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.

DLN: 93493137059221 OMB No. 1545-0047

Open to Public

Depart Treasu Interna	ry	of the enue Service		v/Form990 for instructions and the	latest inform	Open to Public Inspection							
A F	or th	e 2019 c		ning 07-01-2019 ,and ending 06-3	30-2020	-							
		pplicable:	C Name of organization Manhattanville College			D Employer	identif	ication number					
☐ Ad		change	% NORMA BASS CONTROLLER			13-17404	69						
☐ Ini		_	Doing business as										
		n/terminated		_		E Telephone	numher						
		d return	2000 Burchaco Stroot	ail is not delivered to street address) Room/s	uite								
⊔ Ар	piicatii	on pending	City or town, state or province, coun	try, and ZIP or foreign postal code		(914) 323	3-5128						
			Purchase, NY 10577	try, and 21 or foreign postal code		G Gross rece	ints \$ 9:	8 005 537					
			F Name and address of principal	officer:	H(a) Is thi	s a group retu							
			Michael E Geisler President			dinates?	111 101	□Yes ☑ No					
			2900 Purchase Street Purchase, NY 10577		H(b) Are a	II subordinates	5	☐ Yes ☐No					
I Ta:	x-exer	mpt status:	·	insert no.) 4947(a)(1) or 527	includ	ded? o," attach a lisi	+ (see						
1 W	eheit	to: > 14/14	w.manhattanville.edu	111Set (10.)		o, attach a lis o exemption n		•					
, W	CDSIC	ieip ww	w.mamiaccanvine.edd										
K Forr	∢ Form of organization		: 🗹 Corporation 🗌 Trust 🔲 Assoc	ciation Other ►	L Year of form	ation: 1841 N	1 State	of legal domicile: NY					
Pa	art I	Sum	mary			<u>'</u>							
			scribe the organization's mission or	· most significant activities: D SOCIALLY RESPONSIBLE LEADERS IN	I A GLOBAL CO	MMINITY							
ce	-	TO EDUCA	ATE STUDENTS TO BE ETHICAL AND	SOCIALLY RESPONSIBLE LEADERS IN	A GLUBAL CO	MMUNITY.							
Jan	-												
Ven	-												
Governance			is box ▶ 🔲 if the organization disc of voting members of the governing	continued its operations or disposed of g body (Part VI, line 1a)	more than 25%	o of its net ass	ets.	18					
	4	4	17										
168	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)												
Activities &	6	Total nui	nber of volunteers (estimate if nec	essary)			6	0					
Ac	7a	Total uni	elated business revenue from Part	VIII, column (C), line 12		•	7a	68,523					
	ь	Net unre	lated business taxable income from	Form 990-T, line 39		•	7b						
					Pri	ior Year	T	Current Year					
Qi.	8	Contribu	tions and grants (Part VIII, line 1h)			2,425,13	4	3,971,984					
Ravenue	9	Program	ogram service revenue (Part VIII, line 2g)										
Ş.	10	Investme	ent income (Part VIII, column (A), li		2,652,11	0	2,994,073						
	11	Other re	venue (Part VIII, column (A), lines 5	5, 6d, 8c, 9c, 10c, and 11e)		1,848,25	2	1,505,665					
	12	Total rev	enue—add lines 8 through 11 (mus	st equal Part VIII, column (A), line 12)		94,800,30	4	95,192,116					
	13	Grants a	nd similar amounts paid (Part IX, co	olumn (A), lines 1–3)		35,556,27	5	38,203,893					
	14	Benefits	paid to or for members (Part IX, co	lumn (A), line 4)			0	0					
&	15	Salaries,	other compensation, employee be		34,883,84	8	36,101,281						
Expenses	16a	Profession	onal fundraising fees (Part IX, colum	nn (A), line 11e)			0	0					
S			raising expenses (Part IX, column (D), li										
			penses (Part IX, column (A), lines 1	•		26,215,98	+	24,500,412					
	l		penses. Add lines 13–17 (must equa	, , , , ,		96,656,11	-	98,805,586					
<u>, v</u>	19	Revenue	less expenses. Subtract line 18 fro	m line 12	Daniuniu a	-1,855,80		-3,613,470					
Net Assets or Fund Balances					beginning	of Current Yea	"	End of Year					
ssel 3ala	20	Total ass	ets (Part X, line 16)			90,886,50	0	85,837,838					
Z Z	21	Total liab	oilities (Part X, line 26)			22,578,75	4	22,737,205					
žΞ	22	Net asse	ts or fund balances. Subtract line 2	1 from line 20		68,307,74	6	63,100,633					
	rt II		ature Block										
	edge	and belie		ned this return, including accompanying Declaration of preparer (other than off									
		****			202	21-05-12							
Sign		Signat	ure of officer		Dat	:e							
Here			HALL VP OF FINANCE										
		Туре	or print name and title										
		-	Print/Type preparer's name	Preparer's signature	Date Che	eck I if PO	IN 0741490						
Paid		L	. , b		self	-employed	- / 1177	- 					
Pre		₹1	Firm's name FGRANT THORNTON LLP		Fir	m's EIN ▶							
Use	On	ıly 🖟	Firm's address ► 757 THIRD AVENUE 3RD) FLOOR	Pho	one no. (212) 59	9-0100						
			NEW YORK, NY 100172	757 THIRD AVENUE 3RD FLOOR Phone no. (212) 599-0100 NEW YORK, NY 100172013									

☑ Yes ☐ No

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

Form	990 (2019)					Page 2
Pa	rt III Statemen	t of Program Servi	ce Accomplis	hments		
	Check if Sch	edule O contains a resp	onse or note to	any line in this Part III		🗹
1	Briefly describe the	organization's mission:				
MANI EACH INDE	HATTANVILLE IS CON I STUDENT WITHIN A PENDENT AND CREA	MMITTED TO FULFILLING A COMMUNITY OF ENGA TIVE THINKER IN PURSI	G THAT MISSION GED SCHOLARS UING CAREER AI	I BY: ENSURING THE IN AND TEACHERS; ENCO ND PERSONAL GOALS;	RESPONSIBLE LEADERS FOR THE NTELLECTUAL, ETHICAL, AND SO- JURAGING EACH STUDENT TO DE AND PROVIDING A DIVERSE, IN- LEADERSHIP WITHIN A GLOBAL	CIAL DEVELOPMENT OF EVELOP AS AN CLUSIVE AND NURTURING
2	Did the organization	n undertake any signific	ant program ser	vices during the year w	hich were not listed on	
	the prior Form 990 If "Yes," describe the	or 990-EZ?	 hedule O.			☐ Yes ☑ No
3	services?	n cease conducting, or r		changes in how it cond	ucts, any program	☐ Yes ☑ No
4	Describe the organi Section 501(c)(3) a	ization's program servic	e accomplishmer ons are required	to report the amount	largest program services, as me of grants and allocations to other	
4a	(Code: See Additional Data) (Expenses \$	76,284,323	including grants of \$	38,203,893) (Revenue \$	74,220,927)
4b	(Code: See Additional Data) (Expenses \$	8,635,443	including grants of \$	0) (Revenue \$	12,499,467)
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program serv	vices (Describe in Sched	ule O.) luding grants of	\$) (Revenue \$)
4e	Total program se	rvice expenses 🟲	84,919,7	66		
						Form 990 (2019)

Form	990 (2019)			Page 3
Pai	tiV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III $\ref{20}$.	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part 2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 📆	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥦	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X "	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No

 \mathbf{b} If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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? If "Yes," complete Schedule I, Parts I and II

20b

21

Form	990 (2019)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔧	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No

1a

1b

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

103

0

1c

Yes

Pai	Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Pa Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	1,311		
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax re Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction)	turns? 2b	Yes	
3a	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?	·	Yes	
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	90 3b	Yes	
	 At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial If "Yes," enter the name of the foreign country: 			No
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR).		
5a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tran	saction? 5b		No
С	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did solicit any contributions that were not tax deductible as charitable contributions?	the organization 6a		No
b	b If "Yes," did the organization include with every solicitation an express statement that such contribution not tax deductible?	tions or gifts were 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for provided to the payor?		Yes	
b	${f b}$ If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	vas required to file 7c		No
d	d If "Yes," indicate the number of Forms 8282 filed during the year			
e	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contract?		No
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	ntract? 7f		No
g	g If the organization received a contribution of qualified intellectual property, did the organization file required?	Form 8899 as 7g		
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, airplan	zation file a Form 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintai sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.			
а	a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	$oldsymbol{b}$ Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $oldsymbol{\cdot}$	9b		
10	Section 501(c)(7) organizations. Enter:			
а	a Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11				
a				
Ь	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	Form 1041? 12a		
b	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	150			N -
	la Did the organization receive any payments for indoor tanning services during the tax year?			No
ь 15	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedulis Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remu			
	parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investme If "Yes," complete Form 4720, Schedule O.	nt income? 16		No

	,			9 -
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" resp	onse to	lines 🗹
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 18			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
	<u> </u>	16b		
<u>Se</u> 17	ction C. Disclosure 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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: NORMA BASS CONTROLLER 2900 PURCHASE STREET PURCHASE, NY 10577 (914) 323-5128			
		-	orm 90	0 (201

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (B) Average hours per week (list any hours below dotted line) (C) Average hours per week (list any hours per week list any hours per week list	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's furrent key employees, if no. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee. (A) Name and title A Reportable compensation from the organization or any related organization or any new powers of the organization or any new powers or trustees or trustees that received, in the capacity as a former director, or trustee. (B) A Reportable compensation or trustee of the organization or trustee. (C) (B) A Reportable compensation or from the organization or end to the compensation organization organizat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization or any related organization or any related organization or any related organization of from the organization of from the organization and related organizations organization and organization organization and organization organization and organization organization organization organization organization orga	year.		•						, ,		-	n's ta	Κ
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who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any organization no													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (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) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

Page **8**

Fell	Section A. Officers, Direct	Jois, Hustees	, KEY	-mp	Jye	<i>,</i> cs,	anu	iligi	Test Co	inheits	arec	rinhinhees (-	mueu)	
	(A) Name and title	(B) Average hours per week (list any hours	than o	one bo	ox, u an off	ot che unles fficer	neck mo ess pers er and a etee)	rson	Rep comp fro orga	(D) portable pensation om the anization		(E) Reportable compensation from related organizations		(F) Estima amount o compen from	ated of other sation
		for related organizations below dotted line)		Institutional	Officer	Key employee	Highest co employee	Former		2/1099- MISC)		(W-2/1099- MISC)		organizat relat organiza	:ed
			trustee	al Trustee		yee	Highest compensated employee								
See A	Additional Data Table												士		
			-	-	-	-		+-	-		\dashv		+		
							_	+-			+		+		
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					<u> </u>		<u> </u>	+			\pm		+		
								1					\perp		
1h 5	1b Sub-Total														
сТ	Total from continuation sheets to Pa Fotal (add lines 1b and 1c)	art VII, Section	A				•	<u> </u>		,195,082		i	0		373,567
2	Total number of individuals (including of reportable compensation from the	g but not limited	d to thos					o rec		<u> </u>	\$10	0,000	<u> </u>		
														Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>	,			•		, ,		-		ted e	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual											the	4	Yes	
5	Did any person listed on line 1a receiv services rendered to the organization									ation or i	indiv •	idual for	5		No
Se	ection B. Independent Contract				_	_									
1	Complete this table for your five higher from the organization. Report comper	nsation for the c										's tax year.	npens		
		(A) and business addre	ess)escri	(B) ption of services		(C Comper	
PO Bo	wells Dining Services, ox 91377 AGO, IL 606931337									Food con	ntract	or		4	,219,968
ELLUC 62590	CIAN COMPANY LP, 0 COLLECTIONS CENTER DR AGO, IL 60693									IT Service	ces			2	2,330,921
SMG o	cORPORATE sERVICES,									CLEANIN	IG SE	RVICES		1	,278,067
FLPW 436 W	LLC, Willet ave									construct	tion				930,411
ssc iN 25 Co	ORT CHESTER, NY 10573 sc iNC, 5C ontrols Drive HELTON, CT 064846111														
													+		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 15

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

Part		Statement	of P	Revenue						Page 9
rait	VIII				respo	nse or note to anv	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
	1:	a Federated campa	igns		1a			revenue		312 - 314
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues	5.	. [1b					
Gra mo		c Fundraising even	ts .	. [1c	25,780				
īş, Ā		d Related organizat	tions	; <u> </u>	1d					
Gif		e Government grants	(cont	tributions)	1e	2,464,359				
ns, Sim		f All other contributio	ns, g	ifts, grants,						
er er	and similar amounts not included 1f			1f	1,481,845					
년 된 등		g Noncash contributio lines 1a - 1f:\$	ns in		.	20.074				
Cont and			4 - 41	_	1 g	29,874				
S E		h Total. Add lines :	ra-ri	т	• •		3,971,984			
		THITTON AND FEED				Business Code	74,220,927	74,220,927		
ou.	2a	TUITION AND FEES				900099	74,220,327	74,220,327		
nue	b	b ROOM & BOARD (AUXILIARY ENT)				900099	12,499,467	12,430,944	68,523	
Program Service Revenue										
ice	c	:								
Şe	اند	•								
m (d									
ogra	е	•								
Ğ	£	All other program		·						
		Total. Add lines 2				86,720,394				
		Investment income								
	5	similar amounts) .	•		•	•	1,045,380			1,045,380
		Income from invest	men	t of tax-exem	npt bo		50.044			50.044
	5	Royalties		(i) Real	•	(ii) Personal	50,041			50,041
				(I) Real		(II) Personal	\dashv			
	6a	Gross rents	6a	65	51,033					
	b	Less: rental expenses	6b							
	С	Rental income								
	_	or (loss)	6c		51,033		0 651,033			651.022
	•	Net rental income	or ((i) Securit	· ·	(ii) Other	031,033			651,033
	7.2	Gross amount		(I) Securit	163	(II) Other				
	-	from sales of assets other	7a	4,72	23,618					
		than inventory								
	b	Less: cost or other basis and	7b	2,77	74,925					
		sales expenses					_			
	С	Gain or (loss)	7c	1,94	18,693					
		l Net gain or (loss)				<u>+ + + + </u>	1,948,693			1,948,693
a n	8a	Gross income from fu (not including \$	ındrai	ising events 25,780 of						
en		contributions reported See Part IV, line 18				10.400				
Rev	ı	Less: direct expen			8a 8b	18,480 38,496				
Other Revenue		Net income or (los				<u> </u>				-20,016
					Ī					
	9a	Gross income from See Part IV, line 19	gami •	ng activities.	9a	0				
	Ŀ	Less: direct expen			9a					
		: Net income or (los				es >				
						<u>-</u>				
	10	aGross sales of inve returns and allowa	ntor	ry, less	10a	0				
	Ŀ	Less: cost of good	s sol	d	10b	0				
		Net income or (los			nvent	ory ►	0			
		Miscellaneo	_			Business Code				
	11	La CAPITAL IMPROV	- DI	NING FACILI	TY	90009	9 293,333	293,333		
	Ł	EDUCATIONAL/ST	UDE	NT PROGRAM	ıs	90009	9 275,388	275,388		
	(BOOKSTORE AND COMMISSIONS	ОТН	IER		61171	0 160,321			160,321
		All other revenue				<u> </u>	95,565	95,565		
		Total. Add lines 1				•	824,607			
	12	2 Total revenue. S	ee in	structions .	•	• • • •	95, 1 92,116	87,316,157	68,523	
										Form 990 (2019)

Form 990 (2019)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must co		_		mn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX	(B)	(C)	□ (D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
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	38,203,893	38,203,893		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			_
5 Compensation of current officers, directors, trustees, and key employees	1,399,276	418,307	821,576	159,393
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	26,914,989	23,763,713	2,266,901	884,375
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,579,554	1,348,631	217,299	13,624
9 Other employee benefits	3,744,028	3,156,782	552,599	34,647
10 Payroll taxes	2,463,434	2,076,812	363,811	22,811
11 Fees for services (non-employees):				
a Management	0			
b Legal	71,890		71,890	
c Accounting	177,206		177,206	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	41,316		41,316	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,637,221	1,243,871	1,278,765	114,585
12 Advertising and promotion	426,171	392,732	31,402	2,037
13 Office expenses	387,454	130,191	252,332	4,931
14 Information technology	3,141,679	239,073	2,794,605	108,001
15 Royalties	0			
16 Occupancy	3,527,212	3,236,217	273,826	17,169
17 Travel	846,646	683,007	145,329	18,310
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	116,742	104,381	7,787	4,574
20 Interest	369,707	284,842	79,858	5,007
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	4,705,775	4,086,357	582,872	36,546
23 Insurance	1,209,902		1,209,902	
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 STUDENT BOARD	3,206,571	3,206,571		
b PROGRAM SUPPLIES AND EXPENSES	1,265,645	1,177,476	80,195	7,974
c CATERING/BUSINESS MEALS	332,479	293,587	32,851	6,041
d STUDENT ACT/ACADEMIC CLUBS	137,057	137,057		
e All other expenses	1,899,739	736,266	1,122,639	40,834
25 Total functional expenses. Add lines 1 through 24e	98,805,586	84,919,766	12,404,961	1,480,859
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 if following SOP 98-2 (ASC 958-720)				

Cash-non-interest-bearing

Pledges and grants receivable, net

Notes and loans receivable, net

Inventories for sale or use Prepaid expenses and deferred charges . . .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Investments—other securities. See Part IV, line 11 . . .

Investments-program-related. See Part IV, line 11 .

Other assets. See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Capital stock or trust principal, or current funds . . .

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Tax-exempt bond liabilities

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Total liabilities and net assets/fund balances .

Accounts payable and accrued expenses .

Deferred revenue

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets with donor restrictions .

Net assets without donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Grants payable .

Accounts receivable, net .

Savings and temporary cash investments

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

10a

10b

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2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

٥ 29

Assets 30

4

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9

10c

11

12 0 13

14

15

16

17

19

20

21

22 0 23

24

25

26

27

28

29

30

31

32

33

0

0

0 18

1,296,859

163,389

360.993

0 5

0 6

2.260.058

1.043.996

658,433

51,376,422

32,034,134

1,692,216

90,886,500

4,237,193

9.006.807

5.813.524

141,126

900,000

2,480,104

22.578.754

43,578,334

24,729,412

68,307,746

90,886,500

Check if Schedule O contains a response or note to any line in this Part IX .											
	E	3egii	(A nning	a) g of y	ear			E	(B nd of) year	

139,907,888

91,966,427

- 2
- 3

Page **11**

3.948.875

34,959

442,059

846.781

672,471

47,941,461

29,033,853

1,463,424

85,837,838

3,684,502

7,810,816

3.990.094

5,000,000

2,098,614

22.737.205

41,635,464

21,465,169

63,100,633

85,837,838

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153,179

0

0

0

1.453.955

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3b

Yes

Additional Data

Software ID:

Software Version:

EIN: 13-1740469

Name: Manhattanville College

Form 990 (2019)

Form 990, Part III, Line 4a:

MANHATTANVILLE COLLEGE (WWW.MANHATTANVILLE.EDU) IS AN INDEPENDENT CO-EDUCATIONAL "MASTER'S COLLEGES AND UNIVERSITIES" LIBERAL ARTS INSTITUTION DEDICATED TO ACADEMIC EXCELLENCE AND SOCIAL AND CIVIC ACTION. MANHATTANVILLE PREPARES STUDENTS TO BE ETHICAL AND SOCIALLY RESPONSIBLE LEADERS IN A GLOBAL COMMUNITY. LOCATED JUST 30 MINUTES FROM NEW YORK CITY, MANHATTANVILLE SERVES approximately 1,500 UNDERGRADUATE STUDENTS AND approximately 900 GRADUATE STUDENTS FROM MORE THAN 39 COUNTRIES AND 41 STATES, FOUNDED IN 1841, THE COLLEGE OFFERS MORE THAN 50 UNDERGRADUATE AREAS OF STUDY THROUGH THE SCHOOL OF ARTS AND SCIENCES; MASTER'S DEGREES. ACCELERATED BACHELOR'S DEGREES AND PROFESSIONAL CERTIFICATES THROUGH THE SCHOOL OF PROFESSIONAL STUDIES; AND 62 GRADUATE PROGRAMS and 1 DOCTORAL PROGRAM with three pathways in educational

leadership THROUGH THE NATIONALLY ACCREDITED (CAEP: COUNCIL FOR THE ACCREDITATION OF EDUCATOR PREPARATION) SCHOOL OF EDUCATION.

Form 990, Part III, Line 4b: student and auxiliary services - MANHATTANVILLE COLLEGE IS COMMITTED TO OFFERING A RICH AND VARIED ARRAY OF SERVICES and support FOR STUDENTS. Its STUDENTS ALSO generally PARTICIPATE IN OVER 40 SOCIAL CLUBS and organizations, RUN A RADIO STATION AND generally ENGAGE IN OVER 32,000 HOURS OF

COMMUNITY Service. STUDENT SERVICES COMPRISES ALL FACETS OF THE STUDENT COLLEGE EXPERIENCE INCLUDING RESIDENCE LIFE, ATHLETICS, CO-CURRICULAR ACTIVITIES AS WELL AS SOCIAL, PSYCHOLOGICAL AND LEADERSHIP DEVELOPMENT PROGRAM SERVICES AND ACTIVITIES.RESIDENCE LIFE AT MANHATTANVILLE COLLEGE IS AN INTEGRAL PART OF THE EDUCATIONAL PROGRAM AND ACADEMIC SUPPORT SERVICES OF THE INSTITUTION. RESIDENCE LIFE IS MORE THAN JUST HOUSING AT THE

COLLEGE. IT STRIVES TO CREATE A DYNAMIC LIVING ENVIRONMENT IN WHICH ALL STUDENTS ARE COMFORTABLE. THE RICH ARRAY OF SUPPORT SERVICES FOR

STUDENTS INCLUDES THE WRITING CENTER, ACADEMIC RESOURCE CENTER FOR TUTORING AND SUPPLEMENTAL INSTRUCTION, THE CENTER FOR ACADEMIC SUCCESS. PEER MENTORING PROGRAM, THE E-TERN TECHNOLOGY SUPPORT PROGRAM THROUGH THE CENTER FOR TEACHING AND LEARNING, COUNSELING, HEALTH AND CAREER DEVELOPMENT CENTERS, accommodation SERVICES, AND INTERNATIONAL STUDENT SERVICES.

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation from the

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

	any hours	and	. a dir	ecto		rustee)		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MICHAEL E GEISLER President	35.0	Х		х				356,379	0	113,567
Erik Paulson VP-Fin/Treas (Thru 01/2020)	35.0			х				194,422	O	38,809
Tracy Muirhead VP Institutional Advancement	35.0				х			181,113	0	29,651
Peter Burns VP Enrollment Mgmt	35.0				х			195,596	0	14,644
James Russell	35.0				х			165,148	0	37,291

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165,185

164,259

154,490

160,867

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35,479

20,868

13,255

20,202

10,384

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...... VP Information Technology

Christine Dehne

Cindy Porter

Norma Bass

Debra Simons

Dean - School of Nursing

Controller

VP Student Affairs

SHELLEY b WEPNER

Dean - School of Arts/Sciences

.......

DEAN-SCHOOL OF EDUCATION

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related from the compensation

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

	any hours and a director/trustee))	organization	organizations	from the		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Donald Dean Director Human Resources	35.0					х		153,014	0	12,710
DEBORAH FALLONE SECRETARY	35.0			х				77,007	0	13,326
Jean Hall VP Finance/Treasurer/Operation	35.0			х				70,637	0	13,381
Nancy King	1.0	х						0	0	0

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Jean Hall
VP Finance/Treasurer/Operation
Nancy King
Trustee
Amy Y Zhang

trustee

Trustee

Trustee

Vice chair

Trustee

Helaine Smith

Frank Furbacher

Paul A Cummins

Dwight R HIlson

William H Humphreys

and Independent Contractors

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) organizations any hours organization from the

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

	any nours			· 1		organization	organizations	from the			
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Mary Foley Cooper vice chair	0.0	Х						0	0	0	
Michael Watson Trustee	0.0	Х						0	0	0	
Marion C Jordan Trustee	0.0	Х						0	0	0	
Ann Jablonski Trustee	0.0	Х						0	0	0	
MICHAEL c DUNN	1.0										

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Marion C Jordan
Trustee
Ann Jablonski
Trustee
MICHAEL c DUNN
Vice Chair

......

......

SHEILA Falvey FINNERTY

CHRISTOPHER N LEWIS

Trustee (as of 10/2019)

Trustee (as of 07/2019)

Brian M Donaghy

John Tolomer

LINDA Pistecchia KIRKPATRICK

TRUSTEE

TRUSTEE

trustee

and Independent Contractors

efil	e GR/	APHIC pri	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493137059221
SCI	HED	ULE A	Public (Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047
	m 99		Complete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) e mpt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019
		the Treasury	► Go to <u>www.irs</u>	. <u>gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	ne organiza e College	tion				Employer identific	ation number
		e College					13-1740469	
	rt I		for Public Charity Statu				See instructions.	
1 ne c	rganiz		a private foundation because	•	•		(A)(:)	
		•	onvention of churches, or as					
2	✓		scribed in section 170(b)(:		,	, ,		
3		·	or a cooperative hospital serv	-			-	
4		A medical r name, city,	esearch organization operate and state:	d in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		-	ation operated for the benefit (iv). (Complete Part II.)	of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).	
7			ation that normally receives a (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the genera	al public described in
8		A communi	ty trust described in section	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization de rant college of agriculture. Se					ege or university or a
10		from activit investment	ation that normally receives: ties related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12		more public	ation organized and operated cly supported organizations d through 12d that describes	escribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or c	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization sup- nt of the supporting organiza plete Part IV, Sections A a	tion vested in the sar				
С		Type III f	unctionally integrated. A s organization(s) (see instructi	upporting organizatio				ted with, its
d		Type III n	on-functionally integrated integrated integrated. The organization in You must complete Par	I. A supporting organi generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e			box if the organization receiver or Type III non-functionally			RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter	the number	of supported organizations				<u> </u>	
g			ing information about the su	·	r '			T
	(i) N	lame of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota		l. B. '	tion Act Notice, see the In		Cat. No. 11285		8-1	 90 or 990-EZ) 2019

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	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.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
10	business is regularly carried on 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 instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here					▶ [
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	33 1/3% support test—2019. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	33 1/3% support test—2018. If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
17 a	10%-facts-and-circumstances tes	t— 2019. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	r-and-circumstanci cumstances" test.	es test, check thi The organization	s box and stop n e qualifies as a publ	e re. Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— 2018. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and sto	p here.	
	Explain in Part VI how the organization			-		• •	. \Box
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
4	under section 513 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						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.						
С	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						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON TIME 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

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the organization had excess business holdings).

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? 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.	1

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a 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)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations. 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)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

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Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). 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? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8

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))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

	edule A (101111 550 01 550 E2) 2015			age 3		
Pa	rt IV Supporting Organizations (continued)					
_			Yes	No		
	Has the organization accepted a gift or contribution from any of the following persons?					
а	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?					
		11a				
	A family member of a person described in (a) above?	11b				
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c				
S	ection B. Type I Supporting Organizations					
			Yes	No		
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.	1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-				
2	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	2				
	organization.					
S	ection C. Type II Supporting Organizations					
_			Yes	No		
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	1				
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).					
S	ection D. All Type III Supporting Organizations					
_			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's cax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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).					
_		2				
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.	3				
S	ection 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 instruct	ions):				
	The organization satisfied the Activities Test. Complete line 2 below.					
	b					
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)			
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No		
•	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.	2a				
ı	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.	2b				
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? <i>Provide details in Part VI</i> .	3a				
	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.	3h				

3b

Schedule A (Form 990 or 990-EZ) 2019 Page 6 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 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 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) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see 4 instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

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.	

7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh details in Part VI). See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations	(i)	(ii) Underdistributions	(iii) Distributable

8	Distributions to attentive supported organizations to wh details in $\bf Part\ VI)$. See instructions			
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019:			_

9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			

f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2019 distributable amount		
i Carryover from 2014 not applied (see instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
<u></u> \$		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to		

e From 2018.

d Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 39, 31, and 31 from 31.		
4 Distributions for 2019 from Section D, line 7:		
<u> \$ </u>		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7 Excess distributions carryover to 2020. Add lines 3j and 4c.		

	See instructions.		
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2020. Add lines 3j and 4c.		
8	Breakdown of line 7:		
а	Excess from 2015		
b	Excess from 2016		
	Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

Additional Data

Software ID: Software Version:

EIN: 13-1740469

Name: Manhattanville College

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).

instructions).

Facts And Circumstances Test

Political Campaign and Lobbying Activities

▶Go to www.irs.gov/Form990 for instructions and the latest information.

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

DLN: 93493137059221

Inspection

Department of the Treasury Internal Revenue Service

EZ)

5

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** Manhattanville College 13-1740469 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b......... Did the filing organization file Form 1120-POL for this year? ☐ Yes

fund or a political action committee	e (PAC). If additional space is needed, p	provide informatio	n in Part IV.	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1				
2				
3				
4				
5				
5				
or Paperwork Reduction Act Notice, see th	he instructions for Form 990 or 990-EZ.	Cat.	No. 50084S Schedule C (Form 990 or 990-EZ) 2019

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

Pa	art II-B Complete if the organization is exempt u Form 5768 (election under section 501()		led				
	r each "Yes" response on lines 1a through 1i below, provide in Par tivity.	t IV a detailed description of the lobbying	Yes	i) No		(b) Amour	nt
1	During the year, did the filing organization attempt to influenc	e foreign, national, state or local legislation.			+		
•	including any attempt to influence public opinion on a legislati						
а	a Volunteers?			No			
b		L		No	1		
c	c Media advertisements?	······································		No	1		
d	d Mailings to members, legislators, or the public?			No			
е	e Publications, or published or broadcast statements?			No			
f	f Grants to other organizations for lobbying purposes?			No			
g	g Direct contact with legislators, their staffs, government official	ls, or a legislative body?		No			
h	h Rallies, demonstrations, seminars, conventions, speeches, lect	tures, or any similar means?		No			
i	i Other activities?		Yes				535
j	j Total. Add lines 1c through 1i						535
2a	Did the activities in line 1 cause the organization to be not des	scribed in section 501(c)(3)?		No			
b	b If "Yes," enter the amount of any tax incurred under section 4	912					
C	c If "Yes," enter the amount of any tax incurred by organization	managers under section 4912					
d	d If the filing organization incurred a section 4912 tax, did it file	Form 4720 for this year?					
Par	art III-A Complete if the organization is exempt u 501(c)(6).	nder section 501(c)(4), section 501(c)	(5), o	r sect	ion		
						Yes	No
1	Were substantially all (90% or more) dues received nondeduct	tible by members?		[1		
2	Did the organization make only in-house lobbying expenditure	s of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political	expenditures from the prior year?			3		
Par	art III-B Complete if the organization is exempt u					01 (c	(6)
	and if either (a) BOTH Part III-A, lines 1	and 2, are answered "No" OR (b) Part	III-A	line	3, is		
1	answered "Yes." Dues, assessments and similar amounts from members		1				
2	•		—				
_	expenses for which the section 527(f) tax was paid).	(
а	•		2a				
b	•		2b				
С			2c				
3			3				
4	If notices were sent and the amount on line 2c exceeds the an the organization agree to carryover to the reasonable estimate expenditure next year?	e of nondeductible lobbying and political	4				
5	·		5				
	Part IV Supplemental Information	33.4555.157					
Pro	rovide the descriptions required for Part I-A, line 1; Part I-B, line 4		Part II-	A, lines	s 1 an	d 2 (se	ee
inst	nstructions), and Part II-B, line 1. Also, complete this part for any	additional information.					
	Return Reference	Explanation					
orm	DUES-PAYING MEMBER IN V SOME OF WHICH CONDUCT ONE OF THESE ASSOCIATIO LOBBYING. THE COLLEGE HA	NDERTAKE ANY DIRECT LOBBYING ACTIVITIES; HEARIOUS COLLEGE AND HIGHER EDUCATION PROLED BYING ACTIVITIES. THE COLLEGE HAS RECENNS THAT \$535 (OF ITS DUES) REPRESENTS AMOUNTS PAID TO THESE ASSOCIATION FROM THE LOBBYING AMOUNTS PAID TO THESE ASSOCIAT	FESSIC IVED D OUNTS A OTHER	NAL AS OCUME TTRIBI ASSOC	SSOCI NTAT JTABL IATIO	ATION ION FR E TO NS. TH	IS, ROM IE

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493137059221

OMB No. 1545-0047

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.

Open to Public Inspection

2019

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

	me of the organization hattanville College			Employer ide	entification number
Mai	inattanville College		13-1740469		
Pa	Organizations Maintaining Donor Advi			or Accounts.	
	Complete if the organization answered "Ye	· · · · · · · · · · · · · · · · · · ·	dvised funds	(b) Fund	s and other accounts
1	Total number at end of year	(a) Bollor o	avisca ranas	(b) runa	- dia other decoding
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 adviso				the
	organization's property, subject to the organization's ex	clusive legal control?			🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or	or any other purpose		
Pa	rt II Conservation Easements.	a" on Form 000 Br	ert IV line 7		
1	Complete if the organization answered "Ye Purpose(s) of conservation easements held by the organ				
-	Preservation of land for public use (e.g., recreation	` -	с арргу <i>).</i>] Preservation of an	historically imp	ortant land area
		Tor education)		, ,	
	☐ Protection of natural habitat	L	Preservation of a	certified historic	structure
	☐ Preservation of open space				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation	contribution in the fo		ntion
а	Total number of conservation easements			2a	the Line of the Tear
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified histori	c structure included in	ı (a)	2c	
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06, an	d not on a historic	2d	
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguis	hed, or terminated by	the organization	during the
4	Number of states where property subject to conservation	n easement is located	-		
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds			of violations,	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of viola	tions, and enforcing co	onservation ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations	, and enforcing conser	vation easement	s during the year
8	Does each conservation easement reported on line 2(d)			70(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				☐ Yes ☐ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organ			
Pai	TIII Organizations Maintaining Collections Complete if the organization answered "Ye			er Similar As	sets.
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, edu	cation, or research in f		
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items:				
	i) Revenue included on Form 990, Part VIII, line 1			> \$	
(i)Assets included in Form 990, Part X			▶\$	
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS	cal treasures, or othe	similar assets for fina		de the
а	Revenue included on Form 990, Part VIII, line 1			▶ \$	
b	Assets included in Form 990, Part X			▶\$	
For	Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Cat. No.	52283D Sch	edule D (Form 990) 2019

d Equipment .

Jene	edule D (101111 990) 2019							Page 2
Par	t IIII Organizations Maint	aining Collections o	f Art, His	torical Ti	easure	s, or Other	Similar Assets	(continued)
3	Using the organization's acquisiting items (check all that apply):	on, accession, and other	records, ch	•	he follow	ing that are a	significant use of i	ts collection
а	✓ Public exhibition			q 🗌	Loan or	exchange prog	rams	
b	Scholarly research			е 🗌	Other			
c	Preservation for future gen	erations						
4	Provide a description of the organ		explain hov	v they furth	er the or	ganization's ex	empt purpose in	
5	Part XIII. During the year, did the organiza assets to be sold to raise funds ra							
Pai	rt IV Escrow and Custodia		nea as pare	or the orga	IIZGCIOTI S	- concentriti	· ⊔ Y	'es ☑ No
	Complete if the organi: X, line 21.	zation answered "Yes'	" on Form	990, Part	IV, line	9, or reporte	d an amount on	Form 990, Part
1a	Is the organization an agent, trus included on Form 990, Part X? .							'es ☑ No
b	If "Yes," explain the arrangemen	t in Part XIII and comple	ete the follow	ving table:			Amoun	 t
С	Beginning balance	'		-		1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2-	_					سلسسا	kilika	
2a	Did the organization include an a							'es ∐ No
b		: in Part XIII. Check here	e if the expla	anation has	been pro	ovided in Part)	(III L	
ď	Endowment Funds. Complete if the organization	zation answered "Ves"	" on Form	990 Part	TV line	10		
	Complete if the organi.	(a) Currer		(b) Prior yea			(d) Three years back	(e) Four years back
1 a	Beginning of year balance		,253,151	30,838		29,593,444	27,734,73	
b	Contributions		420,977	492	,159	249,742	143,749	435,831
С	Net investment earnings, gains, ar	nd losses	,327,051	1,894	,280	2,428,806	3,390,768	-22,574
d	Grants or scholarships		616,590	698	,609	584,723	483,797	7 325,077
е	Other expenditures for facilities and programs	1	,799,318	1,356	,257	848,579	1,192,013	4,165,387
f	Administrative expenses							
g	End of year balance	28	,585,271	31,170	,263	30,838,690	29,593,444	27,734,737
2	Provide the estimated percentage	of the current vear end	balance (lir	ne 1a. colu	nn (a)) h	eld as:		_
а	Board designated or quasi-endow	·	(***		(,,			
b		.900 %						
	Temporarily restricted endowmer							
С	The percentages on lines 2a, 2b,	***************************************	10%					
3a		· ·		that are h	eld and a	dministered for	the	Yes No
	(i) unrelated organizations .						[:	Ba(i) No
							<u> </u>	Ba(ii) No
b	. ,	organizations listed as r	equired on S	Schedule R	·			3b
4	Describe in Part XIII the intended	uses of the organization	n's endowm	ent funds.				
Pai	rt VI Land, Buildings, and							
	Complete if the organiz							
	Description of property	(a) Cost or other basis (investment)	(b) Cost or o	orner basis (d	iner) (d	c) Accumulated d	epreciation	(d) Book value
4 -	Land			1.00	1 617			1 001 617
	Land			•	1,617		60 707 577	1,891,617
	Buildings			108,60	9,558		69,707,577	38,901,981
С	Leasehold improvements							

29,350,471

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

56,242

7,091,621

56,242

22,258,850

	(a) Description of security or category (including name of security)	(b) Book value		d of valuation: year market value
	al derivatives			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, (a) Description of investment	Part IV, line	11c. See Form 990, (b) Book value	Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	Other Assets. Complete if the organization answered 'Yes' on Form 990, F	Part IV, line	11d. See Form 990, Par	t X, line 15. (b) Book value
(1)	(d) Sesenpuon			(b) Book value
(2)				
(3)				
(3)				
(4)				
(4)				
(4) (5) (6)				
(4) (5) (6) (7)				
(4) (5) (6) (7) (8) (9) Total. (Colu				P
(4) (5) (6) (7) (8) (9) Total. (Colu	umn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F			990, Part X, line 25.
(4) (5) (6) (7) (8) (9) Total. (Colu	Other Liabilities.			
(4) (5) (6) (7) (8) (9) Total. (Column 1) Part X 1. (1) Federal	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F (a) Description of liability income taxes			990, Part X, line 25. (b) Book value 0
(4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) CAPITAL	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F (a) Description of liability		11e or 11f.See Form	990, Part X, line 25. (b) Book value
(4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of the	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F (a) Description of liability income taxes LEASE OBLIGATIONS		11e or 11f.See Form	990, Part X, line 25. (b) Book value 0 381,811
(4) (5) (6) (7) (8) (9) Total. (Columbia	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F (a) Description of liability income taxes LEASE OBLIGATIONS ERNMENT GRANTS REFUNDABL		11e or 11f.See Form	990, Part X, line 25. (b) Book value 0 381,811 1,199,002
(4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) CAPITAL (3) US GOV (4) CONDIT (5)	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F (a) Description of liability income taxes LEASE OBLIGATIONS ERNMENT GRANTS REFUNDABL		11e or 11f.See Form	990, Part X, line 25. (b) Book value 0 381,811 1,199,002
(4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) CAPITAL (3) US GOV (4) CONDIT (5) (6)	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F (a) Description of liability income taxes LEASE OBLIGATIONS ERNMENT GRANTS REFUNDABL		11e or 11f.See Form	990, Part X, line 25. (b) Book value 0 381,811 1,199,002
(4) (5) (6) (7) (8) (9) Total. (Column 1) (1) Federal (2) CAPITAL (3) US GOV (4) CONDIT (5) (6) (7)	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F (a) Description of liability income taxes LEASE OBLIGATIONS ERNMENT GRANTS REFUNDABL		11e or 11f.See Form	990, Part X, line 25. (b) Book value 0 381,811 1,199,002
(4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of the	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F (a) Description of liability income taxes LEASE OBLIGATIONS ERNMENT GRANTS REFUNDABL		11e or 11f.See Form	990, Part X, line 25. (b) Book value 0 381,811 1,199,002

2

е

3

4

b

C

Part XII

5

1

2

C

d

е 3

b

4

5

Schedule D (Form 990) 2019

Page 4

-1,555,147

57,807,820

37,384,296

95,192,116

61,459,786

38,496

61,421,290

Schedule D (Form 990) 2019

b	Donated services and use of facilities		
c	Recoveries of prior year grants		

Add lines 2a through 2d .

Net unrealized gains (losses) on investments . . . Other (Describe in Part XIII.)

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

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

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Subtract line 2e from line 1

Other (Describe in Part XIII.)

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total expenses and losses per audited financial statements

Add lines **4a** and **4b**

Donated services and use of facilities . .

Prior year adjustments

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

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

2c

2d

2a

2b

2a 2b

2c

2d

4a

4b

4a 4b

2e 3 4c 5

-1,593,643

38,496

38,496

41,316 37.342.980

2e

3

41,316 37,342,980 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID:

Software Version:

EIN: 13-1740469

Name: Manhattanville College

Supplemental Information

Explanation

Return Reference collections of art, historical

treasures and similar assets

Form 990, Sch D, Part III THE COLLEGE MAINTAINS A COLLECTION OF ARTWORK, PHOTOGRAPHS, BOOK S AND OTHER HISTORICAL ARTIFACTS ON ITS CAMPUS FOR THE ENJOYMENT OF ITS STUDENTS, STAFF AN D VISITORS. THIS COLLECTION IS NOT VALUED FOR AUDITED FINANCIAL STATEMENT PURPOSES AND IS NOT RECORDED WITHIN ITS FINANCIAL ACTIVITIES.

Supplemental Information	
Return Reference	Explanation
custodial account liability	Form 990, Sch D, Part IV, Line 2(b) THE COLLEGE HAS FIVE ANNUITANTS IN ITS CHARITABLE GIFT ANNUITY PROGRAM AND REPORTS A \$153,179 LIABILITY ON PART X, LINE 21.

-

Supplemental Information	
Return Reference	Explanation
Endowments	Form 990, Sch D, Part V, Line 4 THE COLLEGE'S ENDOWMENT IS INTENDED TO SUPPORT THE EDUCATI ONAL CURRICULAR AND CULTURAL ACTIVITIES OF THE COLLEGE'S STUDENTS, FACULTY AND STAFF. THE ENDOWMENT'S PRINCIPAL IS INTENDED TO BE LEFT UNTOUCHED FOR FUTURE GROWTH AND INVESTMENT; THE ENDOWMENT'S EARNINGS ARE USED TO FUND STUDENT SCHOLARSHIPS, ACADEMIC CHAIRS, THE CAMPUS MINISTRY AND FACILITIES IMPROVEMENTS. During the year ended June 30, 2020, the College ad justed its net assets without donor restrictions to correct the impact of an immaterial prior period error in net asset classification relating to a change in donor restriction. The is reclassification in Net assets resulted in a change in the prior year endowment end of the year balance. Per the previously reported 990, the balance was \$31,170,263 (as current ly reflected in Part V, column B, line 1(g)), the true balance was \$29,253,151 (as current ly reflected in Part V, column A, Line 1(a)).

Supplemental Information	
Return Reference	Explanation
FIN 48	Form 990, Sch D, Part X Line 2 THE COLLEGE ONLY RECOGNIZES THE TAX EFFECTS FROM AN UNCERTA IN TAX POSITION IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN- NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT O F THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. THE COLLEGE IS EXEMPT FROM FED ERAL INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELAT ED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE COLLEGE E HAS PROCESSES IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY A ND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS TO WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE COLLEGE HAS DETERMINED THAT AS OF JUNE 30, 2020 AND 2019, THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Supplemental Information Return Reference Explanation Form 990, Sch D, Part XI, Line 2(d) DIRECT EXPENSES INCURRED FOR FUNDRAISING EVENTS WERE N reconciliation of revenue ETTED AGAINST THAT INCOME ON LINE 8B OF PART VIII: \$38,496 FORM 990, SCH D, PART XI, LINE

4 (B) SCHOLARSHIPS AND GRANTS RECLASSED TO PART IX, LINE 2: \$37,342,980

Supplemental Information Return Reference Explanation FORM 990, SCH D, PART XII, LINE 2(D) DIRECT EXPENSES INCURRED FOR FUNDRAISING EVENTS WERE reconciliation of expenses

NETTED AGAINST THAT INCOME ON LINE 8B OF PART VIII: \$38,496 FORM 990, SCH D, PART XII, LIN

E 4 (B) SCHOLARSHIPS AND GRANTS RECLASSED TO PART IX, LINE 2: \$37,342,980

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493137059221 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ 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. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** Manhattanville College 13-1740469 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? 5g Νo 5h Νo If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

, , ,	Tage =				
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				
disclosure of nondiscriminatory policy	Schedule E, Part I, Line 3 THE COLLEGE REGULARLY INCLUDES A NON-DISCRIMINATION DISCLOSURE IN ITS STUDENT AND PROSPECTIVE STUDENT PUBLICATIONS AND IN AN AMENDMENT TO THE BY-LAWS OF THE BOARD OF TRUSTEES.				
Financial aid from governmental agencies	Schedule E, Part I, Line 6a MANHATTANVILLE COLLEGE IS COMMITTED TO MAKING IT POSSIBLE FOR STUDENTS OF LIMITED FINANCIAL RESOURCES TO ATTEND THE COLLEGE. MILLIONS OF DOLLARS IN AID ARE AWARDED ANNUALLY AND STUDENTS PARTICIPATE IN FEDERALLY-FUNDED AND STATE-SUPPORTED GRANTS AND LOAN PROGRAMS. FOR THE YEAR				

Page 2

Schedule E (Form 990 or 990EZ) (2019)

ENDING JUNE 30, 2020, THE COLLEGE PROCESSED THE FOLLOWING FEDERAL AND STATE FINANCIAL AID FOR ITS STUDENTS: - DIRECT LOANS - PELL GRANTS - SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS

(SEOG) - NEW YORK STATE HIGHER EDUCATION SERVICE CORP. (NYS TAP) - FEDERAL COLLEGE WORK-STUDY PROGRAM Schedule E (Form 990 or 990-EZ) (2019)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493137059221 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **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. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization Manhattanville College 13-1740469 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations 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 If "Yes," list the 10 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 (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 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.

Cat. No. 50083H

Schedule G (Form 990 or 990-EZ) 2019

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

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
NOVOINIO		golf outing (event type)	hall of fame (event type)	(total number)	col. (c))
2					
	1 Gross receipts	29,895	14,365		44,26
- 1	2 Less: Contributions	17,895	7,885		25,78
_	line 2)	12,000	6,480		18,48
	4 Cash prizes				
	5 Noncash prizes				
3	6 Rent/facility costs				
	7 Food and beverages	101	10,358		10,45
;	8 Entertainment				
<u> </u>	9 Other direct expenses	20,146	7,891		28,03
	10 Direct expense summary. Add lines 4 t	through 9 in column (d)			
	To billion expense ballinary, rad inter-	amough 5 m column (u)			38,49
	11 Net income summary. Subtract line 10	from line 3, column (d)			-20,01
	11 Net income summary. Subtract line 10 III Gaming. Complete if the organizations	from line 3, column (d)	s" on Form 990, Part I		-20,01
art	11 Net income summary. Subtract line 10	from line 3, column (d)	s" on Form 990, Part I (b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	-20,01 if more than \$15,000 (d) Total gaming (add
art	Gaming. Complete if the organism on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-20,01 if more than \$15,000 (d) Total gaming (add
art	11 Net income summary. Subtract line 10 III Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-20,01 if more than \$15,000 (d) Total gaming (add
art	11 Net income summary. Subtract line 10 III Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-20,01 if more than \$15,000 (d) Total gaming (add
Part	11 Net income summary. Subtract line 10 III Gaming. Complete if the orgon on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-20,01 if more than \$15,000 (d) Total gaming (add
Part	11 Net income summary. Subtract line 10 III Gaming. Complete if the orgon on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		1
Part	11 Net income summary. Subtract line 10 III Gaming. Complete if the orgon on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	-20,01 if more than \$15,000 (d) Total gaming (add
Part	Gaming. Complete if the orgon on Form 990-EZ, line 6a. Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	-20,01 if more than \$15,000 (d) Total gaming (add
Part	11 Net income summary. Subtract line 10 III Gaming. Complete if the orgon on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	-20,01 if more than \$15,000 (d) Total gaming (add
art	Gaming. Complete if the orgon on Form 990-EZ, line 6a. Gross revenue	rom line 3, column (d) anization answered "Ye (a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	-20,01 if more than \$15,000 (d) Total gaming (add
Part	Gaming. Complete if the organ on Form 990-EZ, line 6a. Gross revenue	rom line 3, column (d) anization answered "Ye (a) Bingo Yes % No through 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming	-20,01 if more than \$15,000 (d) Total gaming (add
art	Gaming. Complete if the organization on Form 990-EZ, line 6a. Gross revenue	rom line 3, column (d) anization answered "Ye (a) Bingo Yes % No through 5 in column (d) t line 7 from line 1, column (d) aming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes % No	-20,01 If more than \$15,000 (d) Total gaming (add col.(a) through col.(c))
art	Gaming. Complete if the organization on Form 990-EZ, line 6a. Gross revenue	rom line 3, column (d) anization answered "Ye (a) Bingo Yes % No through 5 in column (d) t line 7 from line 1, column (d) aming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes % No	-20,01 If more than \$15,000 (d) Total gaming (add col.(a) through col.(c)) Yes No

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ning activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		· Yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$	anization 🕨 \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address ▶						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$					
	Description of services provided	d ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	<u>-</u>		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spent	:	☐ 1es		
		pt activities during the tax year					
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I | Create and Other Accidence to Create and

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

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

OMB No. 1545-0047

2019

DLN: 93493137059221

Open to Public Inspection

Freasury Internal Revenue Service		► Go to <u>ww</u>	ww.irs.gov/Form990 for	the latest information	on.		Inspection
Name of the organization						Employer identi	fication number
Manhattanville College						13-1740469	
Part I General I	Information on Gran	ts and Assistance					
Does the organizat the selection criteria	iion maintain records to su ia used to award the gran	ubstantiate the amount of ts or assistance?	the grants or assistance,	the grantees' eligibility	for the grants or assistance	e, and	☑ Yes ☐ No
			se of grant funds in the U				
	Other Assistance to Do d more than \$5,000. Part			ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, lii	ne 21, for any recipient
(a) Name and addres organization or government		(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 noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

(Form 990)

(2) Scholarships - graduate 724 3,358,873 1154 5,196,878

(3) Grants - undergraduate (4) SEOG 114 110,000

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) 2019

Part III can be duplicated if additional space is needed.

Part III

(5) HEERF Funds (Cares Act) 1177 860,913

(5)

Page 2

Schedule I (Form 990) 2019

(6) (7)

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

Explanation

Return Reference

recorded as revenue within "government, grants, contracts, and appropriations" of the accompanying statement of activities.

THE COLLEGE PROVIDES SCHOLARSHIPS TO STUDENTS MATRICULATING AT THE COLLEGE BASED ON NEED AND/OR MERIT. THE COLLEGE MONITORS STUDENTS

Schedule I, part I FILES TO ENSURE THAT THE STUDENT RECEIVES NECESSARY FINANCIAL ASSISTANCE BASED ON GRADES, COURSE OF STUDY AND FINANCIAL NEED. ALL FUNDS GRANTED ARE REQUIRED TO BE USED TO DEFRAY THE COSTS OF ATTENDANCE; FUNDS MAY NOT BE SPENT ON DISCRETIONARY ITEMS. The Coronavirus Aid, Relief, and Economic Security ("CARES") Act Higher Education Emergency Relief Fund allocated funding of approximately \$1.7 million to the College. During the year ended June 30, 2020, \$860,913 was disbursed to qualifying students and recorded as revenue and expense within "Government, grants, contracts, and appropriations"Student services" of the accompanying statement of activities, respectively. Furthermore, during the year ended June 30, 2020, \$860,912 was used to reimburse the College for refunds made to students for a portion of room, board, and fees as a result of the change to a virtual learning environment during the spring 2020 semester and was

efil	e GRAPHIC pi	int - DO NOT PROCESS	As Filed Dat	:a -	DLN: 93	49313	37059	221
Sch	nedule J	Co	ompensat	ion Information	OI	ИВ No.	1545-0	0047
(For	m 990)	For certain Office		Trustees, Key Employees, and Hig	hest			
		Complete if the ord	Compens ganization ansv	ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	20)
D			➤ Attach	n to Form 990. r instructions and the latest inforn) Dpen i		
•	tment of the Treasury al Revenue Service	P do to <u>www.ms.go</u>	101	mstructions and the latest mion		Insp	ectio	n
	me of the organiza Thattanville College	ation			Employer identifica	tion nu	ımber	
					13-1740469			
Pa	rt I Questi	ons Regarding Compensa	tion				T	
1 a				f the following to or for a person liste			Yes	No
		s or charter travel	✓	Housing allowance or residence for				
		companions		Payments for business use of person	•			
	☐ Tax idemi	nification and gross-up payment	ts \square	Health or social club dues or initiation	on fees			
	☐ Discretion	ary spending account	\checkmark	Personal services (e.g., maid, chauf	feur, chef)			
b				follow a written policy regarding pay ove? If "No," complete Part III to expl		1b	Yes	
2				or allowing expenses incurred by all		2	Yes	
	directors, truste	es, officers, including the CEO/E	Executive Directo	or, regarding the items checked on Lir	ne 1a? . .			
3				ed to establish the compensation of the	ne			
				not check any boxes for methods CEO/Executive Director, but explain i	n Part III.			
	☐ Compens	ation committee	П	Written employment contract				
		ent compensation consultant		Compensation survey or study				
	☐ Form 990	of other organizations		Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the fi	iling organization or a			
а	Receive a sever	ance payment or change-of-con	itrol payment? .			4a		No
b	Participate in, o	r receive payment from, a supp	lemental nonqua	lified retirement plan?		4b		No
c			,	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	plicable amounts for each item in Part	t III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)) organizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Section ontingent on the revenues of:		the organization pay or accrue any				
а	The organization	1?				5a		No
b						5b		No
_	,	5a or 5b, describe in Part III.	A 15 A 15 I					
6	compensation c	ontingent on the net earnings of	f:	the organization pay or accrue any				
a b	=	1?				6a 6b	-	No
D		6a or 6b, describe in Part III.				6 D		No
7	For persons lists	ed on Form 990, Part VII, Section		the organization provide any nonfixed		7		No
8	Were any amou	nts reported on Form 990, Part	VII, paid or accu	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de		-		
						8		No
9				presumption procedure described in		9		
For F	Panerwork Redu	iction Act Notice, see the Ins	structions for Fo	orm 990. Cat No. 5	50053T Schedule J	(Forn	1 990)	2019

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, reporting instructions, on row (ii). Do not list any individuals that are not listed on Form State. The sum of columns (B)(i)-(iii) for each listed individual must equal the t	990	, Part VII.						vidual
(A) Name and Title			kdown of W-2 and/o compensation		(C) Retirement and other	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in
			(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table				I	•			

Schedule J (Form 990) 2019 Page 3 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 Form 990, Schedule J, Part I, Line 1 THE PRESIDENT OF THE COLLEGE IS PROVIDED A HOME ON THE CAMPUS AS A CONDITION OF HIS/HER EMPLOYMENT. THE VALUE OF THE ON-CAMPUS RESIDENCE PROVIDED TO THE PRESIDENT HAS BEEN ASSIGNED A FAIR MARKET VALUE OF \$50,000 AND IS INCLUDED IN SCHEDULE J. PART II, COLUMN D. IN ADDITION, THE COLLEGE PROVIDES HOUSECLEANING SERVICES FOR THE PRESIDENT'S PERSONAL LIVING QUARTERS AT THE EMPLOYER-PROVIDED RESIDENCE. Schedule 1 (Form 990) 2019

Software Version:

194,422

154,490

164,259

356,379

195,596

181,113

153,014

165,185

156,965

160,867

165,148

Software ID:

EIN: 13-1740469

Name: Manhattanville College

m 990, Schedule J,	Part II - Officers, D	rectors, Trustees, K	ey Employees, and I	Highest Compensate	d Employees		
A) Name and Title	(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	r

15,388

11,767

12,380

40,000

14,153

14,152

11,835

12,240

12,233

10,125

12,031

23,421

8,435

875

491

15,499

875

8,628

23,246

259

25,260

73,567

(F) Compensation in column (B) reported as deferred on prior Form 990

233,231

174,692

177,514

469,946

210,240

210,764

165,724

186,053

192,444

171,251

202,439

Form	990,	Sch	iedi
(A)	Name	and	Title

1Erik Paulson VP-Fin/Treas (Thru

2SHELLEY b WEPNER

3MICHAEL E GEISLER

VP Enrollment Mgmt

Director Human Resources

5Tracy Muirhead

7Cindy Porter VP Student Affairs

8Christine Dehne

Dean - School of Arts/Sciences 9Debra Simons

10James Russell

Dean - School of Nursing

VP Information Technology

VP Institutional Advancement 6Donald Dean

DEAN-SCHOOL OF **EDUCATION**

01/2020)

Controller

President

4Peter Burns

1Norma Bass

(ii)

(i)

(i)

(i)

(ii)

(i)

(i)

(i)

(ii)

(i)

(i)

(i)

(ii)

DLN: 93493137059221 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Manhattanville College 13-1740469 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art—Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 29,874 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . 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 ▶ (_____ Other ▶ (______) 26 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 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 isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

chedule M (Form 990) (2019)							
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						
, ,	WHEN THE COLLEGE RECEIVES CONTRIBUTIONS OF SECURITIES, IT INSTRUCTS ITS INVESTMENT MANAGERS TO SELL THEM ON THE SAME DAY THEY ARE RECEIVED AND DEPOSIT THE PROCEEDS INTO THE COLLEGE'S INVESTMENT ACCOUNTS.						
	Schedule M (Form 990) (2019)						

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					13-1740469	
990 Schedule	e O, Su	pplemental Information				
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general statement regarding the covid-19 pandemic	a broad tof the end on g-term sent, cz ges finz mpanyi mic. In due to o A partizion of roon their, and E ding of 60,913 vernme ement. 912 wa board, ing 202 ppropri 0 Form NVILLE GUIDE INTERI BOARI FINAN EVIEW 21. ALL	DVID-19 pandemic, the effects of which file and negative impact on commerce and impact of COVID-19 on the Colleges operation developments, including the dura impact on the Colleges students, donors, annot be determined. Accordingly, the extencial position and changes in net assets ing financial statements include no adjust fiscal year 2020, the College closed the COVID-19 pandemic and in accordant refund and/or credit was issued to full-tipom, board and fees. Graduating seniors or student account with the remainder paid conomic Security ("CARES") Act Higher I approximately \$1.7 million to the College was disbursed to qualifying students and entry, grants, contracts, and appropriations of activities, respectively. Furthermore, due to suit to reimburse the College for refunding the accompanying statement of 990, part VI, Section B, Line 11 THE AU E COLLEGE BOARD OF TRUSTEES HA LINES, TO REVIEW THE COLLEGE'S ANAL REVENUE SERVICE. THE AUDIT AT CIAL KNOWLEDGE OF THE INSTITUTION CONTROL TO THE SERVICE OF THE STITUTION CONTROL TO THE SERVICE OF THE FILING OF THE BOARD OF TRUSTEES IS MEMBERS OF THE BOARD OF TRUSTEUR DEPONDED THE 2019 FORMS. MEMBERS OF THE BOARD OF TRUSTEUR DEPONDED THE FILING OF THE SERVICE T	financial nerational a trion and serational a trion and seration and seration and cash ments relacted with different country and cash as a refued at a seration as a refued at a seration and seration a	narkets around the world. The end financial performance will depread of the outbreak and its loses and vendors, all of which at pich COVID-19 may impact the offlows is uncertain, and the accating to the effects of this pande in-person classes in mid-March rectives from the State of New Yograduate students for a portical credit toward any unpaid balared. The Coronavirus Aid, Relief Emergency Relief Fund allocatine year ended June 30, 2020, \$ as revenue and expense within revices" of the accompanying size are needed June 30, 2020, \$860 to students for a portion of rooming environment during the sprovernment, grants, contracts, a Process Used to review Form COMPLIANCE COMMITTEE OPONSIBILITY, AS DEFINED BY ORM 990 BEFORE THE COLL THE TRUSTEES OF THE COLL RATIONS. THE AUDIT AND COLORS THE AUDIT AND CO	xten p n re colle colle cork. n de fun 8 "Go at , "TS INTERIM ITS INTERIM MITTEE EAG OMPLIANCE C E FILING ON I	OPERATING S IT TO THE NVILLE COLLEGE CH HAVE BROAD COMMITTEE R MAY 17, 20

990 Schedule O, Supplemental Information

Return Reference	Explanation
Enforcement and monitoring of conflict of interest policy	Form 990, Part VI, Section B, Line 12c OFFICERS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED T O COMPLETE CONFLICT OF INTEREST AND RELATED PARTY TRANSACTION ACKNOWLEDGEMENT AND DISCLOSU RE STATEMENTS ANNUALLY. THESE STATEMENTS REQUIRE THE INDIVIDUAL TO DECLARE AND SIGN A STAT EMENT OF POTENTIAL CONFLICTS OF INTEREST AND RELATED PARTY TRANSACTIONS PURSUANT TO COLLEG E POLICY. THE POLICY IS PUBLISHED ON THE COLLEGE'S WEBSITE AND IS PROVIDED TO EACH TRUSTEE UPON JOINING THE BOARD. THE SIGNED STATEMENTS ARE REVIEWED BY THE PRESIDENT, PROVOST, APP ROPRIATE VICE PRESIDENT, CHAIR OF THE BOARD OF TRUSTEES AUDIT AND COMPLIANCE COMMITTEE AND /OR DIRECTOR OF HUMAN RESOURCES FOR OFFICERS/KEY EMPLOYEES AND BY THE CHAIR OF THE BOARD OF TRUSTEES AND CHAIR OF THE AUDIT AND COMPLIANCE COMMITTEE FOR TRUSTEES. IF ANY CONFLICTS ARE NOTICED, THE PRESIDENT, PROVOST, APPROPRIATE VICE PRESIDENT AND/OR CHAIR OF THE BOARD OF TRUSTEES OR CHAIR OF THE AUDIT AND COMPLIANCE COMMITTEE HAS RESPONSIBILITY FOR RESOLVIN G THE CONFLICT WITH THE TRUSTEE, OFFICER OR KEY EMPLOYEE.

990 Schedule O, Supplemental Information

Process for Determining compensation Form 990, Part VI, Section B, Line 15 COMPENSATION FOR THE PRESIDENT IS DETERMINED BY THE MANHATTANVILLE BOARD OF TRUSTEES' EXECUTIVE COMMITTEE WHICH ACTS AS THE COMPENSATION COMMITTEE. NO INDIVIDUALS WITH A CONFLICT OF INTEREST MAY BE INVOLVED IN THE COMPENSATION DETER MINATION PROCESS. COMPARABILITY DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS IS PREPARED BY THE ORGANIZATION AND REVIEWED BY THE BOARD OF TRUSTEES' EXECUTIVE COMMITTEE. DOCUMENTATION OF APPROVAL IS RETAINE DIN THE HUMAN RESOURCES DEPARTMENT. THE COLLEGE COMMISSIONED A COMPENSATION SURVEY FROM A NINDEPENDENT THIRD PARTY CONSULTANT PRIOR TO THE HIRING OF THE CURRENT PRESIDENT. THIS STUDY WAS COMMISSIONED TO ENSURE THAT THE PRESIDENT'S COMPENSATION IS COMPARABLE TO THAT PAID BY THE COLLEGE'S PEER INSTITUTIONS.	Return Reference	Explanation
	Determining	MANHATTANVILLE BOARD OF TRUSTEES' EXECUTIVE COMMITTEE WHICH ACTS AS THE COMPENSATION COMMITTEE. NO INDIVIDUALS WITH A CONFLICT OF INTEREST MAY BE INVOLVED IN THE COMPENSATION DETER MINATION PROCESS. COMPARABILITY DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS IS PREPARED BY THE ORGANIZATION AND REVIEWED BY THE BOARD OF TRUSTEES' EXECUTIVE COMMITTEE. DOCUMENTATION OF APPROVAL IS RETAINE DIN THE HUMAN RESOURCES DEPARTMENT. THE COLLEGE COMMISSIONED A COMPENSATION SURVEY FROM AN INDEPENDENT THIRD PARTY CONSULTANT PRIOR TO THE HIRING OF THE CURRENT PRESIDENT. THIS STUDY WAS COMMISSIONED TO ENSURE THAT THE PRESIDENT'S COMPENSATION IS COMPARABLE TO THAT PAI

Return Explanation
Reference

990 Schedule O, Supplemental Information

Disclosure	Form 990, Part VI, Section C, Line 19 THE COLLEGE RETAINS A COPY OF ITS FORM 990 AT ITS PL
	ACE OF BUSINESS. THE FORM 990 IS ALSO PUBLISHED ON THE INTERNET AT WWW.GUIDESTAR.ORG. THE
	ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY A
	RE NOT ORDINARILY MADE AVAILABLE TO THE PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT MAN
	AGEMENT'S DISCRETION.