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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Iona College

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
715 North Avenue McSpedon Hall

City or town, state or province, country, and ZIP or foreign postal code
New Rochelle, NY 108011809

F Name and address of principal officer:
Dr Seamus Carey
715 North Avenue McSpedon Hall
New Rochelle, NY 108011809

D Employer identification number
13-3508093

E Telephone number
(914) 633-2483

G Gross receipts \$ 195,600,564

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.IONA.EDU

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1940

M State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
IONA COLLEGE IS A CATHOLIC COLLEGE COMPRISED OF A DIVERSE COMMUNITY OF LEARNERS & SCHOLARS DEDICATED TO ACADEMIC EXCELLENCE IN THE TRADITION OF THE CHRISTIAN BROTHERS.

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

3 Number of voting members of the governing body (Part VI, line 1a) 30

4 Number of independent voting members of the governing body (Part VI, line 1b) 29

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 1,804

6 Total number of volunteers (estimate if necessary) 31

7a Total unrelated business revenue from Part VIII, column (C), line 12 716,837

7b Net unrelated business taxable income from Form 990-T, line 39 129,055

Revenue

8 Contributions and grants (Part VIII, line 1h) 8,022,616

9 Program service revenue (Part VIII, line 2g) 153,102,070

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,580,080

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,075,379

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 168,780,145

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 58,085,399

14 Benefits paid to or for members (Part IX, column (A), line 4) 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 63,755,280

16a Professional fundraising fees (Part IX, column (A), line 11e) 97,700

b Total fundraising expenses (Part IX, column (D), line 25) ▶2,232,156

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 41,848,019

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 163,786,398

19 Revenue less expenses. Subtract line 18 from line 12 4,993,747

Expenses

20 Total assets (Part X, line 16) 378,834,737

21 Total liabilities (Part X, line 26) 109,292,200

22 Net assets or fund balances. Subtract line 21 from line 20 269,542,537

Net Assets or Fund Balances

Beginning of Current Year

End of Year

Part II Signature Block

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

Sign Here

Signature of officer
ANNE MARIE SCHETTINI-LYNCH SVP OF FIN & ADMINISTRATION
Type or print name and title

2021-05-13
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ CROWE LLP
Firm's address ▶ 488 Madison Avenue Floor 3
New York, NY 100225702

Preparer's signature
Date

Check ☐ if self-employed
Firm's EIN ▶ 35-0921680
Phone no. (212) 572-5500

PTIN
P00756195

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

IONA COLLEGE IS A CARING ACADEMIC COMMUNITY, INSPIRED BY THE LEGACY OF BLESSED EDMUND RICE AND THE CHRISTIAN BROTHERS, WHICH EMBODIES OPPORTUNITY, JUSTICE, AND THE LIBERATING POWER OF EDUCATION. IONA COLLEGE'S PURPOSE IS TO FOSTER INTELLECTUAL INQUIRY, COMMUNITY ENGAGEMENT AND AN APPRECIATION FOR DIVERSITY. IN THE TRADITION OF AMERICAN CATHOLIC HIGHER EDUCATION, IONA COLLEGE COMMITS ITS ENERGIES AND RESOURCES TO THE DEVELOPMENT OF GRADUATES RECOGNIZED FOR THEIR ETHICS, CREATIVITY AND PROBLEM-SOLVING ABILITIES, THEIR INDEPENDENT AND ADAPTABLE THINKING; THEIR JOY IN LIFELONG LEARNING; AND THEIR ENDURING INTEGRATION OF MIND, BODY AND SPIRIT.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a	(Code:) (Expenses \$ 91,337,499 including grants of \$ 56,796,184) (Revenue \$ 127,163,639)
See Additional Data	












4b	(Code:) (Expenses \$ 31,507,623 including grants of \$) (Revenue \$ 2,794,971)
See Additional Data	

4c	(Code:) (Expenses \$ 18,316,785 including grants of \$) (Revenue \$ 15,539,311)
See Additional Data	

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

4e	Total program service expenses ▶	141,161,907
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Part IV Checklist of Required Schedules

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

Part IV 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? If "Yes," complete Schedule J	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	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? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, 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? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	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 Yes	
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? If "Yes," complete Schedule R, Part V, line 2	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 5,231	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2019)

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	30	
1b	Enter the number of voting members included in line 1a, above, who are independent	29	
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	Yes
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
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

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

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:
▶ ANNE MARIE SCHETTINI-LYNCH 715 NORTH AVE MCSPEDON HALL NEW ROCHELLE, NY 10801 (914) 633-2468

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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.

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,440,371	0	318,988

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 99

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Pavarini 585 West Putnam Avenue Greenwich, CT 069055571	Construction	27,303,831
Chartwells Dining Services c/o Bank of America Illinois 91337 Collections Dr Chicago, IL 606931337	Food Services	4,409,642
EAB Global Inc 2445 M ST NW Washington, DC 20037	Enrollment Media Svcs	1,320,761
Edu Tek 99 Fulton Street White Plains, NY 10606	IT solutions provider	861,439
Gensler 12478 Collection Center Drive Chicago, IL 60693	Architecture and design	493,334

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 ► 41

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Part VIII Statement of Revenue											
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>											
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a									
	b Membership dues . . .	1b									
	c Fundraising events . . .	1c	111,870								
	d Related organizations	1d									
	e Government grants (contributions)	1e	2,659,280								
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,438,980								
	g Noncash contributions included in lines 1a - 1f:\$	1g	1,358,802								
	h Total. Add lines 1a-1f ▶	10,210,130									
Program Service Revenue			Business Code								
	2a TUITION AND FEES	611710		127,163,639		127,163,639					
	b ROOM & BOARD (& OTHER STUDENT CHARGES)	611710		15,539,412		15,539,412					
	c CAFETERIA	611710		706,472						706,472	
	d BOOKSTORE	611710		110,201						110,201	
	e VENDING COMMISSIONS	611710		60,014						60,014	
	f All other program service revenue.			0		0		0		0	
	g Total. Add lines 2a-2f. ▶	143,579,738									
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			1,134,124				220,999		913,125	
	4 Income from investment of tax-exempt bond proceeds ▶										
	5 Royalties ▶										
			(i) Real	(ii) Personal							
	6a Gross rents	6a	590,271								
	b Less: rental expenses	6b									
	c Rental income or (loss)	6c	590,271	0							
	d Net rental income or (loss) ▶			590,271						590,271	
			(i) Securities	(ii) Other							
	7a Gross amount from sales of assets other than inventory	7a	36,673,993								
	b Less: cost or other basis and sales expenses	7b	36,673,993								
	c Gain or (loss)	7c	0	0							
	d Net gain or (loss) ▶			0						0	
	8a Gross income from fundraising events (not including \$ 111,870 of contributions reported on line 1c). See Part IV, line 18			8a		121,600					
	b Less: direct expenses			8b		104,214					
	c Net income or (loss) from fundraising events . . . ▶					17,386				17,386	
	9a Gross income from gaming activities. See Part IV, line 19			9a							
	b Less: direct expenses			9b							
	c Net income or (loss) from gaming activities . . . ▶										
	10a Gross sales of inventory, less returns and allowances . . .			10a							
	b Less: cost of goods sold . . .			10b							
	c Net income or (loss) from sales of inventory . . . ▶										
Miscellaneous Revenue			Business Code								
11a NCAA DISTRIBUTION			611710		509,700		509,700				
b SPORTS CAMPS			713940		488,133		488,133				
c AQUATICS CLUB			713940		246,454		246,454				
d All other revenue					2,046,421		2,038,716		7,705		
e Total. Add lines 11a-11d ▶					3,290,708						
12 Total revenue. See instructions ▶					158,822,357		145,497,921		716,837		
									2,397,469		
Form 990 (2019)											

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	56,796,184	56,796,184		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,949,531	337,118	1,612,413	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	47,972,524	41,356,369	5,421,604	1,194,551
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,684,221	2,241,785	378,207	64,229
9 Other employee benefits	8,061,245	6,732,524	1,135,829	192,892
10 Payroll taxes	3,091,369	2,581,824	435,574	73,971
11 Fees for services (non-employees):				
a Management				
b Legal	541,059		541,059	
c Accounting	232,400		232,400	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	51,000			51,000
f Investment management fees	165,569		165,569	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5,213,847	1,766,677	3,038,105	409,065
12 Advertising and promotion	3,367,577	2,517,502	603,627	246,448
13 Office expenses	657,083	565,057	92,026	0
14 Information technology	1,675,425	1,440,777	234,648	0
15 Royalties				
16 Occupancy	3,816,397	3,281,900	534,497	0
17 Travel	1,530,594	1,316,230	214,364	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	42,915	36,905	6,010	0
20 Interest	3,656,955	3,144,788	512,167	0
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,757,840	6,671,333	1,086,507	0
23 Insurance	1,563,029	1,344,122	218,907	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD SERVICES	5,018,452	4,315,604	702,848	0
b OTHER ATHLETIC EXPENSES	720,044	619,200	100,844	0
c STUDENT ACTIVITIES	522,628	449,432	73,196	0
d PROFESSIONAL DUES & TRAINING	447,319	384,671	62,648	0
e All other expenses	3,793,146	3,261,905	531,241	0
25 Total functional expenses. Add lines 1 through 24e	161,328,353	141,161,907	17,934,290	2,232,156
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	8,300	1	8,300
	2 Savings and temporary cash investments	26,289,441	2	30,949,746
	3 Pledges and grants receivable, net	9,780,218	3	9,262,966
	4 Accounts receivable, net	4,045,343	4	5,316,982
	5 Loans and other 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	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,201,298	9	1,278,979
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 281,209,065		
	b Less: accumulated depreciation	10b 106,027,805	158,560,899	10c 175,181,260
	11 Investments—publicly traded securities	16,236,933	11	2,755,655
	12 Investments—other securities. See Part IV, line 11	158,966,461	12	160,661,863
	13 Investments—program-related. See Part IV, line 11	3,217,815	13	549,070
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	528,029	15	2,002,707
16 Total assets. Add lines 1 through 15 (must equal line 34)	378,834,737	16	387,967,528	
Liabilities	17 Accounts payable and accrued expenses	13,231,165	17	12,688,598
	18 Grants payable		18	
	19 Deferred revenue	5,498,591	19	6,628,266
	20 Tax-exempt bond liabilities	73,937,329	20	72,482,372
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	2,220,000	23	15,427,033
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	14,405,115	25	9,744,324
	26 Total liabilities. Add lines 17 through 25	109,292,200	26	116,970,593
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	192,020,539	27	217,203,744
	28 Net assets with donor restrictions	77,521,998	28	53,793,191
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	269,542,537	32	270,996,935
33 Total liabilities and net assets/fund balances	378,834,737	33	387,967,528	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	158,822,357
2	Total expenses (must equal Part IX, column (A), line 25)	2	161,328,353
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,505,996
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	269,542,537
5	Net unrealized gains (losses) on investments	5	2,412,799
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	2,595
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,545,000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	270,996,935

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	No	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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.	Yes	

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 13-3508093
Name: Iona College

Form 990 (2019)

Form 990, Part III, Line 4a:

INSTRUCTION - FOUNDED BY THE CONGREGATION OF CHRISTIAN BROTHERS IN 1940, IONA COLLEGE IS CHARTERED BY THE STATE OF NEW YORK AND FULLY ACCREDITED BY THE FEDERAL DEPARTMENT OF EDUCATION APPROVED REGIONAL ACCREDITOR, THE COMMISSION ON HIGHER EDUCATION OF THE MIDDLE STATES ASSOCIATION OF SCHOOLS AND COLLEGES (CHE-MSA), TO OFFER CREDIT-BEARING COURSEWORK TOWARDS DEGREES AND REGISTERED CERTIFICATES AT THE UNDERGRADUATE AND GRADUATE LEVELS. IN ADDITION TO CHE-MSA, IONA'S ACADEMIC PROGRAMS HOLD MULTIPLE PROFESSIONAL AND SPECIAL ACCREDITATIONS FROM INDEPENDENT ACCREDITING BODIES INCLUDING THE ACCREDITING COUNCIL ON EDUCATION IN JOURNALISM & MASS COMMUNICATION, ASSOCIATION FOR ADVANCING QUALITY IN EDUCATOR PREPARATION, AND THE AMERICAN CHEMICAL SOCIETY, AMONG OTHERS. THE LAPENTA SCHOOL OF BUSINESS IS ACCREDITED BY AACSB INTERNATIONAL - A HIGHLY ACCLAIMED DISTINCTION AWARDED TO LESS THAN 5% OF BUSINESS SCHOOLS WORLDWIDE. THE SPEECH LANGUAGE PATHOLOGY PROGRAM IS ACCREDITED BY THE COUNCIL ON ACADEMIC ACCREDITATION IN AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY. IONA'S MAIN CAMPUS IS LOCATED ON 43 ACRES IN NEW ROCHELLE (WESTCHESTER COUNTY), NEW YORK, 20 MILES NORTH OF MIDTOWN MANHATTAN, THE COLLEGE HAS A GRADUATE CENTER IN ROCKLAND COUNTY, N.Y., AND OFFERS GRADUATE COURSES IN NEW YORK CITY. IONA'S STUDENT BODY IS COMPRISED OF 2,981 UNDERGRADUATE STUDENTS AND 632 GRADUATE STUDENTS WITH A WIDE VARIETY OF UNDERGRADUATE AND GRADUATE DEGREES IN THE SCHOOL OF ARTS AND SCIENCE AND SCHOOL OF BUSINESS. IN RECENT YEARS, THE IONA COMMUNITY HAS FOCUSED ON ADVANCING STUDENT DISTINCTION, ELEVATING THE IONA EXPERIENCE, ENHANCING ACADEMIC DISTINCTION, GROWING INFRASTRUCTURE, ADVANCING AFFORDABILITY, AND RAISING NECESSARY RESOURCES. MUCH SUCCESS HAS BEEN REALIZED INCLUDING ENHANCED ACADEMIC OFFERINGS AND INTERNATIONAL PROGRAMS, LAUNCH OF ACADEMIC CENTERS AND INSTITUTES, RECORD SCHOLARSHIPS AWARDED, GROWTH TO THE ENDOWMENT OF OVER 100%, AND AN INCREASE TO CAMPUS LAND HOLDINGS OF 30%. IONA COLLEGE OFFERS A VIBRANT EXPERIENCE FOR STUDENTS WITH STUDENT CLUBS, ORGANIZATIONS, AND GROUPS ON CAMPUS, AND AN NCAA DIVISION I ATHLETICS PROGRAM WITH 21 VARSITY TEAMS. THE SCHOOL OF ARTS AND SCIENCE AND THE SCHOOL OF BUSINESS SUPPORT THE MISSION OF IONA COLLEGE THROUGH A COMMITMENT TO FOSTERING ACADEMIC EXCELLENCE AND INTELLECTUAL INQUIRY IN THE LIBERAL ARTS TRADITION. THE SCHOOLS EMBRACE THE VALUES OF A STUDENT-CENTERED INSTITUTION ROOTED IN A RELIGIOUS TRADITION INCLUDING PURSUIT OF KNOWLEDGE AND TRUTH, DEVOTION TO INTEGRITY, DIVERSITY, AND FREEDOM OF INQUIRY; OPENNESS TO CHANGE, INNOVATION, AND ENTREPRENEURSHIP; APPRECIATION FOR DATA-INFORMED, OUTCOMES-ORIENTED PRACTICES THAT PROMOTE INTERNAL COLLABORATION AND EXTERNAL COMPETITIVENESS; COMMITMENT TO COMPASSION, TRANSPARENT DECISION-MAKING, AND ACCOUNTABILITY AND DEDICATION TO RESPONSIBLE STEWARDSHIP OF HUMAN, PHYSICAL, FINANCIAL, AND ENVIRONMENTAL RESOURCES. IONA OFFERS NEARLY 40 UNDERGRADUATE MAJORS, MORE THAN 40 MINORS, AND NEARLY 30 GRADUATE PROGRAMS.

Form 990, Part III, Line 4b:

STUDENT SERVICES - OTHER ACADEMIC AND STUDENT SUPPORT ACTIVITIES ARE PROVIDED FOR ENROLLED STUDENTS AND IN SUPPORT OF FACULTY SCHOLARSHIP CONSISTENT WITH STANDARDS ESTABLISHED BY THE NEW YORK STATE EDUCATION DEPARTMENT, THE COMMISSION OF HIGHER EDUCATION OF THE MIDDLE STATES ASSOCIATION OF SCHOOLS AND COLLEGES AND BEST PRACTICES IN AMERICAN HIGHER EDUCATION. THESE INCLUDE FULLY STAFFED AND OPERATIONAL LIBRARIES, A CAREER DEVELOPMENT CENTER, COUNSELING CENTER, HEALTH SERVICES CENTER, IT SUPPORT CENTER, FACULTY TRAINING CENTER, TUTORING AND ACADEMIC SUPPORT CENTER CAMPUS MINISTRIES OFFICE, ATHLETICS DEPARTMENT, AND STUDENT DEVELOPMENT OFFICE SERVICING CLUBS, STUDENT GOVERNMENT, STUDENT MEDIA AND STUDENT RECREATION.

Form 990, Part III, Line 4c:

AUXILIARY ENTERPRISES - IONA COLLEGE PROVIDE ANCILLARY AUXILIARY SERVICES TO BOTH ITS STUDENT POPULATION AND ITS EMPLOYEE BASE IN AN EFFORT TO SUPPORT ITS EDUCATIONAL MISSION: 1) RESIDENTIAL SERVICES - AS PART OF THE STUDENT EXPERIENCE, IONA COLLEGE OFFERS ON-CAMPUS RESIDENCE HALL HOUSING AND RELATED SERVICES. THE PRIMARY GOAL OF IONA'S RESIDENTIAL LIFE PROGRAM IS TO PROVIDE A SAFE, SECURE AND COMFORTABLE ENVIRONMENT WHERE ACADEMIC SUCCESS, AS WELL AS THE SOCIAL, EMOTIONAL, SPIRITUAL, PHYSICAL AND CULTURAL DEVELOPMENT OF EACH RESIDENT, IS FACILITATED. 2) BOOKSTORE - THE COLLEGE HAS AN ON-CAMPUS BOOKSTORE WHERE STUDENTS CAN PURCHASE TEXTBOOKS, STUDY AIDS, ELECTRONICS, SOFTWARE, STATIONERY AND RELATED HARD GOODS. 3) FOOD SERVICE/CAFETERIA - THE COLLEGE HAS MULTIPLE ON-CAMPUS CATERERS THAT IS COMMITTED TO PROVIDING QUALITY AND NUTRITIOUS FOOD WITH EXCEPTIONAL SERVICE. RESIDENT STUDENTS ARE REQUIRED TO PARTICIPATE AND COMMUTERS MAY PARTICIPATE IN THE FULL MEAL PLAN OFFERED AT IONA COLLEGE.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR SEAMUS CAREY PRESIDENT	65.0	X		X				273,431	0	28,886
JAMES P HYNES CHAIRPERSON	2.0	X		X				0	0	0
ANDREW DOLCE TRUSTEE	1.0	X						0	0	0
ARMANDO C RODRIGUEZ JR TRUSTEE	1.0	X						0	0	0
BARTLEY F LIVOLSI TRUSTEE	1.0	X						0	0	0
BRIAN M WALSH TRUSTEE	1.0	X						0	0	0
CHARLES W SCHOENHERR TRUSTEE	1.0	X						0	0	0
DAVID P BROWN TRUSTEE	1.0	X						0	0	0
ERIC L ROBINSON TRUSTEE	1.0	X						0	0	0
INGRID THOMPSON-SELLERS TRUSTEE	1.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOANN MAZZELLA MURPHY	1.0									
TRUSTEE	.....	X						0	0	0
JOHN C JUDGE	1.0									
TRUSTEE	.....	X						0	0	0
JULIA CONSIDINE GREIFELD	1.0									
TRUSTEE	.....	X						0	0	0
KATHLEEN A HURLIE	1.0									
TRUSTEE	.....	X						0	0	0
KEVIN FLOOD	1.0									
TRUSTEE	.....	X						0	0	0
KEVIN GRIFFITH	1.0									
TRUSTEE	.....	X						0	0	0
LAWRENCE I WILLS	1.0									
TRUSTEE	.....	X						0	0	0
LINDA M BRUNO	1.0									
TRUSTEE	.....	X						0	0	0
MARGARET TIMONEY	1.0									
TRUSTEE	.....	X						0	0	0
MICHAEL P HEGARTY	1.0									
TRUSTEE	.....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICK C DUNICAN JR	1.0									
TRUSTEE	.....	X						0	0	0
PATRICK C O'DONNELL JR	1.0									
TRUSTEE	.....	X						0	0	0
PETER J RIPP	1.0									
TRUSTEE	.....	X						0	0	0
PHILLIP N MAISANO	1.0									
TRUSTEE	.....	X						0	0	0
RAYMOND J VERCRUYSE	1.0									
TRUSTEE	.....	X						0	0	0
ROBERT V LAPENTA	1.0									
TRUSTEE	.....	X						0	0	0
RONALD M DEFE0	1.0									
TRUSTEE	.....	X						0	0	0
STEPHEN V REITANO	1.0									
TRUSTEE	.....	X						0	0	0
THERESA A GOTTLIEB	1.0									
TRUSTEE	.....	X						0	0	0
Thomas Hales	1.0									
Trustee Thru 10/2020	.....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TRISTA RIVERA TRUSTEE	1.0	X						0	0	0
ANNE MARIE SCHETTINI-LYNCH SVP OF FIN & ADMINISTRATION	65.0			X				333,192	0	17,558
DARRELL WHEELER PROVOST & SVP ACADEMIC AFFAIRS	50.0			X				320,179	0	40,040
KATHLEEN MCELROY GENERAL COUNSEL	50.0			X				220,884	0	21,941
MARY ELLEN CALLAGHAN CHIEF OF STAFF & BOARD SEC.	50.0			X				228,317	0	26,461
BILLI CHAMBERS WOMEN'S BASKETBALL COACH	50.0					X		216,864	0	32,086
DR JOSEPH NYRE PRESIDENT Thru 6/30/19	0.0					X		600,611	0	41,049
PAUL SUTERA SVP ADVANCEMENT & EXTERNAL AFF	50.0					X		273,174	0	55,541
TIMOTHY CLUESS MEN'S BASKETBALL COACH	50.0					X		768,656	0	25,428
VINCENT CALLUZZO Professor	40.0					X		205,063	0	29,998

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

Iona College

13-3508093

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☒ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(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		
Total						

Part II

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

Section A. Public Support							
	Calendar year (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.") . .	24,596,735	30,710,189	10,839,848	8,022,616	10,210,130	84,379,518
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4	Total. Add lines 1 through 3	24,596,735	30,710,189	10,839,848	8,022,616	10,210,130	84,379,518
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)						31,621,850
6	Public support. Subtract line 5 from line 4.						52,757,668

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4.	24,596,735	30,710,189	10,839,848	8,022,616	10,210,130	84,379,518
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,847,950	1,725,122	2,367,324	3,060,391	1,503,387	10,504,174
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .	444,028	422,848	485,820	417,827	129,055	1,899,578
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	322,880	219,831	240,148	272,799	121,600	1,177,258
11	Total support. Add lines 7 through 10						97,960,528
12	Gross receipts from related activities, etc. (see instructions)					12	396,986,907
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	53.86 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	52.77 %
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 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.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of 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 Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 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? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c 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? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section 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? <i>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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section 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 tax 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>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.</i>		
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>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> 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.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 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.			
e From 2018.			
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:			
\$			
a 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.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part I SCHEDULE A, PART I	IONA COLLEGE OPERATES AS A SCHOOL DESCRIBED IN SECTION 170(B)(1)(A)(II) BUT ALSO QUALIFIES AS A PUBLICLY SUPPORTED ORGANIZATION DESCRIBED IN SECTION 170(B)(1)(A)(VI) TO ALLOW ITSELF TO UTILIZE THE SPECIAL RULE FOR 501(C)(3) ORGANIZATIONS ON FORM 990, SCHEDULE B.

990 Schedule A, Supplemental Information	
Return Reference	Explanation
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - MISCELLANEOUS REVENUE, COLUMN A - 322880.0, COLUMN B - 219831.0, COLUMN C - 240148.0, COLUMN D - 272799.0, COLUMN E - 121600.0, COLUMN F - 1177258.0;

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Iona College

Employer identification number
13-3508093

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

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

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

2

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3

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

4

Number of states where property subject to conservation easement is located ►

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

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

☐ Yes ☐ No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$ 0

(ii)

Assets included in Form 990, Part X

► \$ 100,000

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a☒ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☒ Other EDUCATIONAL INSTRUCTION

4

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

5

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

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	159,938,009	143,741,343	130,845,536	116,405,592
b	Contributions	5,830,944	8,118,305	7,938,632	6,334,421
c	Net investment earnings, gains, and losses	2,510,934	11,622,837	9,773,420	12,091,954
d	Grants or scholarships	5,401,275	3,384,534	4,616,151	3,841,187
e	Other expenditures for facilities and programs				
f	Administrative expenses	165,569	159,942	200,094	145,244
g	End of year balance	162,713,043	159,938,009	143,741,343	130,845,536

2

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

a

Board designated or quasi-endowment

76.98 %

b

Permanent endowment

17.77 %

c

Temporarily restricted endowment

5.25 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	9,852,103		9,852,103
b	Buildings	200,890,800	79,423,386	121,467,414
c	Leasehold improvements	61,819,506	21,024,435	40,795,071
d	Equipment	7,229,788	5,402,430	1,827,358
e	Other	1,416,868	177,554	1,239,314
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			175,181,260

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) MULTI-STRATEGY EQUITY FUND	79,196,474	F
(B) MULTI STRATEGY BOND FUND	17,174,238	F
(C) GOVERNMENT MONEY MARKET FUND	7,815,433	F
(D) LIMITED PARTNERSHIPS	19,773,148	F
(E) CASH VALUE OF LIFE INSURANCE	151,617	F
(F) R/E COMMERCIAL PROPERTY	2,280,371	F
(G) INTERMEDIATE TERM FUND	18,143,885	F
(H) MERGER ARBITRAGE FUND	16,126,697	F
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	160,661,863	

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED POSTRETIREMENT BENEFIT	9,405,000
(3) REFUNDABLE ADVANCES FROM U.S.	339,324
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	9,744,324

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	105,922,617
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,412,799
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-55,416,753
e	Add lines 2a through 2d	2e	-53,003,954
3	Subtract line 2e from line 1	3	158,926,571
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-104,214
c	Add lines 4a and 4b	4c	-104,214
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	158,822,357

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

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

1	Total expenses and losses per audited financial statements	1	104,470,814
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	104,214
e	Add lines 2a through 2d	2e	104,214
3	Subtract line 2e from line 1	3	104,366,600
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	56,961,753
c	Add lines 4a and 4b	4c	56,961,753
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	161,328,353

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 13-3508093
Name: Iona College

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
MULTI-STRATEGY EQUITY FUND	79,196,474	F
MULTI STRATEGY BOND FUND	17,174,238	F
GOVERNMENT MONEY MARKET FUND	7,815,433	F
LIMITED PARTNERSHIPS	19,773,148	F
CASH VALUE OF LIFE INSURANCE	151,617	F
R/E COMMERCIAL PROPERTY	2,280,371	F
INTERMEDIATE TERM FUND	18,143,885	F
MERGER ARBITRAGE FUND	16,126,697	F

Supplemental Information

Return Reference	Explanation
Schedule D, Part III, Line 4 Collections of art - description of collections	THE COLLEGE OPERATES A PUBLIC GALLERY NEAR ITS CAMPUS THAT IS OPEN TO BOTH STUDENTS AND TO THE GENERAL PUBLIC, FREE OF CHARGE. THE COLLEGE DOES NOT OWN ANY OF THE ARTWORK EXHIBITED IN THIS GALLERY BUT RECEIVES THESE PIECES FOR PUBLIC EXHIBITION. THE GALLERY IS INTENDED AS A VEHICLE TO INCREASE PUBLIC APPRECIATION OF ART AND TO ENHANCE THE STUDENT EDUCATIONAL EXPERIENCE.

Supplemental Information	
Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE COLLEGE'S ENDOWMENT FUND IS INTENDED TO SUPPORT ITS EDUCATIONAL MISSION. PERMANENT ENDOWMENT FUNDS AND QUASI ENDOWMENT FUNDS WILL FUND STUDENT SCHOLARSHIPS, FACULTY SUPPORT, FACILITY ENHANCEMENTS, OPERATIONS AND OTHER STRATEGIC INITIATIVES. THE COLLEGE INTENDS ON KEEPING THE ENDOWMENT PRINCIPAL UNTOUCHED, WHILE USING ITS EARNINGS TO SATISFY THE ABOVE MENTIONED OBJECTIVES.

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	THE COLLEGE IS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE), AND IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. THE COLLEGE HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS. UNDER ASC 740, "INCOME TAXES", THE COLLEGE MUST RECOGNIZE A TAX LIABILITY ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. THE COLLEGE DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS TAKEN, AND ACCORDINGLY, WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS UNDER ASC 740. THE COLLEGE IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION.

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	SCHOLARSHIP DISBURSEMENT - -56796184 INVESTMENT EXPENSES - -165569 CHANGE IN POSTRETIREMENT BENEFIT OBLIGATION - 1545000

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Special Events & Gaming Direct Expenses - -104214

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Special Events & Gaming Direct Expenses - 104214

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	SCHOLARSHIP DISBURSEMENT - 56796184 INVESTMENT EXPENSES - 165569

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Name of the organization
Iona College

Schools

► 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.
► Go to www.irs.gov/Form990EZ for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
13-3508093

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1 Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2 Yes	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.	3 Yes	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	4a Yes	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b Yes	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c Yes	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d Yes	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	5a	No
b Admissions policies?	5b	No
c Employment of faculty or administrative staff?	5c	No
d Scholarships or other financial assistance?	5d	No
e Educational policies?	5e	No
f Use of facilities?	5f	No
g Athletic programs?	5g	No
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5h	No
6a Does the organization receive any financial aid or assistance from a governmental agency?	6a Yes	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.	6b	No
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.	7 Yes	

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Return Reference	Explanation
Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY POLICY	THE COLLEGE INCLUDES A STATEMENT OF ITS NON-DISCRIMINATION POLICY ON ITS WEBSITE, AS WELL AS IN STUDENT MATERIALS, AND EMPLOYEE JOB POSTINGS
Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT	THE COLLEGE RECEIVES GRANTS FOR RESEARCH , TRAINING, AND FINANCIAL AID FROM THE NATIONAL SCIENCE FOUNDATION , THE US DEPARTMENT OF EDUCATION AND VARIOUS OTHER FEDERAL AND NEW YORK STATE AGENCIES

2019

Open to Public Inspection

13-3508093

Schedule G (Form 990 or 990-EZ) 2019

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Winged Foot (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue					
	1 Gross receipts	233,470			233,470
	2 Less: Contributions	111,870			111,870
	3 Gross income (line 1 minus line 2)	121,600	0	0	121,600
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	67,023			67,023
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	37,191			37,191
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				104,214
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				17,386	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$		
c	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

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

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

Schedule I
(Form 990)

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service
Name of the organization
Iona College

Employer identification number
13-3508093

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	3014	56,796,184			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	IONA COLLEGE GIVES AID TO STUDENTS IN TWO BASIC FORMS: MERIT AID AND NEED BASED AID. THE AMOUNT OF MERIT AID A STUDENT RECEIVES IS BASED ON CUMULATIVE GRADE POINT AVERAGE (GPA) AND A RANGE OF MERIT AWARD LEVELS. NEED BASED AID IS DETERMINED BY UNMET NEED AS CCULATED BY THE COST OF ATTENDANCE LESS THE FEDERAL EXPECTED FAMILY CONTRIBUTION (EFC.) STUDENTS ARE GIVEN THESE AWARDS UPON ACCEPTANCE TO THE COLLEGE AND THE AWARDS ARE RENEWED ON AN ANNUAL BASIS ASSUMING THE STUDENT MEETS THE REQUIRED CUMULATIVE GPA AND THE NEED LEVEL AS DETERMINED BY FAFSA HAS NOT CHANGED. ALL SCHOLARSHIPS ISSUED BY THE COLLEGE ARE INTENDED TO BE USED TO DEFRAY TUITION COSTS AND ENABLE STUDENTS TO MATRICULATE AT IONA COLLEGE, THE STUDENT HAS NO DISCRETION ON HOW TO EXPEND THOSE FUNDS. ACCORDINGLY, THE COLLEGE DOES NOT FORMALLY MONITOR THE USE OF THE SCHOLARSHIP FUNDS SINCE IT IS REQUIRED THAT SUCH FUNDS BE USED TO OFFSET TUITION AND OTHER EDUCATIONALLY-RELATED COSTS. AS A NATIONAL COLLEGIATE ATHLETIC ASSOCIATION (NCAA) DIVISION I INSTITUTION, IONA COLLEGE AWARDS RECRUITED (AND RETURNING) ATHLETES SCHOLARSHIPS AND GRANTS IN ACCORDANCE WITH NCAA GUIDELINES FOR FULL-RIDE OR EQUIVALENCY SPORT ALLOCATIONS. THESE AWARDS MAY COVER TUITION, FEES, ROOM, BOARD, BOOKS AND LIVING EXPENSES PER NCAA RULES AND COLLEGE BUDGET ALLOCATIONS. AWARDS ARE RENEWED BASED ON ACADEMIC PERFORMANCE, ATHLETIC PARTICPATION, TEAM ROSTER NEEDS AND AVAILABLE FUNDS.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Iona College

Employer identification number
13-3508093

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

[illegible]

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Schedule J, Part I, Line 1a Housing allowance or residence for personal use	THE COLLEGE PROVIDES THE PRESIDENT HOUSING ON THE COLLEGE'S CAMPUS FOR THE CONVENIENCE OF THE EMPLOYER (IONA COLLEGE) AND AS A CONDITION OF EMPLOYMENT. THE FAIR MARKET VALUE OF SUCH LODGING IS EXCLUDED FROM THE PRESIDENT'S TAXABLE INCOME AND IS NOT REPORTED ON FORM 990, SCHEDULE J, PART II, COLUMN (D) AS A NONTAXABLE BENEFIT.
Schedule J, Part I, Line 1a Personal services	THE COLLEGE PROVIDES DR. JOSEPH NYRE, PRESIDENT, WITH CUSTODIAL STAFF THAT CLEANS THE PORTION OF HIS HOUSE THAT IS USED FOR BUSINESS.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	The following individual participated in a 457(f) plan, no contributions were made during the current year - Dr. Joseph Nyre.

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 13-3508093
Name: Iona College

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DR SEAMUS CAREY PRESIDENT	(i)	272,792	0	639	11,650	17,236	302,317	0
	(ii)	0	0	0	0	0	0	0
1ANNE MARIE SCETTINI- LYNCH SVP OF FIN & ADMINISTRATION	(i)	288,020	28,883	16,289	13,800	3,758	350,750	0
	(ii)	0	0	0	0	0	0	0
2DARRELL WHEELER PROVOST & SVP ACADEMIC AFFAIRS	(i)	292,162	24,000	4,017	14,000	26,040	360,219	0
	(ii)	0	0	0	0	0	0	0
3MARY ELLEN CALLAGHAN CHIEF OF STAFF & BOARD SEC.	(i)	200,119	20,500	7,698	20,512	5,949	254,778	0
	(ii)	0	0	0	0	0	0	0
4KATHLEEN MCELROY GENERAL COUNSEL	(i)	199,936	20,200	748	10,106	11,835	242,825	0
	(ii)	0	0	0	0	0	0	0
5DR JOSEPH NYRE PRESIDENT Thru 6/30/19	(i)	402,702	0	197,909	21,081	19,968	641,660	0
	(ii)	0	0	0	0	0	0	0
6TIMOTHY CLUESS MEN'S BASKETBALL COACH	(i)	728,907	35,000	4,749	22,500	2,928	794,084	0
	(ii)	0	0	0	0	0	0	0
7PAUL SUTERA SVP ADVANCEMENT & EXTERNAL AFF	(i)	252,150	20,757	267	19,075	36,466	328,715	0
	(ii)	0	0	0	0	0	0	0
8BILLI CHAMBERS WOMEN'S BASKETBALL COACH	(i)	179,231	15,000	22,633	9,220	22,866	248,950	0
	(ii)	0	0	0	0	0	0	0
9VINCENT CALLUZZO Professor	(i)	198,988	0	6,075	19,687	10,311	235,061	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Iona College

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
13-3508093

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	649906P65	08-01-2012	31,366,862	REFUNDING 2002 BOND/CONSTRUCTION		X		X		X
B CITY OF NEW ROCHELLE CORP FOR LOCAL DEVELOPMENT	61-1721247	648535AS1	05-06-2015	49,537,981	REFUNDING OF 2013 NROC BOND/CONSTR		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	6,282,435		3,958,459					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	31,366,862		49,537,981					
4	Gross proceeds in reserve funds	2,037,738		2,946,436					
5	Capitalized interest from proceeds			2,107,765					
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	507,061		773,080					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	6,058,913		35,524,155					
11	Other spent proceeds	22,763,150		8,186,545					
12	Other unspent proceeds								
13	Year of substantial completion	2013		2016					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X					
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Part III

Private Business Use (Continued)

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

Part IV

Arbitrage

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

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►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.

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2019

Open to Public Inspection

Name of the organization
Iona College

Employer identification number
13-3508093

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	21	1,358,802	Market value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

29

0

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 purposes for the entire holding period?

30a

Yes

No

No

b

If "Yes," describe the arrangement in Part II.

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

No

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Return Reference	Explanation
Schedule M, Part I, Line 9 SCHEDULE M, PART I, LINE 9, COLUMN (B)	AMOUNT IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
Iona College

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

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**Open to Public
Inspection**

Employer identification number

13-3508093

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	As provided in Article VII, Section 6 of the By-Laws, The Executive Committee shall be composed of the President of the College, the Chair and Vice Chair of the Board of Trustees and all chairpersons of standing committees, The Chair of the Board of Trustees shall be the Chair of the Executive Committee. The Chair, after consultation with the President, may appoint any other member of the Board to serve on the Executive Committee. The Committee's responsibilities shall include the following: 1. Between meetings of the Board of Trustees, supervising the general property and business affairs of the College except, that unless specifically empowered by the Board of Trustees to do so, it may not take any action inconsistent with a prior act of the Board of Trustees, alter by-laws, remove or appoint the President of the College or take any action which has been reserved to the Board; 2. Convening the Committee upon the call of the Chair or, on the request of the President, or on the request of at least three (3) members of the Committee; and 3. Reporting to the Board all actions taken by the Executive Committee since the last meeting of the Board.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4 Significant changes to organizational documents	<p>The bylaws have been amended for the following: 1. For a trustee to succeed themselves in office, there must be positive re-nomination recommendation by the Committee on Trustees and Governance members assigned to conduct a review of each Trustees performance and then upon re-election by a majority vote of the Board of Trustees then in office. 2. The Committee on Trustees and Governance members so assigned will review the performance of each Trustee based on multiple criteria including but not limited to the "Expectations of a Trustee" prior to the end of the Trustee's current term and, at the sole discretion of the Committee on Trustees and Governance assigned members will determine Trustees eligibility for an additional term. 3. The terms of re-elected Trustees start at the beginning of the fiscal year of the College. 4. Elections for officers of the board shall generally be held at the Annual Meeting of the Board as appropriate and the terms of newly elected Officers shall commence at the start of the College's fiscal year. Elections of Officers to fill positions left vacant during the course of the fiscal year may be held at any Board meeting and the term of the newly elected Officer shall then begin immediately and continue for the remainder of that fiscal year. After completing service for the remainder of that fiscal year, said Officer may then serve the standard two-year term and may subsequently succeed themselves for up to two additional terms, each of these two additional terms contingent upon majority vote of the Trustees at the Annual Meeting. 5. Powers of trustees includes review, approve and/or amend College handbooks, governing documents and policies, particularly those with potential fiduciary impact.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE FORM 990 IS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. A COPY OF THE DRAFT FORM 990 IS CIRCULATED TO THE FULL BOARD OF TRUSTEES FOR DISCUSSION AND COMMENT. EACH BOARD MEMBER IS PROVIDED AMPLE OPPORTUNITY TO COMMENT ON THE INFORMATION CONTAINED IN THE FORM 990 PRIOR TO ITS ELECTRONIC FILING WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>EACH TRUSTEE OF THE COLLEGE IS REQUIRED UPON APPOINTMENT AND ANNUALLY TO DISCLOSE ANY CONFLICTS OF INTEREST THAT ARISE BY VIRTUE OF THEIR EMPLOYMENT, BOARD SERVICE, OR POSITION WITH THE COLLEGE. THE COLLEGE MONITORS COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY THROUGH AN ANNUAL QUESTIONNAIRE/DISCLOSURE STATEMENT THAT IS DISTRIBUTED TO THESE INDIVIDUALS BY THE SECRETARY OF THE BOARD. The Secretary provides a copy of all completed statements to the Chair of the Audit, Compliance and Risk Committee and the Chair of the Board. POTENTIAL CONFLICTS ARE INVESTIGATED IMMEDIATELY. Should a potential conflict arise, they are reviewed by the Audit, Compliance and Committee, which will attempt to resolve any actual or potential conflict and, in the absence of resolution, will refer the matter to the Board of Trustees for resolution.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	THE COLLEGE UNDERTAKES A THOROUGH PROCESS TO ENSURE THAT THE EXECUTIVE COMPENSATION IT PAYS TO ITS TOP MANAGEMENT OFFICIAL IS REASONABLE GIVEN THE MARKET IN WHICH THE COLLEGE OPERATES. IN RELEVANT PART, THE BOARD OF TRUSTEES HAS ESTABLISHED A COMPENSATION COMMITTEE OF INDEPENDENT PERSONS THAT HAVE NO PERSONAL INTEREST IN THE PROPOSED COMPENSATION AGREEMENT. CONTEMPORANEOUS SUBSTANTIATION FOR THE COMPENSATION REVIEW IS WITH THE COMPENSATION COMMITTEE MINUTES WHICH INCLUDES THE USE OF COMPARATIVE DATA AVAILABLE IN THE MARKET. THE PROCESS WAS MOST RECENTLY PERFORMED IN MAY 2020.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE ORGANIZATION DOES NOT ORDINARILY MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC, HOWEVER IF REQUESTED WILL BE PROVIDED AT MANAGEMENT'S DISCRETION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Conference Services - Total Revenue: 948680, Related or Exempt Function Revenue: 948680, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; OTHER REVENUE - Total Revenue: 1097741, Related or Exempt Function Revenue: 1090036, Unrelated Business Revenue: 7705, Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CHANGE IN POSTRETIREMENT BENEFIT OBLIGATION - 1545000;

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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2019

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Name of the organization
Iona College

Employer identification number
13-3508093

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) 748-754 NORTH AVENUE LLC 715 NORTH AVENUE NEW ROCHELLE, NY 10801 47-2478619	REAL ESTATE	NY	135,866	2,200,000	IONA COLLEGE

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

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

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

Schedule R (Form 990) 2019

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

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation