | | |
| g | Total. Add lines 2a-2f ▶ | | 172,300,011 | | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) ▶ | | 1,543,742 | 0 | 0 | 1,543,742 | | |
| | 4 | Income from investment of tax-exempt bond proceeds . . . ▶ | | 0 | 0 | 0 | 0 | | |
| | 5 | Royalties ▶ | | 33,278 | 0 | 0 | 33,278 | | |
| | 6a | Gross rents | (i) Real | 2,222,616 | | | | | |
| | | | (ii) Personal | 0 | | | | | |
| | | | b | Less rental expenses | 695,590 | | | | |
| | | | c | Rental income or (loss) | 1,527,026 | | | | |
| | d | Net rental income or (loss) ▶ | | 1,527,026 | 0 | 0 | 1,527,026 | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | 130,201 | | | | | |
| | | | (ii) Other | 0 | | | | | |
| | | | b | Less cost or other basis and sales expenses | 72,272 | | | | |
| | | | c | Gain or (loss) | 57,929 | | | | |
| | d | Net gain or (loss) ▶ | | 57,929 | 0 | 0 | 57,929 | | |
| | 8a | Gross income from fundraising events (not including \$ <u>1,717,527</u> of contributions reported on line 1c) See Part IV, line 18 | a | 206,425 | | | | | |
| | | | b | Less direct expenses b | 504,617 | | | | |
| | | | c | Net income or (loss) from fundraising events . . . ▶ | | -298,192 | 0 | -298,192 | |
| | 9a | Gross income from gaming activities See Part IV, line 19 | a | 0 | | | | | |
| b | | | Less direct expenses b | 0 | | | | | |
| c | | | Net income or (loss) from gaming activities ▶ | | 0 | 0 | 0 | | |
| 10a | Gross sales of inventory, less returns and allowances | a | 0 | | | | | | |
| | | b | Less cost of goods sold b | 0 | | | | | |
| | | c | Net income or (loss) from sales of inventory . . . ▶ | | 0 | 0 | 0 | | |
| Miscellaneous Revenue | | Business Code | | | | | | | |
| 11a | Parking Permits | 900099 | 280,948 | 0 | 0 | 280,948 | | | |
| b | Athletic Revenue | 900099 | 320,934 | 0 | 0 | 320,934 | | | |
| c | Student Events | 900099 | 62,410 | 0 | 0 | 62,410 | | | |
| d | All other revenue | | 318,144 | 0 | 0 | 318,144 | | | |
| e | Total. Add lines 11a-11d ▶ | | 982,436 | | | | | | |
| 12 | Total revenue. See Instructions ▶ | | 198,091,095 | 172,300,011 | 0 | 3,846,219 | | | |

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 or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21 | 0 | 0 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 53,800,254 | 53,800,254 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 0 | 0 | | |
| 4 | Benefits paid to or for members | 0 | 0 | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 2,301,532 | 349,814 | 1,496,563 | 455,155 |
| 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 | 0 | 0 | 0 |
| 7 | Other salaries and wages | 54,981,925 | 46,256,251 | 6,014,404 | 2,711,270 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 2,922,805 | 1,690,923 | 704,835 | 527,047 |
| 9 | Other employee benefits | 10,919,758 | 7,144,163 | 2,210,839 | 1,564,756 |
| 10 | Payroll taxes | 3,749,791 | 3,324,056 | 252,824 | 172,911 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | 0 | 0 | 0 | 0 |
| b | Legal | 746,425 | 67,846 | 624,293 | 54,286 |
| c | Accounting | 230,280 | 0 | 211,858 | 18,422 |
| d | Lobbying | 0 | 0 | 0 | 0 |
| e | Professional fundraising services. See Part IV, line 17 | 226,768 | | | 226,768 |
| f | Investment management fees | 0 | 0 | 0 | 0 |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 2,018,404 | 1,478,278 | 463,637 | 76,489 |
| 12 | Advertising and promotion | 1,195,032 | 18,420 | 89,690 | 1,086,922 |
| 13 | Office expenses | 1,120,632 | 643,879 | 291,646 | 185,107 |
| 14 | Information technology | 1,548,425 | 1,029,718 | 435,495 | 83,212 |
| 15 | Royalties | 0 | 0 | 0 | 0 |
| 16 | Occupancy | 5,620,954 | 4,935,807 | 462,492 | 222,655 |
| 17 | Travel | 3,414,740 | 3,162,828 | 125,141 | 126,771 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | 0 | 0 |
| 19 | Conferences, conventions, and meetings | 771,754 | 517,484 | 209,892 | 44,378 |
| 20 | Interest | 3,094,367 | 3,077,367 | 15,640 | 1,360 |
| 21 | Payments to affiliates | 0 | 0 | 0 | 0 |
| 22 | Depreciation, depletion, and amortization | 8,810,162 | 8,471,313 | 311,741 | 27,108 |
| 23 | Insurance | 1,278,150 | 434,483 | 696,205 | 147,462 |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| a | Food Service | 8,340,717 | 8,340,717 | 0 | 0 |
| b | Maintenance and Supplies | 6,833,357 | 5,697,359 | 1,002,484 | 133,514 |
| c | Books, Printing & Publications | 1,998,725 | 1,629,957 | 238,144 | 130,624 |
| d | Student Activities | 1,432,906 | 1,432,906 | 0 | 0 |
| e | All other expenses | 3,491,843 | 1,375,465 | 1,409,736 | 706,642 |
| 25 | Total functional expenses. Add lines 1 through 24e | 180,849,706 | 154,879,288 | 17,267,559 | 8,702,859 |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) | | (B) |
|---|--|------------------------|-------------|------------------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash—non-interest-bearing | 4,900 | 1 | 4,900 |
| | 2 Savings and temporary cash investments | 48,623,922 | 2 | 52,688,871 |
| | 3 Pledges and grants receivable, net | 464,089 | 3 | 4,843,677 |
| | 4 Accounts receivable, net | 1,110,248 | 4 | 1,071,756 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 59,000 | 5 | 29,000 |
| | 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 | 1,187,890 | 7 | 1,002,731 |
| | 8 Inventories for sale or use | 40,155 | 8 | 50,689 |
| | 9 Prepaid expenses and deferred charges | 534,871 | 9 | 576,675 |
| | 10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D | 10a 299,736,912 | | |
| | b Less accumulated depreciation | 10b 132,941,389 | 169,346,393 | 10c 166,795,523 |
| | 11 Investments—publicly traded securities | 70,638,235 | 11 | 73,143,444 |
| | 12 Investments—other securities. See Part IV, line 11 | 22,991,219 | 12 | 27,585,443 |
| | 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 | 0 | 15 | 0 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 315,000,922 | 16 | 327,792,709 | |
| Liabilities | 17 Accounts payable and accrued expenses | 8,064,738 | 17 | 8,306,879 |
| | 18 Grants payable | 1,221,672 | 18 | 1,221,672 |
| | 19 Deferred revenue | 11,866,534 | 19 | 11,914,696 |
| | 20 Tax-exempt bond liabilities | 88,728,659 | 20 | 84,000,592 |
| | 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 | 291,971 | 23 | 242,379 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 4,175,433 | 25 | 4,084,105 |
| | 26 Total liabilities. Add lines 17 through 25 | 114,349,007 | 26 | 109,770,323 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 122,816,234 | 27 | 130,713,810 |
| | 28 Temporarily restricted net assets | 31,294,292 | 28 | 35,866,737 |
| | 29 Permanently restricted net assets | 46,541,389 | 29 | 51,441,839 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 | 200,651,915 | 33 | 218,022,386 | |
| 34 Total liabilities and net assets/fund balances | 315,000,922 | 34 | 327,792,709 | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|-----------|---|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 198,091,095 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 180,849,706 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 17,241,389 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 200,651,915 |
| 5 | Net unrealized gains (losses) on investments | 5 | 129,082 |
| 6 | Donated services and use of facilities | 6 | 0 |
| 7 | Investment expenses | 7 | 0 |
| 8 | Prior period adjustments | 8 | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 218,022,386 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

| | | Yes | No |
|-----------|--|-----|----|
| 1 | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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: 15000352
Software Version: v1.00
EIN: 13-1740468
Name: MANHATTAN 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 | | | |
| John Banks III Trustee | 1 | X | | | | | | 0 | 0 | 0 |
| Patnck G Boyle Trustee | 1 | X | | | | | | 0 | 0 | 0 |
| Brother Frank G Byrne Trustee | 1 | X | | | | | | 0 | 0 | 0 |
| Gerard Caccappolo Trustee | 1 | X | | | | | | 0 | 0 | 0 |
| Clare A Cunniffe Trustee | 1 | X | | | | | | 0 | 0 | 0 |
| William N Dooley Trustee | 1 | X | | | | | | 0 | 0 | 0 |
| Dr Thomas D Farrell Trustee | 1 | X | | | | | | 0 | 0 | 0 |
| Dr Cornelius J Higgins Trustee | 1 | X | | | | | | 0 | 0 | 0 |
| Moirra Kilcoyne Trustee | 1 | X | | | | | | 0 | 0 | 0 |
| Noreen Krall Trustee | 1 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (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 | | | |
| John V Magliano Trustee | 1 | X | | | | | | 0 | 0 | 0 |
| Brother Dennis Malloy Trustee, Vice Chair | 1 | X | | X | | | | 0 | 0 | 0 |
| Brother William Mann Trustee | 1 | X | | | | | | 0 | 0 | 0 |
| Frednc Marro Trustee | 1 | X | | | | | | 0 | 0 | 0 |
| Dr Marybeth McCall Trustee | 1 | X | | | | | | 0 | 0 | 0 |
| John McMaster Trustee | 1 | X | | | | | | 0 | 0 | 0 |
| Brother Michael J McGinniss Trustee | 1 | X | | | | | | 0 | 0 | 0 |
| Peter M Mulderry Trustee | 1 | X | | | | | | 0 | 0 | 0 |
| Peter M Musumeci Jr Trustee | 1 | X | | | | | | 0 | 0 | 0 |
| Kenneth Orce Trustee | 1 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (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 | | | |
| Michael J Paliotta Trustee | 1 | X | | | | | | 0 | 0 | 0 |
| Michael J Passarella Trustee, Vice Chair | 1 | X | | X | | | | 0 | 0 | 0 |
| Kenneth Rathgeber Trustee, Chair | 1 | X | | X | | | | 0 | 0 | 0 |
| Michael J Regan Trustee | 1 | X | | | | | | 0 | 0 | 0 |
| Milo Riverso Trustee | 1 | X | | | | | | 0 | 0 | 0 |
| Anthony Scala Trustee | 1 | X | | | | | | 0 | 0 | 0 |
| Brother Robert J Smith Trustee | 1 | X | | | | | | 0 | 0 | 0 |
| Stephen Squen Trustee | 1 | X | | | | | | 0 | 0 | 0 |
| Rosanne Thomas Matzat Trustee | 1 | X | | | | | | 0 | 0 | 0 |
| Margaret Walsh Trustee | 1 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (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 | | | |
| Dr Brennan O'Donnell President | 40 | X | | X | | | | 496,159 | 0 | 61,043 |
| Barbara Fabe Vice President, Sect | 40 | | | X | | | | 180,857 | 0 | 34,302 |
| Matthew McManness Vice President Finance, Treasurer | 40 | | | X | | | | 195,452 | 0 | 31,458 |
| Michael Masch Vice President Finance, Treasurer | 40 | | | X | | | | 67,641 | 0 | 9,025 |
| Dennis Lonergan AVP Finance and Controller, Assistant Treasurer | 40 | | | X | | | | 160,606 | 0 | 43,490 |
| Thomas Maunello Vice President, Assistant Treasurer | 40 | | | X | | | | 279,237 | 0 | 25,429 |
| William Clyde Provost/Executive Vice President | 40 | | | | X | | | 252,856 | 0 | 74,867 |
| Andrew Ryan Vice President Facilities | 40 | | | | X | | | 190,259 | 0 | 51,242 |
| Stephen Masiello Head Coach, Men's Basketball | 40 | | | | | X | | 279,326 | 0 | 39,410 |
| Timothy Ward Dean | 40 | | | | | X | | 239,674 | 0 | 29,050 |

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 | | | |
| William Bisset VP Enrollment Management | 40 | | | | | X | | 219,336 | 0 | 91,969 |
| Salwa Ammar Dean | 40 | | | | | X | | 214,578 | 0 | 32,447 |
| Elizabeth Kosky Professor | 40 | | | | | X | | 190,852 | 0 | 26,545 |

SCHEDULE A (Form 990 or 990EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization MANHATTAN COLLEGE

Employer identification number

13-1740468

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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations.
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (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)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (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 VI.) | | | | | | |
| 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 section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|--|
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 Public support percentage for 2014 Schedule A, Part II, line 14 | 15 | |
| 16a 33 1/3% support test—2015. 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 <input type="checkbox"/> | | |
| b 33 1/3% support test—2014. 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 <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 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 <input type="checkbox"/> | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (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)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (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 VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2014 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17 | 18 | |

- 19a 33 1/3% support tests—2015.** 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—2014.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

| | Yes | No |
|----------|-----|----|
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

| | Yes | No |
|----------|-----|----|
| 1 | | |

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

| | Yes | No |
|----------|-----|----|
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations **Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

| | Yes | No |
|-----------|-----|----|
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

| | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|-----------------------------|
| 1 Net short-term capital gain | 1 | |
| 2 Recoveries of prior-year distributions | 2 | |
| 3 Other gross income (see instructions) | 3 | |
| 4 Add lines 1 through 3 | 4 | |
| 5 Depreciation and depletion | 5 | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 Other expenses (see instructions) | 7 | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |

Section B - Minimum Asset Amount

| | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|-----------------------------|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | |
| a Average monthly value of securities | 1a | |
| b Average monthly cash balances | 1b | |
| c Fair market value of other non-exempt-use assets | 1c | |
| d Total (add lines 1a, 1b, and 1c) | 1d | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI) _____ | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 Subtract line 2 from line 1d | 3 | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 Multiply line 5 by .035 | 6 | |
| 7 Recoveries of prior-year distributions | 7 | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | |

Section C - Distributable Amount

| | | Current Year |
|---|----------|--------------|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 85% of line 1 | 2 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 Enter greater of line 2 or line 3 | 4 | |
| 5 Income tax imposed in prior year | 5 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/> | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2015 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2015 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2015 | | | |
| a | | | |
| b | | | |
| c | | | |
| d From 2013. _____ | | | |
| e From 2014. _____ | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2015 distributable amount | | | |
| i Carryover from 2010 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2015 from Section D, line 7 \$ _____ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2015 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2016. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a | | | |
| b | | | |
| c Excess from 2013. _____ | | | |
| d From 2014. _____ | | | |
| e From 2015. _____ | | | |

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

| |
|-------------------------------------|
| Facts And Circumstances Test |
| |

| Return Reference | Explanation |
|------------------|-------------|
| | |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

Name of the organization
MANHATTAN COLLEGE

Employer identification number
13-1740468

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of 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" on 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, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____ 0

(ii) Assets included in Form 990, Part X ▶ \$ _____ 214,425

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 Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____ 0

b Assets included in Form 990, Part X ▶ \$ _____ 0

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
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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?
b If "Yes," explain the arrangement in Part XIII and complete the following table
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, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Table with 2 columns: Description (1c-f) and Amount. Rows for Beginning balance, Additions during the year, Distributions during the year, and Ending balance.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows for Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, and End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
a Board designated or quasi-endowment
b Permanent endowment
c Temporarily restricted endowment
The percentages on 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
(ii) related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds

Small table with 2 columns: Yes, No. Rows for 3a(i), 3a(ii), and 3b.

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows for Land, Buildings, Leasehold improvements, Equipment, Other, and Total.

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|-------------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 145,620,130 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| a | Net unrealized gains (losses) on investments | 2a | 129,082 | |
| b | Donated services and use of facilities | 2b | 0 | |
| c | Recoveries of prior year grants | 2c | 0 | |
| d | Other (Describe in Part XIII) | 2d | 1,200,207 | |
| e | Add lines 2a through 2d | 2e | 1,329,289 | |
| 3 | Subtract line 2e from line 1 | 3 | 144,290,841 | |
| 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 | 0 | |
| b | Other (Describe in Part XIII) | 4b | 53,800,254 | |
| c | Add lines 4a and 4b | 4c | 53,800,254 | |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | 198,091,095 | |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|-------------|-------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 128,249,659 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| a | Donated services and use of facilities | 2a | 0 | |
| b | Prior year adjustments | 2b | 0 | |
| c | Other losses | 2c | 0 | |
| d | Other (Describe in Part XIII) | 2d | 1,200,207 | |
| e | Add lines 2a through 2d | 2e | 1,200,207 | |
| 3 | Subtract line 2e from line 1 | 3 | 127,049,452 | |
| 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 | 0 | |
| b | Other (Describe in Part XIII) | 4b | 53,800,254 | |
| c | Add lines 4a and 4b | 4c | 53,800,254 | |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | 180,849,706 | |

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|------------------------------|---|
| Schedule D, Part III, Line 1 | Included in the Manhattan College Archives are donated works of art Donations of art work are made to Manhattan College to be used for educational purposes The art work is housed in the Manhattan College Archives throughout the O'Malley Library in order to make it available to professors planning their course work and students for study and analysis |

Part XIII Supplemental Information (continued)

| Return Reference | Explanation |
|-------------------------------|--|
| Schedule D, Part V, Line 4 | The College's endowment consists of approximately 240 individual funds established for a variety of purposes, including both donor restricted endowment funds and funds designated by the College to function as endowments (quasi-endowment) The majority of the donor restrictions are for scholarship |
| Schedule D, Part X, Line 2 | The College recognizes the effects of income tax positions only if those positions are more likely than not of being sustained The College evaluates, on an annual basis, the effects of any uncertain tax positions on its financial statements As of June 30, 2016 and 2015, the College has not identified or provided for any such positions |
| Schedule D, Part XI, Line 2d | Other consists of \$695,590 of expenses related to rental income, \$393,988 of expenses related to special event De La Salle Dinner and \$110,629 of expenses related to special event Jasper Open |
| Schedule D, Part XI, Line 4b | \$53,800,254 scholarship expenses |
| Schedule D, Part XII, Line 2d | Other consists of \$695,590 of expenses related to rental income, \$393,988 of expenses related to special event De La Salle Dinner and \$110,629 of expenses related to special event Jasper Open |
| Schedule D, Part XII, Line 4b | \$53,800,254 scholarship expenses |
| | |
| | |

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

Schools

OMB No 1545-0047

2015

**Open to Public
Inspection**

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Department of the
Treasury
Internal Revenue
Service

Name of the organization
MANHATTAN COLLEGE

Employer identification number
13-1740468

Part I

| | YES | NO |
|---|--|----|
| 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 1 Yes | |
| 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 2 Yes | |
| 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II. | 3 Yes | |
| 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 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. | 4a Yes 4b Yes 4c Yes 4d Yes | |
| 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. | 5a No 5b No 5c No 5d No 5e No 5f No 5g No 5h No | |
| 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. | 6a Yes 6b No | |
| 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II. | 7 Yes | |

Part II Supplemental Information.

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

| Return Reference | Explanation |
|----------------------------|---|
| Schedule E, Part I, Line 3 | Manhattan College has a long standing policy of non-discrimination and respect for all individuals. The College is committed to equal treatment of students, faculty and staff, including but not limited to admissions, participation in programs and activities, access to services and resources, and employment. The policy is disclosed in the student handbook and on the College's WEB site. |
| Schedule E, Part I, Line 6 | The College receives funds or participates in several programs including Perkins Loan Program, Supplemental Education Opportunity Grant Program, Pell Grant Program, Teach Grant Program, Family education Loan Program, Work-study Program, Department of Transportation, Higher Education Professional Development Program and National Science Foundation. |

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2015

**Open to Public
Inspection**

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

▶ **Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
MANHATTAN COLLEGE

Employer identification number

13-1740468

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 its grants and other 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 its grants and other assistance outside the United States

3 Activities 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 |
|---|-------------------------------------|--|---|--|--|
| Central America and the Caribbean | 0 | 0 | Investments | | 2,855,379 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3a Sub-total | | | | | |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 2,855,379 |

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, do not file with Form 990)* 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, Information 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, do not file with Form 990)* Yes No

Part V Supplemental Information

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).

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|----------------------------|---|
| Schedule F, Part I, Line 1 | Although questions 1, 3 and 4 are checked "Yes", a foreign filing is not required since the requirements, thresholds or ownership have not been satisfied |

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|----------------------------|--|
| Schedule F, Part I, Line 3 | The information is reported on the accrual basis of accounting |

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" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MANHATTAN COLLEGE

Employer identification number
13-1740468

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

| (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 | | | |
| Lester's Inc 19 Business Park Drive Branford, CT 06405 | Phonathon | | No | 85,914 | 10,768 | 75,146 |
| Comunity Counseling Services Co LLC 461 Fifth Avenue 3rd Floor New York, NY 10017 | Consultants for Capital Campaign | | No | 0 | 216,000 | -216,000 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | 85,914 | 226,768 | -140,854 |

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

.....

.....

Part II Fundraising Events.

Complete if the organization answered "Yes" on 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.

| | | (a)Event #1 | (b)Event #2 | (c)Other events | (d) |
|---|--|---|------------------------------------|----------------------------|--|
| | | De La Salle Dinner (event type) | Jasper Open (event type) | 0 (total number) | Total events (add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 1,733,852 | 190,100 | | 1,923,952 |
| | 2 Less Contributions | 1,608,452 | 109,075 | | 1,717,527 |
| | 3 Gross income (line 1 minus line 2) | 125,400 | 81,025 | | 206,425 |
| Direct Expenses | 4 Cash prizes | 0 | 0 | | 0 |
| | 5 Noncash prizes | 0 | 0 | | 0 |
| | 6 Rent/facility costs | 339,118 | 93,431 | | 432,549 |
| | 7 Food and beverages | 0 | 0 | | 0 |
| | 8 Entertainment | 0 | 0 | | 0 |
| | 9 Other direct expenses | 54,870 | 17,198 | | 72,068 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 504,617 |
| 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | -298,192 | |

Part III Gaming.

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

| | | (a)Bingo | (b)Pull tabs/Instant bingo/progressive bingo | (c)Other gaming | (d) |
|---|---|---|---|-----------------|---|
| | | | | | Total gaming (add col (a) through col (c)) |
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| 6 Volunteer labor | <input type="checkbox"/> Yes % <input type="checkbox"/> No | <input type="checkbox"/> Yes % <input type="checkbox"/> No | <input type="checkbox"/> Yes % <input type="checkbox"/> No | | |
| 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | | |
| 8 Net gaming income summary Subtract line 7 from line 1, column (d). ▶ | | | | | |

9 Enter the state(s) in which the organization conducts gaming activities _____

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct 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 conducted in

| | | | |
|----------|-----------------------------|--|---|
| a | The organization's facility | | % |
| b | An outside facility | | % |

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 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 ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

Part IV Supplemental Information. 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).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization MANHATTAN COLLEGE

Employer identification number

13-1740468

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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) Scholarships - Endowments | 296 | 1,347,763 | 0 | | |
| Scholarships - Government grants and (2) private gift funded | 194 | 971,990 | 0 | | |
| (3) Scholarships - HEOP | 64 | 1,277,226 | 0 | | |
| (4) Scholarships - Athletic | 271 | 5,549,780 | 0 | | |
| (5) Scholarships - Graduate | 99 | 248,981 | 0 | | |
| (6) Scholarships - Academic and Need | 3069 | 44,404,514 | 0 | | |
| | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| Return Reference | Explanation |
|----------------------------|---|
| Schedule I, Part I, Line 2 | Need Scholarships Manhattan College awards grants-in-aid to accepted students who demonstrate financial need These awards are renewed annually and adjusted in line with changes on the FAFSA These awards are given for a maximum of four years (eight semesters) Grant recipients must maintain satisfactory academic progress Full time enrollment is necessary to receive grant Academic Scholarships Eligibility is based on exceptional SAT or ACT scores, secondary school grade point average, and rank in class The amount of the Scholarship is determined at the time of admission and is offered for four years (eight semesters maximum) provided the student remains eligible Athletic Scholarships Manhattan College has available a strictly-budgeted fund to offer grants-in-aid to students who, by the possession of certain athletic skills can add to the community spirit and morale of the campus The College firmly states that recipients must come to Manhattan as students, with their first interest in studies They must meet the same entrance requirements as other students and must maintain satisfactory academic progress Manhattan adheres to and endorses the principles and policies of the Metro Atlantic Athletic Conference, Eastern College Athletic Conference and the National Collegiate Athletic Association Graduate Scholarships are awarded as part of grants, grad assistance or by departments HEOP Scholarships are awarded as part of the New York State Program Endowment scholarships are awarded based upon the donors written restrictions |

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" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MANHATTAN COLLEGE

Employer identification number
13-1740468

Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|--|---|--|---|--|---|---|---|--|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | | | | | | |
| <p>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.</p> | Yes | | | | | | | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p> | Yes | | | | | | | | | |
| <p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | | | | | | | | |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| <p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> | | No | | | | | | | | |
| <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> | | No | | | | | | | | |
| <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | | No | | | | | | | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> | | | | | | | | | | |
| <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> | | No | | | | | | | | |
| <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | | No | | | | | | | | |
| <p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> | | No | | | | | | | | |
| <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | | No | | | | | | | | |
| <p>7 For persons listed on 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.</p> | | No | | | | | | | | |
| <p>8 Were any amounts reported on 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.</p> | | No | | | | | | | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | | | | | | | | | | |

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 on 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 in column(B) reported as deferred on prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | |

Part III Supplemental Information

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.

| Return Reference | Explanation |
|-----------------------------|---|
| Schedule J, Part I, Line 1a | Manhattan College paid \$1,034 in annual dues for the President's membership at The University Club which does not allow memberships to be in the institutions name. All expenditures at the club are in connection with conducting business for the college. The College paid \$6,792 in companion travel for the Head Basketball Coach. Insurance premiums paid on behalf of the President of \$19,143 were grossed up for taxes. \$38,286, the total of premiums and taxes were included in the presidents taxable wages. |
| Schedule J, Part I, Line 3 | The process to approve the President's 5 year salary contract in April, 2013 consisted of a review by the VP of Human Resources working with attorneys specializing in higher education and benefits/pensions and a group of trustees from the Board's Executive Committee who reviewed the proposed contract against survey data compiled by the Manhattan College Human Resources department of presidents' compensation from 25-30 colleges deemed to be similar to Manhattan College plus the CUPA Administrative Compensation Survey. This group presented the contract to the Executive committee who in turn presented the contract for approval by the Board of Trustees. Salaries for Vice Presidents, Deans and other key Senior Administrators are reviewed on an annual basis and are in line with salary surveys that report on IHE salaries ie CUPA Administrative Compensation Survey. The salaries are reviewed by the Vice President of Human Resources and the President of the College. In 2014, an outside consultant specializing in higher education executive compensation reviewed the salaries of the Vice Presidents and Deans of the College. In cases of faculty salaries the Provost reviews salaries with the Vice President of Human Resources and the President of the College. The Vice President of Human Resources also works with the Vice President of Finance. Records are maintained by Manhattan College documenting the compensation review process. |

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

▶ 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.
 ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury

Internal Revenue Service

Name of the organization
 MANHATTAN COLLEGE

Employer identification number
 13-1740468

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 Dormitory Authority of the State of New York Insured Revenue Bond Series 2007A | 14-6000293 | 649903HF1 | 03-08-2007 | 1,005,000 | construction of a new residence hall | | X | | X | | X |
| B Dormitory Authority of the State of New York Insured Revenue Bond Series 2007 A | 14-6000293 | 649903HG9 | 03-08-2007 | 1,045,000 | construction of a new residence hall | | X | | X | | X |
| C Dormitory Authority of the State of New York Insured Revenue Bond Series 2007 A | 14-6000293 | 649903HH7 | 03-08-2007 | 1,090,000 | construction of a new residence hall | | X | | X | | X |
| D Dormitory Authority of the State of New York Insured Revenue Bond Series 2007 A | 14-6000293 | 649903HJ3 | 03-08-2007 | 4,885,000 | construction of a new residence hall | | X | | X | | X |

Part II Proceeds

| | A | | B | | C | | D | |
|--|-----------|----|-----------|----|-----------|----|-----------|----|
| 1 Amount of bonds retired | 0 | | 0 | | 0 | | 0 | |
| 2 Amount of bonds legally defeased | 0 | | 0 | | 0 | | 0 | |
| 3 Total proceeds of issue | 1,055,817 | | 1,097,840 | | 1,145,115 | | 1,339,285 | |
| 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 | 40,168 | | 41,767 | | 43,566 | | 0 | |
| 8 Credit enhancement from proceeds | 0 | | 0 | | 0 | | 0 | |
| 9 Working capital expenditures from proceeds | 0 | | 0 | | 0 | | 0 | |
| 10 Capital expenditures from proceeds | 1,015,649 | | 1,056,073 | | 1,101,549 | | 0 | |
| 11 Other spent proceeds | 0 | | 0 | | 0 | | 0 | |
| 12 Other unspent proceeds | 0 | | 0 | | 0 | | 0 | |
| 13 Year of substantial completion | 2008 | | 2008 | | 2008 | | 2008 | |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 Were the bonds issued as part of a current refunding issue? | | 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 | | 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 | | X |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | 0 % | | 0 % | | 0 % | | 0 % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | 0 % | | 0 % | | 0 % | | 0 % |
| 6 Total of lines 4 and 5 | | 0 % | | 0 % | | 0 % | | 0 % |
| 7 Does the bond issue meet the private security or payment test? | | X | | 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 | | X |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 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 | | X |

Part IV Arbitrage

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | X |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | X | | X | | X |
| b Exception to rebate? | | X | | X | | X | | X |
| c No rebate due? | X | | X | | X | | X | |
| If "Yes" to 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 | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the 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 | | | | | | | | |
| 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 |
| 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. Provide additional information for responses to questions on Schedule K (see instructions).

| Return Reference | Explanation |
|---|---|
| Schedule K, Part IV, Line 2c-03/08/2007 1,005,000 Dormitory Authority of the State of New York | Calculations were done on April 4, 2012 for the DASNY Series A 2007 bonds |

| Return Reference | Explanation |
|--|---|
| Schedule K, Part IV, Line 2c- 03/08/2007 1,045,000 Dormitory Authority of the State of New York | Calculations were done on April 4, 2012 for the DASNY Series A 2007 bonds |

| Return Reference | Explanation |
|--|---|
| Schedule K, Part IV, Line 2c- 03/08/2007 1,090,000 Dormitory Authority of the State of New York | Calculations were done on April 4, 2012 for the DASNY Series A 2007 bonds |

| Return Reference | Explanation |
|--|---|
| Schedule K, Part IV, Line 2c- 03/08/2007 4,885,000 Dormitory Authority of the State of New York | Calculations were done on April 4, 2012 for the DASNY Series A 2007 bonds |

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

▶ 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.

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

MANHATTAN COLLEGE

Employer identification number

13-1740468

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 Dormitory Authority of the State of New York Insured Revenue Bond Series 2007 A | 14-6000293 | 649903HK0 | 03-08-2007 | 7,610,000 | construction of a new residence hall | | X | | X | | X |
| B Dormitory Authority of the State of New York Insured Revenue Bond Series 2007A | 14-6000293 | 649903HL8 | 03-08-2007 | 19,365,000 | construction of a new residence hall | | X | | X | | X |
| C Dormitory Authority of the State of New York Insured Revenue Bond Series 2007B | 14-6000293 | 649903WT4 | 11-29-2007 | 840,000 | construction of a new parking garage | | X | | X | | X |
| D Dormitory Authority of the State of New York Insured Revenue Bond Series 2007B | 14-6000293 | 649903WU1 | 11-29-2007 | 1,335,000 | construction of a new parking garage | | X | | X | | X |

Part II Proceeds

| | A | | B | | C | | D | |
|--|-----------|----|------------|----|---------|----|-----------|----|
| 1 Amount of bonds retired | 0 | | 0 | | 840,000 | | 635,000 | |
| 2 Amount of bonds legally defeased | 0 | | 0 | | 0 | | 0 | |
| 3 Total proceeds of issue | 7,994,794 | | 20,344,117 | | 842,696 | | 7,994,794 | |
| 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 | 304,159 | | 773,987 | | 0 | | 304,159 | |
| 8 Credit enhancement from proceeds | 0 | | 0 | | 0 | | 0 | |
| 9 Working capital expenditures from proceeds | 0 | | 0 | | 0 | | 0 | |
| 10 Capital expenditures from proceeds | 7,690,635 | | 19,570,190 | | 842,696 | | 7,690,635 | |
| 11 Other spent proceeds | 0 | | 0 | | 0 | | 0 | |
| 12 Other unspent proceeds | 0 | | 0 | | 0 | | 0 | |
| 13 Year of substantial completion | 2008 | | 2008 | | 2008 | | 2008 | |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 Were the bonds issued as part of a current refunding issue? | | 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 | | 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 | | X |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | 0 % | | 0 % | | 0 % | | 0 % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | 0 % | | 0 % | | 0 % | | 0 % |
| 6 Total of lines 4 and 5 | | 0 % | | 0 % | | 0 % | | 0 % |
| 7 Does the bond issue meet the private security or payment test? | | X | | 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 | | X |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 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 | | X |

Part IV Arbitrage

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | X |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | X | | X | | X |
| b Exception to rebate? | | X | | X | | X | | X |
| c No rebate due? | X | | X | | X | | X | |
| If "Yes" to 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 | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the 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 | | | | | | | | |
| 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 |
| 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. Provide additional information for responses to questions on Schedule K (see instructions).

| Return Reference | Explanation |
|---|---|
| Schedule K, Part IV, Line 2c-03/08/2007 7,610,000 Dormitory Authority of the State of New York | Calculations were done on April 4, 2012 for the DASNY Series A 2007 bonds |

| Return Reference | Explanation |
|---|---|
| Schedule K, Part IV, Line 2c- 03/08/2007 19,365,000 Dormitory Authority of the State of New York | Calculations were done on April 4, 2012 for the DASNY Series A 2007 bonds |

| Return Reference | Explanation |
|--|--|
| Schedule K, Part IV, Line 2c- 11/29/2007 840,000 Dormitory Authority of the State of New York | Calculations were done on December 31, 2012 for the DASNY Series B bonds |

| Return Reference | Explanation |
|--|---|
| Schedule K, Part IV, Line 2c- 11/29/2007 1,335,000 Dormitory Authority of the State of New York | Calculations were done on December 31, 2012 for the DASN Y Series B bonds |

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

▶ 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.

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury

Internal Revenue Service

Name of the organization

MANHATTAN COLLEGE

Employer identification number

13-1740468

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 Dormitory Authority of the State of New York Insured Revenue Bond Series 2007B | 14-6000293 | 649903WV9 | 11-29-2007 | 12,825,000 | construction of a new parking garage | | X | | X | | X |
| B Build NYC Resource Corporation | 45-4040561 | NC9901655 | 08-09-2012 | 21,420,000 | To refund the Series 2000 Bonds, issued 1/10/2001 and pay costs of issuance of Series 2012 bonds | | X | | X | | X |
| C Build NYC Resource Corporation 2013 A | 45-4040561 | NC9902017 | 08-06-2013 | 10,000,000 | To finance construction of the Kelly Student Commons | | X | | X | | X |
| D Build NYC Resource Corporation 2013 B | 45-4040561 | | 08-06-2013 | 17,000,000 | To finance construction of the Kelly Student Commons | | X | | X | | X |

Part II Proceeds

| | A | B | C | D |
|--|------------|------------|------------|------------|
| 1 Amount of bonds retired | 0 | 8,040,000 | 2,000,000 | 0 |
| 2 Amount of bonds legally defeased | 0 | 0 | 0 | 0 |
| 3 Total proceeds of issue | 12,866,162 | 21,420,000 | 10,000,000 | 17,000,000 |
| 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 | 0 | 323,843 | 0 | 0 |
| 8 Credit enhancement from proceeds | 0 | 0 | 0 | 0 |
| 9 Working capital expenditures from proceeds | 0 | 0 | 0 | 0 |
| 10 Capital expenditures from proceeds | 12,966,162 | 0 | 10,000,000 | 17,000,000 |
| 11 Other spent proceeds | 0 | 0 | 0 | 0 |
| 12 Other unspent proceeds | 0 | 0 | 0 | 0 |
| 13 Year of substantial completion | 2008 | 2003 | 2014 | 2014 |
| | Yes | No | Yes | No |
| 14 Were the bonds issued as part of a current refunding issue? | | X | X | |
| 15 Were the bonds issued as part of an advance refunding issue? | | X | X | |
| 16 Has the final allocation of proceeds been made? | X | | X | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | 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 | | 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 | | X |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | 0 % | | | | | | 0 % | |
| 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 % | | | | | | 0 % | |
| 6 Total of lines 4 and 5 | 0 % | | 0 % | | 0 % | | 0 % | |
| 7 Does the bond issue meet the private security or payment test? | | X | | 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 | | X |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 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 | | X |

Part IV Arbitrage

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | X |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | X | | X | | X |
| b Exception to rebate? | | X | | X | X | | X | |
| c No rebate due? | X | | X | | X | | X | |
| If "Yes" to 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 | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the 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 | | | | | | | | |
| 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 |
| 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. Provide additional information for responses to questions on Schedule K (see instructions).

| Return Reference | Explanation |
|--|--|
| Schedule K, Part IV, Line 2c-11/29/2007 12,825,000 Dormitory Authority of the State of New York | Calculations were done on December 31, 2012 for the DASNY Series B bonds |

| Return Reference | Explanation |
|--|--|
| Schedule K, Part IV, Line 2c- 08/09/2012 21,420,000 Build NYC Resource Corporation | Calculations were done on June 30, 2013 for the 2012 Build NYC Bonds |

| Return Reference | Explanation |
|--|--|
| Schedule K, Part IV, Line 2c- 08/06/2013 10,000,000 Build NYC Resource Corporation 2013 A | The rebate requirement has been met per the two year construction bond exception to rebate 100% of the bond proceeds have been expended within that time frame |

| Return Reference | Explanation |
|--|--|
| Schedule K, Part IV, Line 2c- 08/06/2013 17,000,000 Build NYC Resource Corporation 2013 B | The rebate requirement has been met per the two year construction bond exception to rebate 100% of the bond proceeds have been expended within that time frame |

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

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.

Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury

Internal Revenue Service

Name of the organization

MANHATTAN COLLEGE

Employer identification number

13-1740468

Part I Bond Issues

Table with 9 main columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No).

Part II Proceeds

Table with 13 rows of proceeds information and 4 columns (A, B, C, D) for amounts. Includes rows for bonds retired, legally defeased, total proceeds, reserve funds, interest, escrows, issuance costs, credit enhancement, working capital, capital expenditures, other spent/unspent proceeds, and year of completion.

Part III Private Business Use

Table with 2 rows of private business use questions and 4 columns (A, B, C, D) for Yes/No responses. Questions: 1. Was the organization a partner in a partnership... 2. Are there any lease arrangements...

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? | | | | | | | | |
| 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? | | | | | | | | |
| 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▶ | | | | | | | | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government▶ | | | | | | | | |
| 6 Total of lines 4 and 5 | | | | | | | | |
| 7 Does the bond issue meet the private security or payment test? | | | | | | | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | | | | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 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? | | | | | | | | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | | | | | | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | | | | | | | |
| b Exception to rebate? | | | | | | | | |
| c No rebate due? | | | | | | | | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | | | | | | | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the 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)? | | | | | | | | |
| b Name of provider | | | | | | | | |
| 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? | | | | | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | | | | | | | | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 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? | | | | | | | | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

| | |
|---|--|
| Name of the organization MANHATTAN COLLEGE | Employer identification number 13-1740468 |
|---|--|

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 | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 46 | 2,850,802 | average of high low on date of receipt |
| 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 ▶ (Life Insurance Policy) | X | 1 | 55,416 | Fair Market Value |
| 26 Other ▶ (Sporting goods) | X | 2 | 90,000 | Fair Market Value |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

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

| | Yes | No |
|--|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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? | | No |
| 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.

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.

Return Reference

Explanation

**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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
MANHATTAN COLLEGE

Employer identification number

13-1740468

**Return
Reference**

Explanation

Form 990, Part
VI, Section B,
Line 11b

The 990 return was prepared by the College and then reviewed by an outside accounting firm with expertise in non-for-profit, education and taxes among other areas of expertise. A copy of the 990 return was given to the Chair of the Audit Committee of the Board of Trustees for review prior to filing. A copy of the return will be given to all Board members electronically prior to filing. After distribution of the return the Chair of the Finance and Audit Committee of the Board reviews the return with the full Board of Trustees at the next meeting of the Board.

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Section B, Line 12c | <p>The Conflict of Interest Policy is included in the Employee Handbook and covers all College staff. Annually, the Office of Human Resources requires all senior academic and administrative staff, those in a position to influence College decisions, and members of the Board of Trustees to sign and return a copy of the Conflict of Interest Form. Employees having a conflict are required to call it to the attention of the Vice President for Finance and the Vice President of Human Resources. All conflict of interest issues are investigated by the Office of Human Resources/Vice President of Human Resources. If needed the Vice President of Human Resources confers with the appropriate personnel i.e. Vice President, Board Committee, President and or chair of the Board to resolve conflicts of interest. An employee having a conflict of interest shall not participate in any decision making meeting on the subject, will not make a decision on the matter, and will not try to influence the College's decision.</p> |

| Return Reference | Explanation |
|---------------------------------------|--|
| Form 990, Part VI, Section B, Line 15 | <p>The process to approve the President's 5 year salary contract in April, 2016 consisted of a review by a group of trustees, from the Board's Executive Committee working with the VP of Human Resources and consultants specializing in higher education and benefits/pensions. This group of trustees, acting as a Compensation Committee reviewed the proposed contract against survey data compiled by the Manhattan College Human Resources department of presidents' compensation from colleges deemed to be similar to Manhattan College plus the CUPA Administrative Compensation Survey. This group of trustees approved the proposed contract and then presented the contract to the Executive committee who in turn reviewed and approved the proposed contract and then presented the contract for approval by the Board of Trustees. Salaries for Vice Presidents, Deans and other key Senior Administrators are reviewed on an annual basis and are in line with salary surveys that report on IHE salaries ie CUPA Administrative Compensation Survey. The salaries are reviewed by the Vice President of Human Resources and the President of the College. In 2014, an outside consultant specializing in higher education executive compensation reviewed the salaries of the Vice Presidents and Deans of the College. In cases of faculty salaries the Provost reviews salaries with the Vice President of Human Resources and the President of the College. The Vice President of Human Resources also works with the Vice President of Finance. Records are maintained by Manhattan College documenting the compensation review process.</p> |

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Section C, Line 19 | The College makes its Governing Documents, Conflict of Interest Policy and Financial Statements available to the public upon request |