CHANGE IN ACCOUNTING PERIOD

(Rev January 2020)

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)

OMB No 1545 0047

▶ 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

A F	or th	e 2019	calen	dar year, or tax	year I	eginning	<u> </u>		06/	01,2019	, and	endi	ng			06	/30,20	19	
				ne of organization										D Em	ployer Id	entificat	numbe	r	
В	heck if a	ppi cable		HACA COLL	EGE									1	5-053	32204			
	Addr chan-			g business as							_								
	1	e change	Nun	nber and street (d	r P O I	oox if mail i	s not delivere	d to st	reet address	i)	Roo	m/suit	е	E Tele	ephone n	umber			
-	-	return	95	3 DANBY R	DAC						ĺ			(60	<pre>7) 2'</pre>	7 4 – 31	118		
		return/ inated	City	or town state or	provinc	e country	and ZIP or fo	reign	postal code										
	Amai	nded	ΙT	HACA, NY	1485	0								G Gro	ss receip	ls \$	22,8	393,	373
		calion	F Nan	ne and address o	рппсір	al office r	SHIR	LEY	M CO	LLADO					s ihis a gr subordinate		n for	Yes	X No
			95	3 DANBY R	OAD,	ITHAC	CA, NY	1485	50				T\'		Are eli subo		luded?	Yes [No
ī	Tax-ex	cempt sta	tus	X 501(c)(3)		501(c) (> ◀ (ınsert	no)	4947(a)(1)) or		527	1	II No a	ntlach a lis	st (see ⊓.struc	tions)	
J	Webs	Ite 🕨 🛚	WWW	ITHACA.ED	U	•			1		1			H(c) (Group exer	npton nu	mber 🕨		
K_	Form	of organi	zation	X Corporation	1	Trust	Association	ı	Other 🕨		1	L Yea	r of forma	tion 1	892 м	State	of legal dom	icile	NY
Pa	irt I		nmar								L.								
	1	Briefly	descr	ibe the organiz	atıon's	mission	or most sign	nificar	nt activities	A GLO	BAL	DES	STINAT	NOI	FOR I	3OLD	THINKE	RS	
မွ		SEEK	ING	TO BUILD	THR	IVING	COMMUNI	TIE	ES, OUF	MISSI	ON	IS Z	ro edu	JCATE	Ξ,				
ğ		ENGA	GE,	AND EMPO	VER !	THROUG	H THEOR	₹Y,	PRACTI	CE, AN	ID P	ERF	OR M ANC	Œ					
Governance	2	Check	this b	ox ▶ 🔙 ıftir	e orga	nization	discontinue	ed its	operations	s or dispos	sed of	more	than 25%	of its	net asse	ts			
Ĝ	3	Numbe	er of v	oting members	of the	governin	g body (Parl	VI, Ju	ne 1a)			,				3			27
රේ ග	4	Numbe	r of ir	ndependent voti	ng me	mbers of	the govern	ing bo	ody (Part V	/I line 1b) .	X/.					4			21.
Ę	5	Total n	umbe	r of individuals	emplo	yed in ca	lendar year	2019	(Part V, Jir	ne 2a)	Y					5			0
Activities &	6	Total n	umbe	r of volunteers (estima	te if nece	essary)				`	$\ddot{\cdot}$				6			26
Ă	7a	Total u	nrelat	ed business rev	enue f	rom Part	VIII, column	(C), I	line 12							7a	·		440
	b	Net un	relate	d business taxa	ble inc	ome from	1 Form 990-	T, ling	PECE	IVED	1					7b			969
		b Net unrelated business taxable income from Form 990-T, line 30 EIVED Prio									r Year		Curre						
ď	8	Contrib	ution	s and grants (Pa	art VIII	line 1h)		· [g	b.b. di	4 2026	a	R\$-0S(061, 7				046
Ē	9	Progra	m ser	vice revenue (Pa	art VIII	line 2g)		욉.	APR 🛭	4 2020	۱ ۱	الن	3		142,4				989
9 Program service revenue (Part VIII, column (A) lines 3 4, and 10). 11 Other revenue (Part VIII, column (A), lines 5, 6d 8c, 9c 10c, 96 11e)										Œ			233,8	-	-1,2				
Œ	11	Other	evenu	ue (Part VIII, co	lumn (.	A), lines 5	5,6d8c,9c	10c,	(eqq-11e)	EN L	T	Į.			546,0	_			612
	12	Total re	evenu	e - add lines 8	hroug	h 11 (mus	st equal Par	VIII	COLUMN TA), line 12)			4	104,3	384,1	50	4,2	90,	367
	13	Grants	and s	similar amounts	paid (F	antIX co	olumn (A) ilir	nes 1-	-3)				1	.38,1	.64,8	06		42,	<u>854</u>
	14	Benefit	s paid	to or for memb	ers (P	art IX, col	lumn (A), lin	e 4)								0 .			0
ø	15	Salarie	s, oth	er compensatio	n, emp	lo yee ben	nefits (Part II	X, col	umn (A) li	nes 5~10).			1	.47,7	708 <u>,</u> 9	45	7,3	_	190
Expenses	16 a	Profes:	sional	fundraising fee	s (Part	IX, colum	ın (A) line 1	1e)			-				62,9	44		8,	278
×	b	Total fo	ındrai	sing expenses (Part IX	, column	(D), line 25)	▶_	2	241,725	5		_						
ш	17	Other 6	expen	ses (Part IX, co	umn (/	A), lines 1	1a-11d, 11f	-24e)			-)11,5				4 32
	18	Total e	xpens	es Add lines 1	3-17 (nust equa	al Part IX, co	olumn	(A), line 2	5) .			3		48,1		11,8		
	19	Revenu	ie les	s expenses. Su	btract I	ne 18 fro	m line 12	_							135,9		-7,5		
Sor													-		Current		End o		
Net Assets Fund Balanc	20	Total a	ssets	(Part X line 16)		-			-						357,0		848,5		
A B	21	Total II	abilitie	es (Part X line 2	6).	-									43,0		194,9		
<u> 원</u> 코	22	Net as:	sets o	r fund balances	Subt	ract line 2	21 from line	20	<u>:-</u>					$\frac{45,2}{}$	14,0	50	653,5	46,	<u>879.</u>
	rt II			e Block															
Und	er per	naities of	perjur omnie	y I declare that I le Declaration of	have e	xamined to	this return in an officer) is t	cludin pased :	g accompa on all inform	nying sched	iules a uch pr	and sta reparer	tements, a has anv k	and to t nowledo	he best o de	of my ki	nowledge a	nd bel	lief itis
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Sia	<u>. </u>	-								_						0/202	0		
Sig Hei	- 1	•	•	e of officer											Date				
1101		_		IAM GUERR		VP F	INANCE	& A	DMINIS	TRATIC	N								
			•	print name and titl	9		In.				- 1 -	D-4 -				T ==			
Paid	ı			eparer's name			Preparer's					Date	10000		heck	」"	ΠN		^
	arer	SCOT	T TI	HOMPSETT				in of	Machin			4/3	/2020	4	e lf-e miplo	- 1	P0074	1490	<u> </u>
	Only	Firm's		▶GRANT T										Fırm's			055558		
				s ▶757 THIRD.										Phone	no	212-	599-010		
May	the	IRS dis	clies	this return wi	th the	prepare	er shown a	bove	2 (see in	structions	1						X Yes	.	No

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Form 990 (2019)

For Paperwork Reduction Act Notice, see the separate instructions

15-0532204

ITHACA COLLEGE

_	n 990 (2019							Page Z
Ŗ			t of Program Se			Dard III		x
1			organization's m	_	or note to any line in the	is Part III		<u> </u>
•		CHMENT		1551011				
								-
					 -			
_								
2	Did the	organizatio	on undertake any	significant pro	gram services during t	he year which	were not listed on	the
	prior For	m 990 or 9	990-EZ?					Yes X No
			ese new services					
3					ce significant changes			
			ese changes on S					Tes _^ NO
4			•		omplishments for each	n of its three	largest program s	ervices, as measured by
•								ind allocations to others,
					gram service reported	·	-	
4a	(Code.) (Expenses \$	3,298,574	ncluding grants of \$	39,441) (Revenue \$	2,916,546)
	ATTA	CHMENT	2			·		
					· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
								· · · · · · · · · · · · · · · · · · ·
		 			 			
								
4b	(Code:) (Expenses \$	2,054,618.	ncluding grants of \$	0) (Revenue \$	174,809
	ATTA	CHMENT	3					
			<u> </u>					
					 .		. <u>-</u>	
							<u></u>	
						·		
				·	<u>. </u>			
				_			-	
			 					
			-					
								
4c	(Code) (Expenses \$	1,559,847.	ncluding grants of \$	3,413) (Revenue \$	95,954 _)
	ATTAC	CHMENT	4	_				
						_		
								
								
		<u> </u>						
				_		·	 	
								
4d	Other pro	ogram sen	vices (Describe or	Schedule O \	ATTACHMENT	5		
	(Expense	-	517,155. Includii	•	0.)(Re		o)	
4e			ice expenses ▶		0,194.			
ISA								= 000 (0040)

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Par

	ITHACA COLLEGE ABOUT GALLONS ITHACA COLLEGE	K	L	D
	ITHACA COLLEGE 15-053	2204		_
	990 (2019)		<u>F</u>	Page 3
Par	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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		х
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5	_	Х
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 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		x
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	х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Х	
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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	11b	x	
c	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		71	X
d	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	X	•
12 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		•
	Schedule D, Parts XI and XII	12a	X	
_	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	•
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
-	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	х•	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			х
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		

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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

ao	e	4

Form 9	90 (2019)		F	age 4
Part	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			ĺ
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			ĺ
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ĺ
	employees? If "Yes," complete Schedule J	23_		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ĺ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			ĺ
	through 24d and complete Schedule K If "No," go to line 25a	24a	Х	<u> </u>
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X_
	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		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	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		Х
h	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?	İ		ĺ
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			ĺ
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
27	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			ĺ
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			ĺ
		27		х
20	persons? If "Yes," complete Schedule L, Part III			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			ĺ
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			ĺ
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		х
	"Yes," complete Schedule L, Part IV		X	<u> </u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			х
	"Yes," complete Schedule L, Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		 ^-
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
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		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			1
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		للن
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			1
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			1
	reportable gaming (gambling) winnings to prize winners?	1c		
JSA 9E1030	2 000	Form	990	(2019)

Fair	Statements Regarding Other IKS Filings and Tax Compliance (Continued)		Yes	No
0 -	Enter the number of employees seperted an Form W.2. Transmitted of West and Tay		. 53	.40
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the coloreder year and as with an within the year covered by this return.			
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0. If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		-	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
ь	If "Yes," enter the name of the foreign country ▶ UNITED KINGDOM			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	l		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х_
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		 _ , 	
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		.	v
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			X
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		-	
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	/ "-		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12	1	. 1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		. 1	
11	Section 501(c)(12) organizations. Enter		.	
	Gross income from members or shareholders] [.	
b	Gross income from other sources (Do not net amounts due or paid to other sources		. [
	against amounts due or received from them)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		\longrightarrow	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	\longrightarrow	
	Note: See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.5		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.		Х
	excess parachute payment(s) during the year?	15		
40	If "Yes," see instructions and file Form 4720, Schedule N	16		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Ves " complete Form 4720. Schedule O.	10		
	If "Yes," complete Form 4720, Schedule O	Form	990	(2019
				,

TTHACA COLLEGE 15-0532204 Form 990 (2019) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 No 27 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 on Schedule O 21 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a Х 8b Each committee with authority to act on behalf of the governing body?............ is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . Х 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х 12c Х 13 13 14 Х Did the organization have a written document retention and destruction policy?......... 14 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? Х 15a Х 15b 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 Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?........... 16b

Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed \triangleright CA,

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

X Own website | X | Upon request | Other (explain on Schedule O) Another's website

Describe on 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

State the name, address, and telephone number of the person who possesses the organization's books and records ▶ william Guerrero, VP Finance 953 Danby Road ITHACA, NY 14850 607-274-3118 20

Form 990 (2019)

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Form 990 (2019) ITHACA COLLEGE 15-0532204

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

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

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

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (list any	(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	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations	
(1) DAVID H. LISSY	1.00										
CHAIR	0.	Х		Х				0.	0.	0.	
(2) JAMES W. NOLAN, JR.	1.00										
VICE CHAIR	0.	Х		Х				0.	0.	0.	
(3) ROSANNA AYBAR	1.00										
TRUSTEE	0.	Х						0.	0.	0.	
(4) DAVID J. BACHRACH	1.00										
TRUSTEE	0.	Х						0.	0.	0.	
(5) MICHAEL A. BATTLE	1.00										
TRUSTEE	0.	Х						0.	0.	0.	
(6) LUVELLE BROWN	1.00										
TRUSTEE	0.	Х						0.	0.	0.	
(7) MICHAEL J. CONOVER	1.00			·							
TRUSTEE	0.	Х						0.	0.	0.	
(8) JACK H. DEMBOW	1.00							_	_		
TRUSTEE	0.	Х			L.			0.	0.	0.	
(9) DAVID FLEISHER II	1.00								_		
TRUSTEE	0.	Х						0.	0.	0.	
(10) THADDEUS J. FORTIN	1.00							_	_	_	
TRUSTEE	0.	Х		_				0.	0.	0.	
(11) GARY J. GROSS	1.00							_			
TRUSTEE	0.	Х						0.	0.	0.	
(12) DAVID MEBERG	1.00						1				
TRUSTEE	0.	X						0.	0.	0.	
(13) ORINTHIA MONTAGUE	1.00									_	
TRUSTEE	0.	X						0.	0.	0.	
(14) KRISTIN R. MUENZEN	1.00								_	_	
TRUSTEE	0.	Х	L					0.	0.	0.	

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Form 990 (2019)

JSA

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	ıplo	ye	es,	and I	Hig	hest Compensat	ed Employees	continued)
(A) Name and title	Average hours per week (list any hours for	box,	unles	Pos heck ss pe	rson	e than o is both or/trust	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) WILLIAM J. NELLIGAN III TRUSTEE	1.00	Х						0.	0.	
16) KATHLEEN K. NEWLANDS TRUSTEE	1.00	Х						0.	0.	
17) MARY GEORGE OPPERMAN TRUSTEE	1.00	х						0.	0.	
18) JEFFREY J. SELINGO TRUSTEE	1.00	х						0.	0.	
19) JAN SINGER TRUSTEE	1.00	х						0.	0.	
20) ELLEN STAUROWSKY TRUSTEE	1.00	х						0.	0.	
21) PETER R. TAFFAE TRUSTEE	1.00	х						0.	0.	
22) JAMES E. TAYLOR TRUSTEE	1.00	х						0.	0.	
23) DOUGLAS M. WEISMAN TRUSTEE	1.00	Х						0 .	0.	
24) YETUNDE SMALLS TRUSTEE, STUDENT	1.00	Х						0.	0.	
25) SYBIL M. CONRAD TRUSTEE, STAFF	40.00	х						0.	0.	
1b Sub-total continuation sheets to Part VII, Set Total (add lines 1b and 1c)	· · · · · ·		· ·	<u> </u>	<u> </u>		> >	0. 0.	0 0	
Total number of individuals (including but not reportable compensation from the organization) Did the organization list any former office employee on line 1a? If "Yes," complete School For any individual listed on line 1a, is the organization and related organizations grants.	cer, directo	or, or chind	tru ividi	iste	e, 	key e	emp	oloyee, or highest	t compensated	Yes N
 Individual	accrue co	 mpen	 satu	 on 1	 fron	 n any	 uni		on or individual	5
Complete this table for your five highest concompensation from the organization Report of year.	npensated in	ndepe on for	ende the	ent o	con	tracto lar ye	rs t ar e	hat received more ending with or with	than \$100,000 nin the organization	of on's tax
(A) Name and business ad	dress							(B) Description of se	rvices	(C) Compensation
						_				
2 Total number of independent contractors (i more than \$100,000 in compensation from the				nited	d to		e li	sted above) who	received	

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	ITHACA COLLEGE	15 0552204
000 (00,40)		

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	yee	s, a	nd F	ligl	nest Compensat	ed Employ	ees (co	ontinue	d)
(A) Name and title	(B) Average hours per week (list any	box,	not ch unles er and	s per	tion more son i	than o	an	(D) Reportable compensation from the	(E) Reporta compensation relate organizati	able tion from ed	Est am	(F) timated ount of other pensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		fro orga and	om the inization related nizations
26) JULIE DORSEY TRUSTEE, FACULTY	40.00	х						0		0.		
27) SHIRLEY M. COLLADO PRESIDENT	40.00	X		х				0		0.		
28) GUILHERME COSTA (NON-VOTING) SECRETARY, VP, GC	40.00	x		x				0		0.	-	
29) DR. LA JERNE CORNISH PROVOST & SVP	40.00			X	+			0		0.		
30) CHRISTOPHER M. BIEHN VP INSTITUTIONAL ADVANCEMENT	40.00			X	\dashv			0		0.		
31) NICOLE E. BRADWELL INTERIM VP ENROLLMENT MGMT	40.00			X				0		0.		
32) ROSANNA FERRO VP STUDENT AFFAIRS AND CAMPUS	40.00	-		x				0		0.		
33) WILLIAM GUERRERO VP FINANCE & ADMINISTRATION	40.00			Х				0		0.		
							_					
1b Sub-total	<u></u> .						A A	0.	£100,000	0.		0
Total number of individuals (including but not reportable compensation from the organization)		nose 0.		o ac	ove) wnc	- re	ceived more than	\$100,000)î		Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	ule J for suc	ch ind	ıvıdu	ıal .							3	X
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15	0,00	00?	lf	"Yes	," (complete Schedu	le J for :	such	4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	satio	on f	rom	any	uni	related organization	on or indivi	dual	5	X
Complete this table for your five highest com- compensation from the organization. Report of year	pensated in	ndepe	nde the	nt c	ontr enda	ractor ar yea	rs ti ar e	hat received more	than \$100 nin the orga	,000 of inization	i's tax	
(A) Name and business add	dress							(B) Description of se	ervices	Co	(C) ompens	ation
							_					

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Part VIII Statement of Revenue

		Check if Schedule O co	ntains a respon	se or note to ar	y line in this Part V	/111	. <u> </u>	
``	-				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated campaigns	1a					
E a	b	Membership dues						
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events		12,050	•			
TA		Related organizations						
2 등		Government grants (contribut		284,304				
Siż	f	All other contributions, gifts,						
	·	and similar amounts not included	-	2,026,692				
造죽	g	Noncash contributions includ						
E B	3	lines 1a-1f		20,821	_			
ပ္သန္မ	h	Total. Add lines 1a-1f			2,323,046			
		•		Business Code				
9	2a	TUITION & FEES		900099	2,820,592	2,820,592		
اه ڲ	h	ROOM & BOARD	-	721310	30,451	30,451.	· <u> </u>	
Se	-	ANCILLARY STUDENT SERVICES	S/ACTIVITIES	611710	95,954	95,954		
e Ve	4	CAMPUS DINING SERVICES		900099	38,933	38,933.		
Program Service Revenue	-	STUDENT INSURANCE		900099	2,872	2,872		
Ž	f	All other program service reve	enue		183,187	66,579.	27,440	89,168
	g	Total. Add lines 2a-2f			3,171,989			J
	3	Investment income (includ						
		other similar amounts)			1,278,442			1,278,442
	4	Income from investment of t		_	0			
	5	Royalties	*	•	2,481			2,481
			(ı) Real	(II) Personal	-			1
	6a	Gross rents 6a	21,018					
	b	Less rental expenses 6b]			{
	c	Rental income or (loss) 6c	21,018					i
	d	Net rental income or (loss)		<u>.</u> . >	21,018			21,018
	7a	Gross amount from	(i) Secunties	(II) Other	•			
		sales of assets						
		other than inventory 7a	16,009,897					
힐	b	Less cost or other basis						
her Revenue		and sales expenses 7b	18,565,619					j
ě	c	Gain or (loss) 7c	-2,555,722.					1
-	d	Net gain or (loss)	<u></u>	<u> ▶</u>	-2,555,722	ı		-2,555,722
	8a	Gross income from fu	ındraising					
0		events (not including \$	12,050					
		of contributions reported	on line					
		1c) See Part IV, line 18	8a	19,180				İ
ŀ	b	Less direct expenses		16,288				J
	C	Net income or (loss) from fur	ndraising events.	<u> </u>	2,892			2,892
	9a	Gross income from	gaming					
		activities See Part IV, line 19		0				
	b	Less direct expenses		0				,
	С	Net income or (loss) from ga	aming activities.	<u> ▶</u>	0			
	10a	Gross sales of invento	•					
		returns and allowances		36,419				
	b	Less cost of goods sold		21,099	15 005	15 202		
\rightarrow	<u> </u>	Net income or (loss) from sale	es or inventory	Business Code	15,320	15,320		
S				Business Code	20 200			30.000
필	11a	FORFEITED MEDICAL BENEFITS		900099	28,933			28,933
le la	b	MISCELLANEOUS REVENUE		900099	1,769.			1,769.
Miscellaneous Revenue	c	REBATES & REFUNDS		900099	199			199
Ξ	d	All other revenue	•		20.001			<u> </u>
$\overline{}$	<u>e</u>	Total. Add lines 11a-11d			30,901.	2 070 701	22 440	_1 130 030
	12	Total revenue. See instruction	15	<u></u> >	4,290,367	3,070,701	27,440	-1,130,820

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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)	

Do not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	33,129.	33,129.		<u></u>
2 Grants and other assistance to domestic individuals See Part IV, line 22	6,334.	6,334.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign	2 201	2 201		
individuals See Part IV, lines 15 and 16	3,391.	3,391.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	545,000.	87,275.	453,259.	4,466
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and	0.			
persons described in section 4958(c)(3)(B)	4,948,657.	3,752,487.	1,048,486.	147,684
7 Other salaries and wages	1/310/0011	- 0,702,1011		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	599,486.	420,265.	164,367.	14,854
9 Other employee benefits	684,899.	384,069.	272,805.	28,025
10 Payroll taxes	611,148.	430,433.	168,344.	12,371
11 Fees for services (nonemployees)				
a Management	0.			
b Legal , , , ,	11,512.		11,512.	
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17,	8,278.		100 600	8,278
f Investment management fees	109,630.		109,630.	
9 Other (If line 11g amount exceeds 10% of line 25, column	257 520	170 245	176 262	1 033
(A) amount, list line 11g expenses on Schedule O)	357,539. 40,901.	179,245.	176,362. 38,409.	1,932
12 Advertising and promotion	475,171.	194,723.	277,867.	2,581
13 Office expenses	353,450.	133,259.	214,721.	5,470
14 Information technology	0.		· · · · · · · · · · · · · · · · · · ·	
16 Occupancy	299,360.	281,006.	18,354.	
17 Travel	354,779.	290,715.	57,654.	6,410
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	38,532.	17,369.	17,289.	3,874
20 Interest	496,808.	496,808.		
21 Payments to affiliates	0.	1 5 5 5 10	104 275	
22 Depreciation, depletion, and amortization	1,685,284.	1,575,742.	104,375.	5,167
23 Insurance	13,802.	344.	13,458.	
24 Other expenses Itemize expenses not covered				
above (List miscellaneous expenses on line 24e If				
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
aREPAIRS & MAINTENANCE	133,280.	109,601.	23,679.	
DUES & MEMBERSHIPS	20,117.	2,180.	17,937.	
TAXES, LICENSES & PERMITS	14,332.	14,239.	93.	
dLIVING EXPENSES	7,605.	7,605.		
e All other expenses	10,330.	8,096.	2,234.	
25 Total functional expenses. Add lines 1 through 24e	11,862,754.	8,430,194.	3,190,835.	241,725
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				
		1		

			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	501,750.	1	469,798
	2	Savings and temporary cash investments	13,127,880.	2	18,434,340
	3	Pledges and grants receivable, net	3,170,935.	3_	3,978,120
	4	Accounts receivable, net	5,096,756.	4	6,130,923
	5	Loans and other receivables from 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			
ı		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0
2	7	Notes and loans receivable, net	7,796,190.	7	7,686,009
Assets	8	Inventories for sale or use	679,073.	8	863,669
₹	9	Prepaid expenses and deferred charges	3,416,017.	9	3,666,739
ĺ	10 a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 666,774,484.			222 656 207
	þ	Less accumulated depreciation		10c	373,656,287
	11	Investments - publicly traded securities	200,022,795.	11	185,255,919
	12	Investments - other securities See Part IV, line 11	238,124,271.	12	248,191,679
	13	Investments - program-related See Part IV, line 11	0.	13	0
	14	Intangible assets	0.	14	
	15	Other assets See Part IV, line 11	13,208.	15	188,572
4	16	Total assets. Add lines 1 through 15 (must equal line 33)	844,357,054.	16	848,522,055 20,033,472
1	17	Accounts payable and accrued expenses	25,178,760.	17	
İ	18	Grants payable	0.	18	6,452,612
	19	Deferred revenue	6,124,671.	19	
- 1	20	Tax-exempt bond liabilities	115,067,751.	20	114,975,709
- 1	21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	
ן מ	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%	 0.		
		controlled entity or family member of any of these persons	22,225,908.	22	22,150,148
-	23	Secured mortgages and notes payable to unrelated third parties	22,223,908.	23	22,130,148
- 1	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	30,545,914.		31,363,235
		of Schedule D	199,143,004.	26	194,975,176
_	26	Total liabilities. Add lines 17 through 25	177,143,004.	20	134,373,170
2		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	512,533,044.	27	514,066,572
•	28	Net assets with donor restrictions,	132,681,006.	28	139,480,307
ici Assers of Falla Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
5	29	•		29	
1		Capital stock or trust principal, or current funds		30	
2	30			31	
5	31	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	645,214,050.	32	653,546,879
Ž	32 33	Total liabilities and net assets/fund balances	844,357,054.	33	848,522,055
	JJ	Total liabilities allu liet assets/fullu balalites	011,001,001.	<u> </u>	Form 990 (201)

ITHACA COLLEGE

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 on Schedule O and describe any steps taken to undergo such audits.

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Form 990 (2019)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047
2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

ITE	AC	A_COLLEGE					15-05322	04			
Pa	rt I	Reason for Public Cha	rity Status (All c	organizations must o	omplet	e this pa	art.) See instructions	s. , /			
The	orga	inization is not a private fou	ndation because it	is (For lines 1 through	gh 12, ch	eck only	one box)	+			
1		A church, convention of chu	irches, or associa	tion of churches descri	ribed in s	ection 1	70(b)(1)(A)(i).	150			
2	Х	A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ))	$\bigcup^{\mathbf{v}}$			
3		A hospital or a cooperative	hospital service o	rganization described	ın sectio	n 170(b)	(1)(A)(iii).	•			
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed ii	n section 170(b)(1)(A)(iii). Enter the			
		hospital's name, city, and st									
5	\square	An organization operated f		a college or universit	y owner	d or ope	erated by a governme	ental unit described in			
	$\overline{}$	section 170(b)(1)(A)(iv). (C									
6	Щ	A federal, state, or local go									
7		An organization that norma	=		pport fro	om a go	vernmental unit or fr	om the general public			
_	$\overline{}$	described in section 170(b)		•	D . 4.11.3						
8	Щ	A community trust describe	•					land arout college			
9	لـــا	An agricultural research org	-								
		or university or a non-land-	grant college of ag	riculture (see instruct	ions) E	nter the	name, city, and state o	ir the college of			
10	\Box	An organization that normal	lly receives (1) m	oro than 331/2 % of its	support	from co	ntributions members	hin fees, and gross			
		receipts from activities rela support from gross investmacquired by the organizatio	at normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross ities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its investment income and unrelated business taxable income (less section 511 tax) from businesses ganization after June 30, 1975 See section 509(a)(2). (Complete Part III)								
11	Н	An organization organized									
12	Ш	An organization organized									
		of one or more publicly su									
		Check the box in lines 12a t	•		• • •						
а	L	_ Type I. A supporting orga	•								
		the supported organization				ajority of	the directors of truste	es of the			
_	Г	supporting organization \ Type ii. A supporting org	-	•		with ite	supported organizati	on/s) by baying			
		control or management of									
		organization(s) You must			tile saili	c pc/50/	,	ago the supported			
c		Type III functionally integ	-	•	ited in ci	onnectio	n with, and functiona	lly integrated with.			
	_	its supported organization	•								
d	Г	Type III non-functionally		•				ted organization(s)			
		that is not functionally inte									
		_ requirement (see instruct	-								
е	L	□ Check this box if the orga	inization received	a written determinatio	n from t	he IRS tl	hat it is a Type I, Type	II, Type III			
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	tion				
f		er the number of supported	-								
<u>g</u>		vide the following information	· · · · ·								
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see			
				above (see instructions))	docu	ment?	instructions)	instructions)			
				<u>—</u>	Yes	No					
(A)											
(B)											
(C)	_	-									
(D)											
 (E)		•									
			<u></u>								
Tota	ıf						1				

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	\					
Cale	ndar 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")	11,918,471	13,413,345	15,991,270	37,061,756	2,323,046.	80,707,888
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	11,918,471	13,413,345	15,991,270	37,061,756	2,323,046.	80,707,888
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)						35, 352, 138
6	Public support. Subtract line 5 from line 4						45,355,750
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 20 16	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4	2,588,832	7,122,332	15,991,270 6,875,450	37,061,756 8,161,288.	2,323,046	26,049,843
9	Net income from unrelated business activities, whether or not the business is regularly carried on		24,615	180,378.	102,050		307,043
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) . ATCH. 1	239,685.	4,592,208.	4,783,244	4,836,254.	175,668	14,627,059
11	Total support. Add lines 7 through 10						121,691,833
12	Gross receipts from related activities, etc. (s	see instructions) .				12	1,376,311,141
13 	First five years. If the Form 990 is f organization, check this box and stop here						
<u>Sec</u>	tion C. Computation of Public Sup			_			27.07
14	Public support percentage for 2019 (li						37.27 %
15	Public support percentage from 2018						51.12 %
16a	331/3% support test - 2019. If the or				1		
	box and stop here. The organization q						
Ь	331/3% support test - 2018. If the org						
	this box and stop here. The organizati						
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets to	n meets the "facts-and-c	cts-and-circums circumstances" te	tances" test, ch est The organi	eck this box a zation qualifies	nd stop here. E vas a publicly s	xplain in
b	organization	2018. If the organization meets on meets	ganization did n s the "facts-and facts-and-circun	ot check a box d-circumstances nstances" test	on line 13, 16 " test, check t The organization	a, 16b, or 17a, his box and st on qualifies as a	op here.
18	Private foundation. If the organization instructions	did not check a	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see	<u>,</u> ▶ 📙
							00 a- 000 E7\ 2010

Schedule A (Form 990 or 990-EZ) 2019

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.)

Sec	tion A. Public Support	1					
Çale	ndar 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	1					
	received (Do not include any "unusual grants ")					<u> </u>	
2	Gross receipts from admissions, merchandise	1					
	sold or services performed, or facilities	\				}	
	furnished in any activity that is related to the	\					
	organization's tax-exempt purpose	1					
3	Gross receipts from activities that are not an	1					
	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		\				
7 a	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		, Y	<u> </u>			
8	Public support. (Subtract line 7c from			\			
	line 6)			<u> </u>			
<u>Sec</u>	tion B. Total Support				,		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(६) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,			\			
	payments received on securities loans, rents, royalties, and income from similar			\	i		
	sources			\			
ь	Unrelated business taxable income (less			\			
	section 511 taxes) from businesses			\			
	acquired after June 30, 1975			\		ļ	
C	Add lines 10a and 10b			,	<u>\</u>		
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)		L		<u> </u>	<u></u>	<u> </u>
14	First five years. If the Form 990 is for	•	•	•	· \		````
	organization, check this box and stop here.				<u></u>	 	<u></u>
Sec	tion C. Computation of Public Sup					\	
15	Public support percentage for 2019 (line 8,		-			15	
16	Public support percentage from 2018 Sche			<u></u> <u>.</u>		16	<u> </u>
Sec	tion D. Computation of Investmen					1	
17	Investment income percentage for 2019 (lin		•				
18	Investment income percentage from 2018						%_
19 a	331/3% support tests - 2019. If the or					•	
	17 is not more than 331/3%, check the						
Ь	331/3% support tests - 2018. If the orga					\	
	line 18 is not more than 331/3 %, check					\	
20	Private foundation. If the organization of	did not check a	box on line 1	4, 19a, or 19b,			
JSA						Schedule A (Form 9	190 or 990-EZ) 2019

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Supporting Organizations

(Complete only if you checked a box in line 12 on 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

ecti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		ز
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 $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	 Зс		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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)	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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 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? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	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))? If "Yes," provide detail in Part VI .	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? If "Yes," provide detail in Part VI .	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? If "Yes," provide detail in Part VI .	9c		
10 a	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)? If "Yes," answer 10b below.	 10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

15-0532	2204	,	Page 5
			raye J
		Yes	No
•			1
b) and (c)			
	11a		<u> </u>
	11b		<u> </u>
tail in Part VI.	11c	L	L
		Yes	No
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	1_		L
		Yes	No
nonth of the		Yes	No
during the prior		Yes	No
		Yes	No
during the prior nd (iii) copies of eviously		Yes	No
during the prior nd (iii) copies of eviously ne supported	1	Yes	No
during the prior nd (iii) copies of reviously ne supported in Part VI how		Yes	No
during the prior nd (iii) copies of reviously ne supported in Part VI how nization(s)	1 2	Yes	No
during the prior nd (iii) copies of reviously ne supported in Part VI how		Yes	No
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	Jle A (Form 990 or 990-EZ) 2019			Page 5
Part	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		162	NO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а		11a		
	below, the governing body of a supported organization?	11b	_	
	A family member of a person described in (a) above?	11c		-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	116		L
<u>36011</u>	on b. Type I Supporting Organizations		Vac	No
			162	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the]		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			لــــا
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_		ļ,
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	- 		
	supervised, or controlled the supporting organization.	2		L
Secti	on 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			ĺĺ
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			ئـــــا
	the supported organization(s)	1_		
<u>Secti</u>	on D. All Type III Supporting Organizations			
	Dulate a superior was and at a superior of the superior of the superior of the fifth was the of the		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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			i
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		'
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Secti	on 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 ins	tructi	ons)	
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstruc	ctions)	
•	Activities Test Anguar (a) and (b) below		Yes	No
2	Activities Test Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
_	Did the naturation department in (a) constitute naturation that but for the arganization's involvement and or more			
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
•				l i
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
L		Jal		5
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2		J3
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	_	Щ_

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov 20, 1970 (expla	ın ın Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations i	must complete Sectio	ns 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)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	•	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting	organization (see
instructions)		• • • • • •	•

	ile`A (Form 990 or 990-EZ) 2019		· · · · · / · · · · · · · · · · · · ·	Page 7
Part	<u> </u>	Supporting Organizat	ions (continuea)	
	ion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish ex			
2.	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
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.			
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(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			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i_	Carryover from 2014 not applied (see instructions)			
<u>j</u>	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		. <u></u>	,
5	Remaining underdistributions for years prior to 2019, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а	Excess from 2015			
b	Excess from 2016			ļ
С	Excess from 2017			
d	Excess from 2018			
ее	Excess from 2019			
			Cabadula	A /Form 990 or 990-E7) 2019

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.)

				_	ATTACHMENT 1		
SCHEDULE A, PART II	- OTHER INCOM	E		=			
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL	
GROSS SALES OF INVENTORY		2,983,960	2,851,904	2,705,352	36,419	8,577,635	
OTHER PROGRAM REVENUE		1,113,460.	1,379,789	1,701,337	89,168	4,283,754	
FUNDRAISING EVENTS REVENUE		25,677	36,903	30,584	19,180.	112,344	
MISCELLANEOUS REVENUE	239,685	469,111	514,648	398,981	30,901	1,653,326.	
TOTALS	239,685	4,592,208	4,783,244	4,836,254	175,668	14,627,059	

SCHEDULE D (Form 990)

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

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

Internal Revenue Service

Name of the organization Employer identification number 15-0532204 ITHACA COLLEGE

Pa	rt I Organiz	ations Maintaining Donor Adv	ised Funds or Other Similar Fun	ds or Acc	ounts.
	Complet	te 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		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5			advisors in writing that the assets	held in do	onor advised
			e organization's exclusive legal contro		
6			and donor advisors in writing that gi		
			fit of the donor or donor advisor, or		
			<u></u>		
Pa		ation Easements.			
	Complet	te if the organization answered	"Yes" on Form 990, Part IV, line	7	
1	Purpose(s) of co	nservation easements held by the	organization (check all that apply)		
		on of land for public use (for example	, recreation or education) Preserv	ation of a h	nistorically important land area
		of natural habitat	Preserv	ation of a	certified historic structure
	X Preservation	on of open space			
2	Complete lines 2	a through 2d if the organization h	eld a qualified conservation contribu	tion in the f	
	easement on the	last day of the tax year			Held at the End of the Tax Year
а	Total number of	conservation easements		2a	2.
Ь	Total acreage re-	stricted by conservation easements	5	2ь	101.00
C	Number of conse	ervation easements on a certified	historic structure included in (a)	2c	
d	Number of conse	ervation easements included in (d	c) acquired after 7/25/06, and not or	n a	
3	Number of cons	ervation easements modified, tra	nsferred, released, extinguished, or	terminated	by the organization during the
	tax year ▶				1
4			rvation easement is located >		<u> </u>
5			garding the periodic monitoring, in		
			sements it holds?		
6	Staff and voluntee		ecting, handling of violations, and enfo	orcing conse	ervation easements during the year
		38.00			
7	Amount of expen	ses incurred in monitoring, inspec	ting, handling of violations, and enfore	cing conser	vation easements during the year
	S				- (1) (A) (B) ()
8			2(d) above satisfy the requirements of		^{((h)(4)(B)(i)}
_					
9			conservation easements in its reven		
		nd include, if applicable, the text of counting for conservation easeme	of the footnote to the organization's f	manciai Sta	dements that describes the
Da			of Art, Historical Treasures, or	Other Sim	ilar Assots
- 6			"Yes" on Form 990, Part IV, line		mai Assetsi
					towart and balance short works
1a	of art historical	treasures or other similar asse	ASB ASC 958, not to report in its reals held for public exhibition, educate	ation, or re	esearch in furtherance of public
	service, provide ii	n Part XIII the text of the footnote	to its financial statements that descr	ibes these i	tems.
b	If the organization	on elected, as permitted under Fa	ASB ASC 958, to report in its reve	nue statem	ent and balance sheet works of
			ld for public exhibition, education, o	or research	in turtherance of public service,
	•	wing amounts relating to these iter			▶ ¢
	(i) Revenue incli	uded on Form 990, Part VIII, line 1			> \$1,250,000.
_	(III) Assets includ	ed in Form 990, Part X			
2	•		rt, historical treasures, or other sir		s for financial gain, provide the
_	•	•	ASB ASC 958 relating to these items		▶ ¢
a					
b_	Assets included I	II FOITH 990, FAIL A		<u> </u>	

0166997-00029

		111	ACA COLLEGE				15-05.	72204	_
	dule D (Form 990) 2019		O-II4'	A-4 Historical To-		- Other C	inclina Annota (Page 2
			ng Collections of						
3.	Using the organization	•		other records, chec	k any of the	e following	g that make sigi	nificant us	e or its
	collection items (check	all that app	ly)	A 🗆					
а	X Public exhibition	1 -			or exchange	program			
b	Scholarly research		1	e Other					
C	Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part								
4	•	or the organ	nization's collections	and explain now	mey further	the organ	mzations exemp	t purpose	; III Fait
_	XIII	orgonizatio	un caliait ar racaina (lanations of ort. bist	orical tracei	uras ar ath	or omilar		
5	During the year, did the assets to be sold to raise	_					_	Yes	X No
Da	rt IV Escrow and C			anied as part of the	organization	13 CONSCIR	<u> </u>		1
Га			ition answered "Ye	s" on Form 990 F	Part IV. line	9. or rep	orted an amou	nt on For	m
	990, Part X, lir		anor anovorca i c		G	. с, сср			
1a	Is the organization an a		e custodian or othi	er intermediary for o	ontributions	or other a	ssets not		
	included on Form 990, I							Yes	☐ No
ь	If "Yes," explain the arra								٠ بـــ
_	ii roo, oxpiaii iio aiii	g		g			Amount		
С	Beginning balance				1c				
	Additions during the year								
e	Distributions during the								
f	Ending balance	•							
2a	Did the organization inc	lude an am	ount on Form 990,	Part X, line 21, for e	escrow or cu	ustodial ac	count liability?	Yes	No
b	If "Yes," explain the arra	angement ii	n Part XIII Check h	ere if the explanation	has been p	rovided on	Part XIII		
Pa	rt V Endowment F						-		
	Complete if th	e organiza	ition answered "Ye	es" on Form 990, f	Part IV, line	10.			
			(a) Current year	(b) Prior year	(c) Two yea		d) Three years back		ears back
1a	Beginning of year balan	ce	334,006,618.	316,025,346.			67,328,459.		38,497
ь	Contributions	I	251,034.	31,059,094.	3,894	,502.	7,532,678.	1,5	89,083
С	Net investment earnings	s, gains,							
	and losses		14,095,617.	-1,001,615.	23,117		34,451,515.		84,785
d	Grants or scholarships		6,334.	2,047,453.	2,063	<u>,803.</u>	1,908,400.	1,6	46,352
е	Other expenditures for	facilities							63 004
	and programs		1,012,048.	10,028,754.	9,638	<u>,</u> 837.	6,688,733.	8,6	67,984
f	Administrative expenses	s	247 224 007	224 006 610	216 025	246 2	00 715 510	267.39	28,459
g	End of year balance			334,006,618.	<u> </u>		00,715,519.	267,3	28,459
2	Provide the estimated p	percentage	of the current year	end balance (line 1g,	column (a))	held as			
a	Board designated or qu	iasi-endowm	ent ▶ 53.5000	_%					
b	Permanent endowment	12 1500	%						
С	Term endowment ▶			1000/					
3 -	The percentages on line				are hold an	d administ	ared for the		
зa	Are there endowment for	unas not m	the possession of the	ie organization that	are new an	u auminist	ered for the	Y	es No
	organization by: (i) Unrelated organization	000						3a(i)	X
	(ii) Related organization							3a(ii)	X
	If "Yes" on line 3a(ii), ar							3b	-
4	Describe in Part XIII the		=					02	
	a VI Land, Building	s. and Equ	ipment.						
I a	Complete if the	e organiża	ation answered "Ye						
	Description of pro	operty	(a) Cost or (inves		or other basis other)	(c) Accum		l) Book valu	е
12	Land				20,615.	debieci		13,420	0,615.
ь	Buildings				769,209.	231,356	, 342.	317,412	
	Leasehold improvement				756,567.		3,300.		3,267.
ď	Equipment		•		141,197.	39,096			4,957.
	Other				786,896.	21,992			4,581.
	I. Add lines 1a through 1							373,65	
			1						000\ 2010

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Schedule D (Form 990) 2019

Schedule D (F	Form 990) 2019 Page 2
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.

ITHACA COLLEGE

(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		
(3) Other		
(A) FIXED INCOME (LP INVESTMENTS)	13,998,328.	FMV
(B) PUBLIC EQUITIES (LP INVESTMTS)	148,480,884.	FMV
(C) HEDGE FUNDS	48,725,717.	FMV
(D) PRIVATE EQUITY	15,708,904.	FMV
(E) REAL ESTATE FUNDS	21,277,846.	FMV
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) .	248,191,679.	

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						
(1)	Federal income taxes						
(2)	POSTRETIREMENT BENEFIT OBLIGATION	13,755,027.					
(3)	INTEREST RATE SWAP AGREEMENTS	7,794,717.					
(4)	US GOVERNMENT GRANTS REFUNDABLE	8,247,474.					
(5)	CONDITIONAL ASSET RETIREMENT OBLIG.	1,566,017.					
(6)							
(7)							
(8)							
(9)							
Total	I. (Column (b) must equal Form 990, Part X, col. (B) line 25)	31,363,235.					

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 FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

	ITHACA COLLEGE	15-05	532204
chedu	le [*] D (Form 990) 2019		Page 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	20,631,477.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
т а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	1	
c	Recoveries of prior year grants]	
d	Other (Describe in Part XIII)]	
e	Add lines 2a through 2d	2e	16,419,687.
3	Subtract line 2e from line 1	3	4,211,790.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 109, 630.	4 1	
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	78,577.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	4,290,367.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	11,784,177.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		·
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIII)	1 1	
e	Add lines 2a through 2d	2e	37,387.
3	Subtract line 2e from line 1	3	11,746,790.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 109, 630.		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	115,964.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	11,862,754.
Part	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, F t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforn		line 4, Part X, line
-			
SEE	PAGE 5		
		-	
	<u> </u>	-	

Part XIII Supplemental Information (continued)

SCHEDULE D, PART II, LINE 9

HOW THE ORGANIZATION REPORTS CONSERVATION EASEMENTS

THE CONSERVATION EASEMENTS ARE NOT REPORTED ON THE BALANCE SHEET OR IN FOOTNOTES TO THE ORGANIZATION'S FINANCIAL STATEMENTS. THE AMOUNTS ARE CONSIDERED IMMATERIAL.

SCHEDULE D, PART III, LINE 4

DESCRIPTION OF THE ORGANIZATION'S COLLECTIONS AND HOW THEY FURTHER ITS EXEMPT PURPOSE

THE COLLEGE'S COLLECTION CONSISTS SOLELY OF A SCULPTURE RECEIVED AS A NONCASH CONTRIBUTION IN DECEMBER 2016. THE SCULPTURE, TITLED "THE DRUMMER," WAS CREATED BY BARRY FLANAGAN, A WELSH SCULPTOR BEST KNOWN FOR HIS BRONZE STATUES OF HARES AND OTHER ANIMALS. MR. FLANAGAN'S WORK CAN BE FOUND AT THE NATIONAL GALLERY OF ART SCULPTURE GARDEN IN WASHINGTON, D.C.; AND IN PUBLIC SPACES IN NEW YORK CITY, LONDON, COLOGNE, OKLAHOMA CITY, AND ON COLLEGE CAMPUSES AROUND THE WORLD. THE ADDITION OF THIS SCULPTURE TO THE COLLEGE CAMPUS LANDSCAPE ELEVATES THE COLLEGE'S REPUTATION IN THE ART WORLD, AND SERVES AS AN ON-CAMPUS PIECE THAT IS STUDIED BY STUDENTS, ESPECIALLY THOSE IN ART HISTORY AND ART CONSERVATION CLASSES. THIS HELPS SUPPORT THE COLLEGE'S MISSION TO FOSTER INTELLECTUAL GROWTH, AESTHETIC APPRECIATION, AND CHARACTER DEVELOPMENT IN OUR STUDENTS.

SCHEDULE D, PART V, LINE 4

INTENDED USES OF ENDOWMENT FUNDS

THE INTENDED USE OF THE COLLEGE'S ENDOWMENT FUNDS IS TO PROVIDE SCHOLARSHIPS AND GRANTS TO STUDENTS, AND TO SUPPORT THE COLLEGE'S

Schedule D (Form 990) 2019

Part XIII Supplemental Information (continued)

EDUCATIONAL PROGRAMS.

SCHEDULE D, PART X, LINE 2

FIN 48 DISCLOSURE

THE COLLEGE FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

THE COLLEGE HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE COLLEGE HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED JUNE 30, 2019.

RECONCILIATION

ITHACA COLLEGE CHANGED ITS FISCAL YEAR END FROM MAY 31, 2019 TO JUNE 30, 2019 AND ISSUED AN AUDITED FINANCIAL STATEMENT FOR THE THIRTEEN-MONTH PERIOD OF JUNE 1, 2018 THROUGH JUNE 30, 2019. THE SCHEDULE D RECONCILIATION REFLECTS THE ONE-MONTH DATA INCLUDED WITHIN THE THIRTEEN-MONTH AUDIT REPORT. FOR TAX PURPOSES, ITHACA COLLEGE IS

Schedule D (Form 990) 2019

Part XIII Supplemental Information (continued)

REQUIRED TO COMPLETE A FULL YEAR TWELVE MONTH FORM 990 FOR THE YEAR ENDING MAY 31, 2019 AND A SHORT PERIOD FORM 990 (THIS FORM 990) FOR THE PERIOD COVERING JUNE 1, 2019 THROUGH JUNE 30, 2019.

RECONCILIATION OF REVENUE

SCHEDUL	E D	. PART	ΥT

LIN	2D:	ADJUSTN	T Tr	O LIZ	ABILIT	IES	FOR	GATE	LOAN	PROGRAM	\$311,1	.17
LIN	2D:	CHANGE	IN	FAIR	VALUE	OF	INTE	REST	RATE	SWAP		

AGREEMENTS	(\$132,557)

LINE	4B:	FINANCIAL AID NETTED ON FINANCIALS	\$6,334
LINE	4B:	FUNDRAISING EXPENSES	(\$16,288)
LINE	4B:	COST OF GOOD SOLD (CAMPUS STORE)	(\$21,099)

RECONCILIATION OF EXPENSES

SCHEDULE D, PART XII

TOTAL

LINE 2D: FUNDRAISING EXPENSES	\$16,288
LINE 2D: COST OF GOOD SOLD (CAMPUS STORE)	\$21,099
TOTAL	\$37,387

LINE 4B:	FINANCIAL	AID	NETTED	ON	FINANCIALS	\$6,3	34
----------	-----------	-----	--------	----	------------	-------	----

(\$31,053)

SCHEDULE E (Form 990 or 990-EZ)

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

Schools

► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ITHACA COLLEGE

Employer identification number 15-0532204

_			YES	NO
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	ylaws, other governing instrument, or in a resolution of its governing body?	1	Х	<u> </u>
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			ŀ
b	rochures, catalogues, and other written communications with the public dealing with student admissions,			
	rograms, and scholarships?	2	X	<u> </u>
	las the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media			
	luring the period of solicitation for students, or during the registration period if it has no solicitation program,			
	n a way that makes the policy known to all parts of the general community it serves? If "Yes," please			
d	escribe If "No," please explain If you need more space, use Part II	3_	Х	<u> </u>
_	SEE SUPPLEMENTAL PAGE			
_				
_				
	Does the organization maintain the following?		-,-	
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	<u> </u>
	Records documenting that scholarships and other financial assistance are awarded on a racially		۱.,	
	ondiscriminatory basis?	4b	X	
	copies of all catalogues, brochures, announcements, and other written communications to the public dealing	_	,	
	with student admissions, programs, and scholarships?	4c_	X	
	Copies of all material used by the organization or on its behalf to solicit contributions?	4d		
lf	you answered "No" to any of the above, please explain. If you need more space, use Part II			l
_				
_				İ
	None the company of the discourse and the company of the company o	ŀ		
	Opes the organization discriminate by race in any way with respect to students' rights or privileges?	5a		X
a S	nudents rights of philleges?	Ja	 	 ``
b A	dmissions policies?	5 b		l x
.	idinissions policies:	- 55	 -	
c F	imployment of faculty or administrative staff?	5c∙	l	X
• -	imployment of talanty of administrative state of the first of the firs		-	
d S	cholarships or other financial assistance?	5 d		X
e E	ducational policies?	5e		X
f U	lse of facilities?	5f		Х
				l
g A	thletic programs?	5g		X
h O	Other extracurricular activities?	5h		Х
	you answered "Yes" to any of the above, please explain. If you need more space, use Part II			
	you anonoted from the angle of the above, produce of productions appears, and the arrival			
_				
_				
_				
6a D	oes the organization receive any financial aid or assistance from a governmental agency?	6a	X	
	as the organization's right to such aid ever been revoked or suspended?	6b		X
	you answered "Yes" on either line 6a or line 6b, explain on Part II.			
	loes the organization certify that it has complied with the applicable requirements of sections 4 01 through		_	_
	05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	

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

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).

SCHEDULE E, PART I, LINE 3

NONDISCRIMINATORY POLICY

THE COLLEGE'S NONDISCRIMINATORY POLICY APPEARS ON THE COLLEGE'S WEBSITE.

SCHEDULE E, PART I, LINE 6

EXPLANATION OF GOVERNMENT FINANCIAL AID

THE COLLEGE RECEIVES ASSISTANCE FROM THE US DEPARTMENT OF EDUCATION AND

THE NEW YORK STATE EDUCATION DEPARTMENT TO FUND FINANCIAL AID PROGRAMS.

THE COLLEGE RECEIVES ASSISTANCE FROM A VARIETY OF OTHER FEDERAL AND STATE

AGENCIES TO FUND RESEARCH AND OTHER GRANT AWARDS.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ITHACA COLLEGE

Employer identification number 15-0532204

Par	General Information of Form 990, Part IV, line 14		Outside the	United States. Compl	ete if the organization a	nswered "Yes" on
1	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	eligibility for t	he grants or	assistance, and the selec	ction criteria used to	X Yes No
2	For grantmakers. Describe in I outside the United States	·	·			d other assistance
3	Activities per Region (The follow (a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for and investments in the region
(1)	EUROPE	1.	35.	PROGRAM SERVICES	STUDY ABROAD	29,949.
(2)	CENTRAL AMERICA/CARIBBEAN	0	3	PROGRAM SERVICES	CONFERENCES & RESEARCH	12,107
(3)	CENTRAL AMERICA/CARIBBEAN	0	10	PROGRAM SERVICES	STUDY ABROAD	10,184
(4)	EAST ASIA AND THE PACIFIC	0	4	PROGRAM SERVICES	CONFERENCES & RESEARCH	6,559
(5)	EUROPE	0	16	PROGRAM SERVICES	CONFERENCES & RESEARCH	32,946
(6)	EUROPE	0.	9	PROGRAM SERVICES	STUDY ABROAD	20,809
(7)	MIDDLE EAST AND NORTH AFRICA	0	11	PROGRAM SERVICES	STUDY ABROAD	21,033
(8)	NORTH AMERICA	0.	5	PROGRAM SERVICES	CONFERENCES & RESEARCH	5,939.
(9)	SOUTH ASIA	0	1	PROGRAM SERVICES	CONFERENCES & RESEARCH	3,033
(10)	SUB-SAHARAN AFRICA	0	1.	PROGRAM SERVICES	CONFERENCES & RESEARCH	2,606
(11)	SUB-SAHARAN AFRICA	0	9.	PROGRAM SERVICES	STUDY ABROAD	31,306
(12)	CENTRAL AMERICA/CARIBBEAN	0	0	GRANTMAKING	FEDERAL SUBRECIPIENT	3,391
(13)	CENTRAL AMERICA/CARIBBEAN	0	0	INVESTMENTS		38,820,113
(14)						
(15)					,	
(16)		_	<u> </u>			
(17) 3a	Subtotal	1.	104			38,999,975
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)	1	104			38,999,975

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

Schedule F (Form 990) 2019

ITHACA COLLEGE

Schedule F (Form 990) 2019

Part II

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

1 (a) Name of section and Eliv Section a	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash	ount of ash	(h) Description of noncash	(i) Method of
	(ii applicable)				nisement disposition		dostralica	appraisal, other)
(c)								
(2)								
(3)								
(4)					:			
(5)								
(9)								
(7)								
, to the second of the second								
(9)								
(10)								
(11)	-							
(12)								
(13)								
(14)								:
(15)								
(16)								

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt က ~

Schedule F (Form 990) 2019

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ITHACA COLLEGE

Schedule F (Form 990) 2019

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Part III

י מנו ווי ממו	יייייייייייייייייייייייייייייייייייייי	מור זון כמון בס מפשיים וו מממווים ובסמסמי	-					•
(a) Type of grant or assistance	tance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)					•			
(3)								
(4)								
(5)								
(9)								
(2)								
(8)								:
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)	:			,				
(18)								
							Sche	Schedule F (Form 990) 2019

Part	V Foreign Forms	 		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No	0
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes	X N	0
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X N	0
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No	0
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No	0
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	Yes	X N	D

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANTS AND OTHER ASSISTANCE

THE COLLEGE FOLLOWS THE OMB UNIFORM GUIDANCE WITH RESPECT TO MONITORING

THE USE OF FUNDS OF SUBRECIPIENTS OF FEDERAL AWARDS. SCHOLARSHIPS GIVEN

TO STUDENTS ARE CREDITED TO EACH STUDENT'S COLLEGE ACCOUNT TO BE USED FOR

TUITION & FEES FOR THE EDUCATIONAL PROGRAM. THE FUNDS EXPENDED FOR TRAVEL

AND ATTENDING CONFERENCES ARE ACCOUNTED FOR WHEN TRAVEL REPORTS ARE

SUBMITTED TO ITHACA COLLEGE.

SCHEDULE F, PART I, LINE 3

EXPENDITURES ARE REPORTED ON AN ACCRUAL BASIS ACCORDING TO GAAP, CONSISTENT WITH THE ITHACA COLLEGE METHOD OF ACCOUNTING.

SCHEDULE F, PART IV, LINE 4

FOREIGN FILING REQUIREMENTS

ITHACA COLLEGE INVESTS DIRECTLY IN A VARIETY OF ALTERNATIVE INVESTMENTS

THAT ARE STRUCTURED AS EITHER FOREIGN CORPORATIONS, FOREIGN LIMITED

PARTNERSHIPS OR DOMESTIC LIMITED PARTNERSHIPS. THE LIMITED PARTNERSHIP

INVESTMENTS MAY, IN TURN, OWN AN INTEREST IN A FOREIGN CORPORATION,

PASSIVE FOREIGN INVESTMENT COMPANY, OR FOREIGN PARTNERSHIP.

TO THE EXTENT THAT ITHACA COLLEGE IS REQUIRED TO COMPLETE A FORM 926, 5471, 8621 OR 8865 BECAUSE ITS INVESTMENT EXCEEDS THE FILING THRESHOLD, THOSE FORMS HAVE BEEN ATTACHED TO THE ORGANIZATION'S FORM 990-T FILING.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public

Department of the Treasury

Co to versu use gov/Form000 for instructions and the latest information

Internal Revenue Service Name of the organization				Employer identification	on number
ITHACA COLLEGE				15-0532204	
Part I Fundraising Activiti	es. Complete if the organ	ization answered '	"Yes" on Form 9	90, Part IV, line 1	7.
	are not required to comple	te this part.			
1 Indicate whether the organ	nization raised funds through	any of the following	activities Check	all that apply	
a Mail solicitations	е		non-government (
b Internet and email sol	icitations f		government grant	s	
c Phone solicitations	9	Special fundra	aising events		
d In-person solicitations					
2a Did the organization have or key employees listed in b If "Yes," list the 10 highes	Form 990, Part VII) or entity	in connection with	professional fundra	sising services?	Yes No fundraiser is to be
compensated at least \$5,0	00 by the organization				
(i) Name and address of individe or entity (fundraiser)	ual (ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (l)	(vi) Amount paid to (or retained by) organization
		Yes No		-	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10			_		
Total					
3 List all states in which the registration or licensing	e organization is registered of	or licensed to solici	t contributions or	has been notified	it is exempt from
			 -		
	<u></u>				
	<u> </u>		-		
	· -				
				· · · · · · · · · · · · · · · · · · ·	

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

Page 2

Pa	rt l	Fundraising Events. Complete more than \$15,000 of fundra events with gross receipts great the second	aising event contributi	answered "Yes" on lons and gross incom	Form 990, Part IV, ne on Form 990-EZ	line 18, or reported , lines 1 and 6b. List
		<u> </u>	(a) Event #1 GOLF OUTING	(b) Event #2	(c) Other events	. (d) Total events (add col (a) through
a\			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	31,230.			31,230
œ		Less: Contributions	12,050.	-		12,050
	3	Gross income (line 1 minus line 2)	19,180.			19,180
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	11,776.			11,776
Dire	8	Entertainment				
	9	Other direct expenses	4,512.	. .		4,512
		Direct expense summary Add lin Net income summary Subtract lii				16,288
Pa	rt l		anization answered "\			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
ب	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	<u></u>	
9	1	Enter the state(s) in which the orgals the organization licensed to con If "No," explain:		in each of these state	es?	. Yes No
10a	1	Were any of the organization's gaming	g licenses revoked, sust	ended, or terminated di	uring the tax year?	Yes No
ı		If "Vee " comings				
		 -				

Schedule G (Form 990 or 990-EZ) 2019

ITHACA COLLEGE

Sched	ule`G (Form 990 or 990-EZ) 2019		Page 3
11	Bood the digatization contact gamming doublines that the interest of the contact	′es 🖳	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?	res	_ No
13	Indicate the percentage of gaming activity conducted in		
а	The organization's facility		%
b	An outside facility		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶		
	Address ▶		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	_	_
		es _	_ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
C	If "Yes," enter name and address of the third party		
	Name ▶		
	Address ►	-	
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation ▶\$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	is the organization required under state law to make charitable distributions from the gaming proceeds to		_
		'es 🗌	No
b			
	or spent in the organization's own exempt activities during the tax year ▶ \$		
Part	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), as Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	nd n	

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE (Form 990)

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

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

► Attach to Form 990.

OMB No 1545-0047 ·

Open to Pu

Employer identification number 15-0532204

► Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Internal Revenue Service ITHACA COLLEGE Name of the organization

		Yes	
	nts or assistance, and	X Yes	
	to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	grants or assistance?	ring the use of grant funds in the United States
Part I General Information on Grants and Assistance	Does the organization maintain records to substantiate the	the selection criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
ď	_		~

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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. Part II

•					•		
1 (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) PLANETARY SCIENCE INSTITUTE							PAYMENT TO FED GRANT
1700 E FT. LOWELL, STE 106 TUCSON, AZ 85719	33-0175263	501 (C) (3)	11,816				SUBRECIPIENT
(2) NORTHEASTERN ILLINOIS UNIVERSITY							PAYMENT TO FED GRANT
5500 N ST. LOUIS AVE. CHICAGO, IL 60625	36-6009515	501(C)(3)	7,900.				SUBRECIPIENT
(3) CENTER FOR THE ARTS AT ITHACA, INC							
PO BOX 205 ITHACA, NY 14851	16-0902355	501 (C) (3)	10,000				SUPPORT COMM ARTS
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
				:			
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	government o	rganizations lis	ted in the line 1 tat	ole		•	3.
3 Enter total number of other organizations listed in the lin	ted in the line	e 1 table				▲ : : : : : : : : : : : : : : : : : : :	
For Paperwork Reduction Act Notice, see the instructions for Form	lons for Form 9	. 080.				Sch	Schedule I (Form 990) (2019)

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Page 2

Schedule I (Form 990) (2019)

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. Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	7	6, 334			
2					
6					
4					
IO.					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional	Information re	equired in Part I,	Ine 2, Part III, o	olumn (b), and any o	ther additional

information

SCHEDULE I, PART I, LINE 2

THE PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS TO DOMESTIC

ORGANIZATIONS VARY BASED ON THE NATURE OF THE AGREEMENT WITH THE GRANTEE.

ORGANIZATIONS OPERATING OUT OF THE MULLER CHAPEL (HILLEL, PROTESTANT

COMMUNITY, AND NEWMAN FOUNDATION) ARE SUBJECT TO OVERSIGHT BY COLLEGE

EMPLOYEES. THE COLLEGE FOLLOWS THE OMB UNIFORM GUIDANCE WITH RESPECT TO

MONITORING THE USE OF FUNDS OF SUBRECIPIENTS OF FEDERAL AWARDS (PLANETARY

SCIENCE INSTITUTE AND NORTHEASTERN ILLINOIS UNIVERSITY). FOR GRANTS TO

ALL OTHER DOMESTIC ORGANIZATIONS, THE COLLEGE RELEGATES RESPONSIBILITY

FOR MONITORING THE USE OF GRANT FUNDS TO INDIVIDUALS WITHIN THOSE

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)
Part III Grants and

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
8						
ო						
4						
5						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	information re	quired in Part I, I	ine 2, Part III, c	olumn (b); and any c	ther additional

STUDENTS MUST MEET THE CRITERIA SPECIFIED IN THE SCHOLARSHIP PROGRAM IN

ORGANIZATIONS.

ORDER TO RECEIVE THE SCHOLARSHIP. FOR ONGOING SCHOLARSHIPS, STUDENTS MUST

CONTINUE TO MEET THE CRITERIA IN ORDER TO BE AWARDED A SCHOLARSHIP IN

SUBSEQUENT YEARS.

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

OMB No 1545-0047

▶ Attach to Form 990.

THACA COLLEGE Name of the organization Department of the Treasury Internal Revenue Service

Open to Public Inspection

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

Employer Identification number 15-0532204

(i) Pooled financing Yes No × Yes No (h) On behalf of issuer (g) Defeased Yes No × × × × 2007 \$ 2008 21,691,959 CURRENT REFUNDING OF SERIES 2004B 25,635,508 ADVANCE REFUNDING OF SERIES 2011 (f) Description of purpose REISSUANCE OF SERIES 2005B REFIN OF REISSUED SER 40,290,000. 49,150,749 (e) Issue price 12/20/2018 12/09/2013 09/24/2015 12/09/2017 (d) Date issued (c) CUSIP # 890099025 890096CZ1 890096DR8 890096cc2 (b) Issuer EIN 27-2290745 16-1214039 27-2290745 27-2290745 A TOMPKINS COUNTY INDUSTRIAL DEVELOPMENT AGENCY C TOMPKINS COUNTY DEVELOPMENT CORPORATION D TOMPKINS COUNTY DEVELOPMENT CORPORATION
Part || Proceeds B TOMPKINS COUNTY DEVELOPMENT CORPORATION (a) Issuer name **Bond Issues** Part

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			4		8	ပ		٥	
-	Amount of bonds retired	7,2	7,295,000.	9,4	9,400,000.	4	470,000.		
7	Amount of bonds legally defeased								
က	Total proceeds of issue	40,2	40,290,000.	49,1	49,150,749.	26,0	26,073,075.	21,691,	1,959.
4	Gross proceeds in reserve funds				•				
2	Capitalized interest from proceeds								
9	Proceeds in refunding escrows					24,6	24,690,762.		
7	Issuance costs from proceeds			5	534,238.	3	373,209.	έ,	352,901.
&	Credit enhancement from proceeds								
6	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	40,2	40,290,000.	48,6	48,618,311.	1,7	1,791,316.	21,3	21,334,884.
12	Other unspent proceeds						4,338.		4,174.
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	ON	Yes	N _o
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,								
	if issued prior to 2018, a current refunding issue)?	×		×			×	×	
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if								
	issued prior to 2018, an advance refunding issue)?		×		×	×			×
16	Has the final allocation of proceeds been made?	X		X		×			×
11	Does the organization maintain adequate books and records to support the								
	final allocation of proceeds?	×		Х		Х		×	
For P	For Paperwork Reduction Act Notice, see the Instructions for Form 990.						36	Schedule K (Form 990) 2019	т 990) 2019

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15-0532204

Schedule K (Form 990) 2019 Part Private Business Use TC	TOMPKINS	COUNTY	INDUSTRIAL		DEVELOPMENT	AGENCY		Page 7
		A		8		ပ		
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	S.	Yes	N _o
which owned property financed by tax-exempt bonds?				×		×		×
2 Are there any lease arrangements that may result in private business use of bond-financed property?			×		×		×	
3a Are there any management or service contracts that may result in private histories use of hond-financed property.			×		×			×
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside			:		:			:
counsel to review any management or service contracts relating to the financed property?			×		×			
c Are there any research agreements that may result in private business use of				>		>		>
- 1				<		<		۲
a if yes to line 3c, does the organization routinely engage bond counsel of 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 ▶		%		%		%	17	% 0009.
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,								
۰t		%		%		%		
6 Total of lines 4 and 5		%		%		%	17	% 0009.
7 Does the bond issue meet the private security or payment test?				×		×		×
8a Has there been a sale or disposition of any of the bond-financed property to a				*		×		*
I Surge to line 85 parter the percentage of hood financial properties of or				•		;		;
		%		%		%		%
sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all								
nonqualitied bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-22			>		>		>	
Arbitage			•		\$		\$	
		4		8		ပ	-	0
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	N _o	Yes	N _o	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		×		×		X		×
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		×	×		×		×	
b Exception to rebate?	×			X		X	×	
c No rebate due?	×			×		X		×
If "Yes" to line 2c, provide in Part VI the date the rebate computation was			l					
performed								
3 Is the bond issue a variable rate issue?	×			×		×	:	×
						หั	hedule K (F	Schedule K (Form 990) 2019
554 0E1308 1 DOD								
000 007 35								

0166997-00029

Schedule K (Form 990) 2019

Page 3 ŝ ŝ × × × Yes Yes × × ŝ ŝ × × × Yes Yes × × Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions ŝ £ × × × œ Yes Yes × × 12.600 BANK OF AMERICA, N A ŝ ŝ × × × ⋖ Yes Yes × × × c Term of hedge..... d Was the hedge superintegrated?....... e Was the hedge terminated?......... d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary period? ţ Has the organization established written procedures to ensure that violations 4a Has the organization or the governmental issuer entered into a qualified of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under monitor 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? ₽ organization established written procedures requirements of section 148?

Procedures To Undertake Corrective Action Arbitrage (continued) applicable regulations? the Has Part IV Part V Part VI 9

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

SCHEDULE K

PART I, BOND A, COLUMN F

THE ORIGINAL SERIES 2005 BONDS WERE ISSUED ON SEPTEMBER 29, 2005.

PART I, BOND B, COLUMN F

PROCEEDS OF THE BONDS WERE ISSUED TO CURRENTLY REFUND THE BORROWER'S

OUTSTANDING REISSUED SERIES 2007 BONDS (ISSUED 08/20/2009) AND REISSUED

SERIES 2008 BONDS (ISSUED 09/17/2009) (COLLECTIVELY, THE "PRIOR BONDS").

PART I, BOND C, COLUMN F

PROCEEDS OF THE BONDS WERE ISSUED TO ADVANCE REFUND THE BORROWER'S

OUTSTANDING SERIES 2011 BONDS (ISSUED 04/07/2011) (THE "PRIOR BONDS").

PART I, BOND D, COLUMN F

THE ISSUE DATE FOR THE SERIES 2004 BONDS WAS NOVEMBER 10, 2004.

PART II, BOND A, LINE 13

SINCE PROCEEDS OF THE BONDS WERE USED FOR CURRENT REFUNDING PURPOSES, THE

YEAR OF SUBSTANTIAL COMPLETION IS NOT APPLICABLE.

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

PART II, BOND D, LINE 13

SINCE THE PROCEEDS OF THE BONDS WERE USED FOR CURRENT REFUNDING PURPOSES,

THE YEAR OF SUBSTANTIAL COMPLETION IS NOT APPLICABLE.

PART III, BOND A

BECAUSE PROCEEDS OF THE BONDS WERE USED TO REFUND BONDS ISSUED BEFORE

JANUARY 1, 2003, THE ISSUER HAS NOT COMPLETED PART III WITH RESPECT TO

THE BONDS

PART III, LINE 7

AS PROVIDED IN TREASURY REGULATION SECTION 1.141-4(C)(2)(I)(B), THE

AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT

TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED

TRADE OR BUSINESS USE. ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR

THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE

6. THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE

SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS

USE AND/OR UNRELATED TRADE OR BUSINESS REPORTED IN PART III, LINE 6, IS

NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE.

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

PART IV, BOND A, LINE 2(B)

THE BOND CONSISTS OF A CURRENT REFUNDING, WHICH HAS MET AN EXCEPTION TO

THE REBATE REQUIREMENT.

PART IV, BOND B, LINE 2

THE COLLEGE HAD A REBATE CALCULATION PERFORMED ON THE SERIES 2015 BOND

ISSUED ON 9/24/2015. THE CALCULATION, CONDUCTED IN OCTOBER OF 2019,

CONFIRMED THAT NO REBATE LIABILITY WAS DUE.

PART IV, BOND C, LINE 2(C)

THE FIFTH YEAR HAS NOT PASSED, THEREFORE NO REBATE COMPUTATION HAS BEEN

PERFORMED.

PART IV, BOND D, LINE 2(A)

THE BONDS ARE A CURRENT REFUNDING OF THE SERIES 2004 BONDS, ISSUED ON

NOVEMBER 10, 2004, AND SATISFIED THE 6 MONTH EXEMPTION OF REBATE.

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

Name of the	organization
ITHACA	COLLEGE

Employer Identification number 15-0532204

	Complete if the	organization a	T			<u>.</u>	1) Corre	ected?
1	(a) Name of disqualified	person	(b) Relation		organiz	disqualified person and ation	(c) Des	cription	of trans	action			es l	
(1)														
(2)													\perp	
(3)												_		
(4)														
(5)														
(6)			<u> </u>											
3 Part		ax, if any, on lii r From Interes organization a	ne 2, above, sted Persons	es" or 990,	Form Part X	by the organization 990-EZ, Part V, In	n	90, Part	► IV, lır	\$ne 26,	or if the proved pard or	<u> </u>		
				<u> </u>	zation?			Yes	No	Yes	nittee?	Yes	N	_
(1)				То	From			res	NO	res	NO	162		<u> </u>
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Part III **Grants or Assistance Benefiting Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)			•	
(7)				
(8)				
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(10)				

▶ \$

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

Schedule L (Form 990 or 990-EZ) 2019

Total

Page 2

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c								
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shanng of organization's revenues?				
				Yes	No			
(1) JASON MUENZEN	FAMILY OF TRUSTEE	14,150	SEE SCH L NARRATIVE		х			
(2)								
(3)								
(4)								
(5)								
(6)								
(7)					Ĺ			
(8)			_		L			
(9)								

Supplemental Information

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

SCHEDULE L, PART IV COLUMN D

BOARD OF TRUSTEES MEMBER KRISTIN R. MUENZEN, HAS A FAMILY MEMBER WHO IS AN EMPLOYEE OF ITHACA COLLEGE. JASON MUENZEN IS EMPLOYED IN THE SCHOOL OF BUSINESS AS AN INSTRUCTOR AND THE DIRECTOR OF THE INVESTMENT PROGRAM, AND RECEIVED W-2 WAGES OF \$14,150 FOR THE MONTH ENDING JUNE 30, 2019.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

► Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

Internal Revenue Service
Name of the organization
ITHACA COLLEGE

Employer identification number 15-0532204

FORM 990, PART III, LINE 4D

YEAR-END CHANGE

ITHACA COLLEGE CHANGED ITS FISCAL YEAR END FROM MAY 31 TO JUNE 30 AND ISSUED AN AUDITED FINANCIAL STATEMENT FOR THE THIRTEEN-MONTH PERIOD OF JUNE 1, 2018 THROUGH JUNE 30, 2019. FOR TAX PURPOSES, ITHACA COLLEGE IS REQUIRED TO COMPLETE A FULL YEAR TWELVE-MONTH FORM 990 FOR THE YEAR ENDING MAY 31, 2019 AND A SHORT PERIOD FORM 990 (THIS FORM 990) FOR THE ONE-MONTH PERIOD JUNE 1, 2019 THROUGH JUNE 30, 2019.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES

ACADEMIC SUPPORT INCLUDES EXPENSES INCURRED TO PROVIDE SUPPORT SERVICES
FOR THE COLLEGE'S PRIMARY PROGRAM SERVICE OF INSTRUCTION, RESEARCH, AND
PUBLIC SERVICE. IT INCLUDES THE FOLLOWING ACTIVITIES: THE RETENTION,
PRESERVATION, AND DISPLAY OF EDUCATIONAL MATERIALS AT THE ITHACA COLLEGE
LIBRARY, THE HANDWERKER GALLERY, AND OTHER GALLERY SPACES; INFORMATION
TECHNOLOGY SERVICES DEPLOYED AT THE COLLEGE, PARTICULARLY SERVICES WITHIN
THE THEMES OF CAMPUS ENGAGEMENT AND TEACHING & LEARNING; ACADEMIC
ADMINISTRATION AND PERSONNEL PROVIDING ADMINISTRATIVE SUPPORT AND
MANAGEMENT DIRECTION TO THE PRIMARY PROGRAM SERVICE; AND SEPARATELY
BUDGETED SUPPORT FOR COURSE AND CURRICULUM DEVELOPMENT.

FORM 990, PART VI, SECTION A, LINE 1B

INDEPENDENT VOTING MEMBERS

Employer Identification number

15-0532204

BOARD OF TRUSTEES MEMBERS ARE DEEMED TO BE NON-INDEPENDENT IF THEY HAVE A COMPENSATORY RELATIONSHIP WITH THE COLLEGE, EITHER BECAUSE THE INDIVIDUAL RECEIVES W-2 WAGES FROM THE COLLEGE, A FAMILY MEMBER IS EMPLOYED BY THE COLLEGE, OR BECAUSE THE INDIVIDUAL HAS A CONFLICT RELATIONSHIP REQUIRING DISCLOSURE ON SCHEDULE L OF THE FORM 990.

THE COLLEGE'S SHORT PERIOD RETURN DISCLOSES NO COMPENSATION FOR ANY OF THE TRUSTEES REPORTED ON PART VII OF THE FORM 990; HOWEVER, THIS IS A FUNCTION OF THE UNIQUENESS OF THIS ONE MONTH SHORT-PERIOD RETURN. SINCE COMPENSATION IS BASED ON THE W-2 ISSUED DURING THE REPORTING PERIOD, AND NO W-2S WERE ISSUED DURING THIS REPORTING PERIOD, NO COMPENSATION IS BEING REPORTED. THE FOLLOWING SIX INDIVIDUALS HAVE COMPENSATION RELATIONSHIPS WITH THE COLLEGE (AND WERE DISCLOSED AS NON-INDEPENDENT ON THE PREVIOUSLY FILED FORM 990): KRISTIN R. MUENZEN, MARY GEORGE OPPERMAN, YETUNDE SMALLS, SYBIL M. CONRAD, JULIE DORSEY AND SHIRLEY M. COLLADO.

THE COLLEGE DISCLOSES NO KEY EMPLOYEES OR HIGHLY COMPENSATED EMPLOYEES ON THIS FORM 990 SINCE NO COMPENSATION WAS PAID DURING THIS SHORT PERIOD.

FORM 990, PART VI, SECTION B, LINE 11

FORM 990 REVIEW PROCESS

THE COLLEGE'S DEPARTMENT OF FINANCIAL SERVICES COMPILES THE UNDERLYING RECORDS AND PREPARES SUPPORTING SCHEDULES USED IN THE PREPARATION OF THE FORM 990. THE COLLEGE USES AN EXTERNAL TAX SERVICE PROVIDER TO PREPARE AND REVIEW THE FORM 990. THE VICE PRESIDENT OF FINANCE AND ADMINISTRATION

V 19-3.3F

Employer identification number 15-0532204

AND OTHER KNOWLEDGEABLE PERSONS REVIEW THE FORM 990 PRIOR TO SUBMITTING
THE FORM 990 TO THE BOARD OF TRUSTEES FOR REVIEW. THE AUDIT COMMITTEE OF
THE BOARD OF TRUSTEES ENGAGES IN AN ADDITIONAL REVIEW OF THE FORM 990
WITH THE EXTERNAL TAX SERVICE PROVIDER AND PERSONS FROM THE COLLEGE'S
DEPARTMENT OF FINANCIAL SERVICES. THE EXECUTIVE COMMITTEE OF THE BOARD OF
TRUSTEES APPROVES FORM 990 FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C CONFLICT OF INTEREST POLICY

ALL TRUSTEES AND SENIOR MANAGEMENT COMPLETE ANNUAL CONFLICT OF INTEREST FORMS. THE FORMS ARE SUBMITTED TO THE SECRETARY OF THE BOARD AND ALL DISCLOSED CONFLICTS ARE FORWARDED TO THE CHAIR OF THE AUDIT COMMITTEE FOR REVIEW AND ON-GOING MONITORING.

FORM 990, PART VI, SECTION B, LINE 15

PROCESS FOR DETERMINING EXECUTIVE COMPENSATION

FOR TOP MANAGEMENT OFFICIALS - THE GOVERNANCE & COMPENSATION/ASSESSMENT

COMMITTEE ANNUALLY COLLECTS COMPARABILITY DATA TO BE USED IN ESTABLISHING

PRESIDENTIAL COMPENSATION. THIS DATA IS GATHERED USING THE ASSISTANCE OF

NON-INTERESTED PARTIES INCLUDING EXTERNAL CONSULTANTS AND THE COLLEGE'S

OFFICE OF HUMAN RESOURCES. THE GOVERNANCE & COMPENSATION/ASSESSMENT

COMMITTEE MAKES A RECOMMENDATION TO THE EXECUTIVE COMMITTEE FOR THEIR

REVIEW. THE EXECUTIVE COMMITTEE REPORTS TO THE FULL BOARD OF TRUSTEES THE

DETAILS OF THE REVIEW. THE FULL BOARD HAS FINAL APPROVAL OF

COMPENSATION.

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FOR OTHER OFFICERS AND KEY EMPLOYEES - HUMAN RESOURCES OBTAINS

COMPARABILITY DATA ON COMPENSATION WHICH IS SHARED WITH THE PRESIDENT.

THE PRESIDENT REVIEWS THE DATA AND COMPENSATION WITH THE GOVERNANCE &

COMPENSATION/ASSESSMENT COMMITTEE. THE PRESIDENT ANNUALLY REVIEWS THE

COMPENSATION POLICIES FOR OFFICERS OF THE COLLEGE.

FORM 990, PART VI, SECTION C, LINE 19

MAKING ORGANIZATIONAL DOCUMENTS AVAILABLE TO THE PUBLIC

THE PUBLIC MAY ACCESS THE COLLEGE'S GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, AND FINANCIAL STATEMENTS BY VISITING THE COLLEGE'S

WEBSITE OR BY CONTACTING THE OFFICE OF THE VICE PRESIDENT OF FINANCE

ADMINISTRATION AT THE CONTACT INFORMATION DISCLOSED IN PART VI SECTION C

LINE 20.

FORM 990, PART XI, LINE 9

RECONCILIATION OF NET ASSETS

POSTRETIREMENT BENEFITS LOSS OTHER THAN

NET PERIODIC BENEFIT COST	(\$514,471)
CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENTS	(\$132,557)
ADJUSTMENT TO LIABILITIES FOR GATE LOAN PROGRAM	\$311,117
TOTAL	(\$335,911)

Employer identification number 15-0532204

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

VISION: A GLOBAL DESTINATION FOR BOLD THINKERS SEEKING TO BUILD THRIVING COMMUNITIES.

MISSION: EDUCATE, ENGAGE, AND EMPOWER THROUGH THEORY, PRACTICE, AND PERFORMANCE.

VALUES: ACADEMIC EXCELLENCE, RESPECT AND ACCOUNTABILITY, INNOVATION, SUSTAINABILITY, AND EQUITY. ALL OF THESE VALUES ARE INTERRELATED AND EQUALLY CRITICAL TO ACCOMPLISHING ITHACA COLLEGE'S VISION AND MISSION.

ACADEMIC EXCELLENCE. ITHACA COLLEGE VIEWS ACADEMIC EXCELLENCE AS THE INTEGRATION OF THEORY, PRACTICE, AND PERFORMANCE. THE COLLEGE'S UNIQUE FUSION OF THE LIBERAL ARTS AND PROFESSIONAL PROGRAMS ASSUMES THAT KNOWLEDGE NEEDS TO INFORM AND BE INFORMED BY HANDS-ON EXPERIENCE, REAL-LIFE APPLICATION, AND CONCRETE ACTION. CURRICULAR AND CO-CURRICULAR ACTIVITIES SHOULD PROVIDE ALL COMMUNITY MEMBERS WITH OPPORTUNITIES TO DEVELOP, DEBATE, AND CRITICALLY EVALUATE STRATEGIES TO ADDRESS COMPLEX PROBLEMS.

RESPECT AND ACCOUNTABILITY. MUTUAL CARE, RESPECT, AND ACCOUNTABILITY

ARE EXPECTED IN ALL FACETS OF INSTITUTIONAL LIFE. ITHACA COLLEGE

VALUES EVERY COMMUNITY MEMBER'S DIGNITY AND SEEKS TO CREATE A SOCIAL

ENVIRONMENT WHERE EVERYONE CAN FLOURISH AND BE THEIR AUTHENTIC SELF.

AS MEMBERS OF A THRIVING COMMUNITY, WE DEMONSTRATE PRACTICES THAT

FOSTER A SENSE OF BELONGING, SHARED RESPONSIBILITY, COLLABORATION,

Employer identification number 15-0532204

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

INNOVATION, AND ACHIEVEMENT. ACCOUNTABILITY TO ITHACA COLLEGE'S VALUES AND POLICIES GIVES US THE OPPORTUNITY TO CONSIDER THE CONSEQUENCES OF OUR ACTIONS, TO SELF-EXAMINE, AND TO FIND WAYS TO RESTORE TRUST AND FORGIVENESS WHEN HARM IS CAUSED. A CULTURE OF CARE AND LOVE GROWS WHEN WE RESPECTFULLY ENGAGE IN LEARNING OPPORTUNITIES THAT HELP US SHIFT OUT OF OUR PRESUMED PARADIGMS.

INNOVATION. A CULTURE OF INNOVATION ENABLES US TO REMAIN FORWARD THINKING, NIMBLE, AND ADAPTABLE TO SOCIAL AND TECHNOLOGICAL CHANGE. WHEN PEOPLE FROM DIVERSE BACKGROUNDS AND EXPERIENCES ARE EMPOWERED TO EXCHANGE IDEAS AND COLLABORATIVELY PROBLEM-SOLVE, INNOVATION GROWS, CREATIVITY SPARKS, AND INSTITUTIONAL AND PERSONAL GOALS ARE ACHIEVED. COLLABORATION BETWEEN THE PROFESSIONAL AND LIBERAL ARTS TRADITIONS CULTIVATES ACADEMIC EXCELLENCE IN THE SPIRIT OF THEORY, PRACTICE, AND PERFORMANCE.

SUSTAINABILITY. ADOPTING INSTITUTIONAL STRATEGIES THAT OFFER

ECOLOGICAL AND RESOURCE-BASED SUSTENANCE TO THE PEOPLE AND PLACES OF

ITHACA COLLEGE ENSURE ITS FUTURITY. SUSTAINABILITY MEANS INCREASING

OUR USAGE OF RENEWABLE ENERGY SOURCES AND REDUCING OUR CARBON

FOOTPRINT BECAUSE WE UNDERSTAND THE IMPACT OF OUR DECISIONS ON THE

COMMUNITY AND THE PLANET. IT MEANS PRACTICING GOOD STEWARDSHIP OF

FINANCIAL RESOURCES. IT MEANS FOSTERING CONNECTIONS AMONG STUDENTS,

FACULTY, STAFF, ALUMNI, AND ADMINISTRATORS TO SERVE THE PUBLIC GOOD.

WE ACTIVATE CRITICAL THINKING, SCHOLARLY INQUIRY, PROFESSIONAL

SKILLS, AND PERFORMANCE IN ORDER TO POSITIVELY IMPACT, SUSTAIN, AND

Employer identification number 15-0532204

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

ADVANCE OUR LOCAL AND GLOBAL COMMUNITIES.

EQUITY. WE ADOPT AN EQUITY FRAMEWORK THAT PROACTIVELY SEEKS TO MAKE ITHACA COLLEGE ACCESSIBLE, AFFORDABLE, AND INCLUSIVE FOR ALL PEOPLE, ESPECIALLY THOSE IMPACTED BY SYSTEMIC DISADVANTAGE, MARGINALIZATION, AND EXCLUSION. THIS ENDEAVOR REQUIRES RESOURCE ALLOCATION AS WELL AS ORGANIZATIONAL STRUCTURES THAT FACILITATE EQUITY. IT DEMANDS ADOPTING STRATEGIES FOR INCREASING THE REPRESENTATIONAL DIVERSITY OF STUDENTS, FACULTY, AND STAFF WHO ARE CURRENTLY UNDERREPRESENTED IN HIGHER EDUCATION. IT ALSO MEANS IMPLEMENTING INCLUSIVE POLICIES AND PRACTICES PROVEN TO FOSTER THE RETENTION, BELONGING, AND ADVANCEMENT OF PEOPLE WHO FACE SYSTEMIC DISADVANTAGES AND DISCRIMINATION BASED ON RACE, GENDER, SEXUAL ORIENTATION, RELIGION, ABILITY, AND NATIONAL ORIGIN. FINALLY, AN EQUITY FRAMEWORK ASSUMES INCLUSIVE DECISION-MAKING PROCESSES, TRANSPARENCY, AND ACCOUNTABILITY AS THE PRIMARY WAYS OF WORKING TOGETHER.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

INSTRUCTION, RESEARCH, AND PUBLIC SERVICE:

ITHACA COLLEGE IS A PRIVATE, NONSECTARIAN, COEDUCATIONAL LIBERAL ARTS COLLEGE LOCATED IN ITHACA, NEW YORK. THE PRINCETON REVIEW CONSISTENTLY NAMES THE COLLEGE AMONG THE BEST COLLEGES IN THE NATION, WITH THE 2020 GUIDE RANKING THE COLLEGE #2 FOR THEATER, #4 FOR NEWSPAPER, AND #7 FOR RADIO.

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ATTACHMENT 2 (CONT'D)

IN FALL 2018, THE COLLEGE ENROLLED 5,991 FULL-TIME AND 110

PART-TIME UNDERGRADUATE STUDENTS AS WELL AS 416 GRADUATE STUDENTS.

APPROXIMATELY 71% OF THE UNDERGRADUATE STUDENT BODY RESIDES IN

ON-CAMPUS HOUSING. FOR THE 2018-2019 ACADEMIC YEAR, THE COLLEGE

CONFERRED 1,501 UNDERGRADUATE AND 257 GRADUATE DEGREES, AND

EMPLOYED 519 FULL-TIME AND 246 PART-TIME AND ADJUNCT FACULTY. THE

COLLEGE OFFERS A CURRICULUM WITH MORE THAN 100 DEGREE PROGRAMS IN

ITS FIVE SCHOOLS.

ROY H. PARK SCHOOL OF COMMUNICATIONS: THE SCHOOL OF

COMMUNICATIONS, RECOGNIZED AS A LEADING UNDERGRADUATE

COMMUNICATIONS SCHOOL, IS KNOWN FOR ITS PROMINENT STUDENT-RUN

MEDIA VEHICLES, INCLUDING: THE ITHACAN, THE COLLEGE'S OFFICIAL

WEEKLY NEWSPAPER; ITHACA COLLEGE TELEVISION; AND THE WICB RADIO

STATION. THE SCHOOL ALSO OFFERS THE LOS ANGELES PROGRAM, AN

INTERNSHIP-BASED PROGRAM THAT PROVIDES STUDENTS WITH PROFESSIONAL

EXPERIENCE IN THEIR CHOSEN FIELD WHILE TAKING INDUSTRY-RELATED

COURSES AT THE JAMES B. PENDLETON CENTER, LOCATED MINUTES FROM

BURBANK AND HOLLYWOOD.

SCHOOL OF BUSINESS: ACCREDITED BY THE ASSOCIATION OF ADVANCE

COLLEGIATE SCHOOLS OF BUSINESS (AACSB), THE SCHOOL OF BUSINESS

OFFERS A RIGOROUS PROFESSIONAL EDUCATION, OFFERING A RANGE OF

UNDERGRADUATE PROGRAMS, CONCENTRATIONS, AND MINORS, AS WELL AS

Employer Identification number 15-0532204

ATTACHMENT 2 (CONT'D)

GRADUATE LEVEL AND CERTIFICATE PROGRAMS. STUDENTS PARTICIPATE IN

THE PROFESSIONS PROGRAM, A PROFESSIONAL DEVELOPMENT CURRICULUM

THAT ALLOWS STUDENTS TO DEVELOP PROGRESSIVE SKILLS AND GAIN

EXPERIENCES THAT WILL PREPARE THEM FOR COMPETITIVE INTERNSHIPS AND

CAREERS.

SCHOOL OF MUSIC: TRACING ITS ROOTS TO THE COLLEGE'S FOUNDING IN

1892 AS A CONSERVATORY OF MUSIC, THE SCHOOL OF MUSIC PROVIDES

STATE-OF-THE-ART FACILITIES, FEATURES OVER 25 ENSEMBLES, AND

PRESENTS ABOUT 400 PERFORMANCES ANNUALLY. THE SCHOOL IS HOST TO

SEVERAL SUMMER MUSIC OPPORTUNITIES TO MUSICIANS OF ALL AGES,

INCLUDING THE SUMMER MUSIC ACADEMY AND THE SUMMER PIANO INSTITUTE.

THROUGH THE MUSIC IN THE COMMUNITY PROGRAM, THE SCHOOL CONNECTS

STUDENTS WITH THE COMMUNITY BY CREATING PERFORMANCE AND TEACHING

OPPORTUNITIES IN THE GREATER ITHACA AREA.

SCHOOL OF HUMANITIES & SCIENCES (H&S): A LIBERAL ARTS EDUCATION IN THE SCHOOL OF H&S PREPARES STUDENTS FOR LIFE IN A RAPIDLY CHANGING, MULTICULTURAL, AND GLOBALLY INCLUSIVE WORLD. H&S STUDENTS RECEIVE A BROAD FOUNDATIONAL UNDERSTANDING OF ISSUES FACING THE HUMAN COMMUNITY. STUDENTS BUILD THEIR OWN INTEGRATIVE AND CROSS-DISCIPLINARY VERSION OF AN H&S EDUCATION. THE DEPARTMENT OF THEATRE ARTS DRAWS STUDENTS FROM ACROSS THE UNITED STATES AND THE WORLD, AND IS ACCREDITED BY THE NATIONAL ASSOCIATION OF SCHOOLS OF THEATRE.

Employer identification number 15-0532204

ATTACHMENT 2 (CONT'D)

SCHOOL OF HEALTH SCIENCES AND HUMAN PERFORMANCE (HS&HP): THE SCHOOL OF HS&HP'S STUDENTS TOUCH PEOPLE'S LIVES AS CLINICIANS, THERAPISTS, RESEARCHERS, ADMINISTRATORS, RECREATION AND SPORT PROFESSIONALS. HS&HP STUDENTS CHOOSE FROM MORE THAN 1,700 ORGANIZATIONS ACROSS THE NATION TO ENGAGE IN INTERNSHIPS AND FIELDWORK, AND CAN HELP CLIENTS AT ONE OF FOUR ON-CAMPUS CLINICS. THE SCHOOL OFFERS A RANGE OF UNDERGRADUATE PROGRAMS, AS WELL AS GRADUATE PROGRAMS IN AREAS OF EXERCISE AND SPORT SCIENCES, HEALTH PROMOTION AND PHYSICAL EDUCATION, OCCUPATIONAL THERAPY, PHYSICAL THERAPY, AND SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY.

STUDENTS ARE ENCOURAGED TO PARTICIPATE IN ONE OF THE COLLEGE'S

MANY STUDY ABROAD OPPORTUNITIES. THE COLLEGE OPERATES THE ITHACA

COLLEGE LONDON CENTER, WHICH IS LOCATED IN THE HEART OF THE ROYAL

BOROUGH OF KENSINGTON AND CHELSEA AND IS AMONG THE

LONGEST-STANDING STUDY ABROAD PROGRAMS IN LONDON.

THE COLLEGE PROVIDES STUDENTS OPPORTUNITIES TO ENGAGE IN

EXPERIENTIAL LEARNING THROUGH SCHOLARSHIP, RESEARCH, AND CREATIVE

PERFORMANCE WITH FACULTY AND STAFF MEMBERS. RESEARCH IS FUNDED

SUBSTANTIALLY BY PRIVATE AND GOVERNMENTAL AGENCIES. DURING THE

2018-2019 ACADEMIC YEAR, FACULTY MEMBERS AND OTHERS ENGAGED IN

SPONSORED RESEARCH RECEIVED \$1.36 MILLION IN AWARDS FROM EXTERNAL FUNDING AGENCIES.

Page 2

Schedule Q (Form 990 or 990-EZ) 2019

Name of the organization
ITHACA COLLEGE

Employer identification number 15-0532204

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

AUXILIARY SERVICES:

AUXILIARY ENTERPRISES EXIST TO FURNISH GOODS OR SERVICES TO STUDENTS, FACULTY, STAFF, AND OTHER INSTITUTIONAL DEPARTMENTS.

AUXILIARY ENTERPRISES ARE MANAGED TO OPERATE AS SELF-SUPPORTING ACTIVITIES. MAJOR AUXILIARY ENTERPRISES AT THE COLLEGE INCLUDE THE FOLLOWING: DINING SERVICES, ADMINISTERED BY SODEXO, WHICH OPERATES 3 RESIDENTIAL AND 10 RETAIL DINING FACILITIES LOCATED THROUGHOUT THE CAMPUS, AND PROMOTES ENVIRONMENTAL AWARENESS THROUGH A VARIETY OF SUSTAINABILITY PROGRAMS; CONFERENCE AND EVENT SERVICES, WHICH PROVIDES A FULL RANGE OF MEETING AND EVENT SERVICES TO INTERNAL AND EXTERNAL CLIENTS; AND THE HAMMOND HEALTH CENTER, ACCREDITED BY THE ACCREDITATION ASSOCIATION FOR AMBULATORY HEALTH CARE, INC.

ATTACHMENT 4

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

STUDENT SERVICES:

STUDENT SERVICES INCLUDES EXPENSES INCURRED FOR OFFICES OF

ADMISSIONS AND THE REGISTRAR, STUDENT AID ADMINISTRATION, AND

ACTIVITIES WITH THE PRIMARY PURPOSE OF CONTRIBUTING TO STUDENTS'

EMOTIONAL AND PHYSICAL WELL-BEING AND INTELLECTUAL, CULTURAL, AND

SOCIAL DEVELOPMENT OUTSIDE THE CONTEXT OF THE FORMAL INSTRUCTION

PROGRAM.

STUDENT SERVICES ALSO INCLUDES THE COLLEGE'S MULTITUDE OF

Employer Identification number 15-0532204

ATTACHMENT 4 (CONT'D)

ATHLETICS PROGRAMS. THE COLLEGE'S VARSITY TEAMS COMPETE AT THE DIVISION III LEVEL OF THE NCAA. THE COLLEGE IS ALSO A MEMBER OF THE EASTERN COLLEGE ATHLETIC CONFERENCE AND THE LIBERTY LEAGUE. INTERCOLLEGIATE SPORTS INCLUDE BASEBALL, BASKETBALL, CREW, CROSS COUNTRY RUNNING, FIELD HOCKEY, FOOTBALL, GOLF, GYMNASTICS, LACROSSE, SCULLING, SOCCER, SOFTBALL, SWIMMING & DIVING, TENNIS, TRACK & FIELD, VOLLEYBALL, AND WRESTLING.

THE COLLEGE ALSO HAS A LARGE INTRAMURAL SPORTS PROGRAM, IN WHICH APPROXIMATELY 20% OF STUDENTS PARTICIPATE, AND WHICH OFFERS A VARIETY OF SPORTS INCLUDING SOCCER, VOLLEYBALL, FLAG FOOTBALL, AND BASKETBALL, IN ADDITION TO SINGLE DAY EVENTS SUCH AS TENNIS TOURNAMENTS AND BATTLESHIP. THE COLLEGE IS ALSO HOME TO MORE THAN 60 CLUB SPORTS, MANY OF WHICH COMPETE REGULARLY AGAINST OTHER COLLEGES IN LEAGUES AND TOURNAMENTS.

STUDENT SERVICES ALSO INCLUDES EXPENSES FOR THE OFFICE OF STUDENT ENGAGEMENT AND MULTICULTURAL AFFAIRS, WHICH PROVIDES THE FIRST-YEAR EXPERIENCE AND ORIENTATION, AND OVERSEES STUDENT ACTIVITIES, MULTICULTURAL EVENTS, AND STUDENT ORGANIZATIONS.

THE OFFICE OF CAREER SERVICES, SERVING BOTH STUDENTS AND ALUMNI,

PROVIDES CAREER-RELATED EDUCATION, EXPERIENTIAL LEARNING,

PROFESSIONAL DEVELOPMENT, AND POST-GRADUATE OPPORTUNITIES FOR THE

BENEFIT OF STUDENTS AND ALUMNI.

Schedule Q (Form 990 or 990-EZ) 2019				Page 2	}
Name of the organization			Employer identification number		
ITHACA COLLEGE			15-0532204		
			ATTACHMENT 5		_
FORM 990, PART III, LINE 4D - OTHER PROGR	AM SERVICES				_
DESCRIPTION	GRANTS		EXPENSES	REVENUE	
ACADEMIC SUPPORT		0.	1,517,155.		0.
TOTA		0.	1,517,155.		0.