Department of the

DLN: 93493111015141

OMB No. 1545-0047

2019

## **Return of Organization Exempt From Income Tax**

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

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

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public Inspection

		enue Servic									
A F	or th	e 2019 d	alendar year, or tax year begin	ning 07-01-2019 ,and endi	ng 06-30	-2020					
		pplicable:	C Name of organization Ithaca College				D Employ	er identif	ication number		
		change					15-053	2204			
□ Na		-	% WILLIAM GUERRERO VP FINANCE Doing business as								
		rurn m/terminated									
		d return	Number and street (or P.O. box if ma	ail is not delivered to street address)	Room/suit	.e	E Telephor	ne number			
□ Ар	plicati	ion pending	953 DANBY ROAD				(607) 2	74-3118			
			City or town, state or province, coun	try, and ZIP or foreign postal code	l						
			ITHACA, NY 14850				<b>G</b> Gross re	ceipts \$ 48	32,948,718		
			F Name and address of principa	officer:		H(a) Id	this a group re	turn for	· ·		
			SHIRLEY M COLLADO				ubordinates?	turri ioi	□Yes <b>☑</b> No		
			953 DANBY ROAD ITHACA, NY 14850				re all subordinat	tes			
T Ta	Y-6Y6I	mpt status			,	`´in	rcluded?		☐ Yes ☐No		
			<b>№</b> 501(c)(3)	insert no.)	J 527		"No," attach a	•	,		
J W	ebsit	te:► W\	WW.ITHACA.EDU			п(c) G	roup exemption	number	<b>&gt;</b>		
						I Voor of t	formation: 1892	M Ctata	of legal domicile: NY		
<b>K</b> Forr	n of o	rganizatior	n: 🗹 Corporation 🗌 Trust 🔲 Assoc	ciation 🔲 Other 🟲		L real of i	ioimadon. 1692	M State	or legal dofflictie. NT		
D		S	1 MA D 1117					<u></u>			
Pa	art I		<b>nmary</b> escribe the organization's mission or	most significant activities:							
		,	L DESTINATION FOR BOLD THINKE	3	G COMMU	JNITIES,	OUR MISSION I	S TO EDI	JCATE, ENGAGE,		
90			OWER THROUGH THEORY, PRACTION								
Ē	-										
Ë	:										
Š	,	Check th	his box $\blacktriangleright \Box$ if the organization dis	continued its operations or dispo	sed of m	ore than	25% of its net a	ssets			
<u> </u>			of voting members of the governin					з	28		
<b>20</b> √2	4	Number	of independent voting members of	the governing body (Part VI, line	e 1b) .			4	22		
g g	l		mber of individuals employed in cal					5	5,480		
Activities & Governance	l		mber of volunteers (estimate if nec	, , , ,	•			6	24		
ĕ	l		related business revenue from Part	• •				7a	161,698		
	1		elated business taxable income from	, ,,			•	7b	101,030		
	"	Net unit	erated business taxable income from	11 om 990-1, me 39	• •	<del></del>	Prior Year	1,0	Current Year		
		C <b>t</b> i l	tions and marks (DarkVIII line 4h)								
3	l		itions and grants (Part VIII, line 1h)				39,384,		12,002,902		
Ravenue	l	-	service revenue (Part VIII, line 2g)			356,614,	_	335,790,105			
ç	l		ent income (Part VIII, column (A), li		•		10,956,	_	16,637,996		
	l		venue (Part VIII, column (A), lines 5	· · · · · · · · · · · · · · · · · · ·			1,718,		1,248,636		
	-		venue—add lines 8 through 11 (mus		ie 12)		408,674,	517	365,679,639		
	13	Grants a	and similar amounts paid (Part IX, co	olumn (A), lines 1–3)....			138,207,	660	139,394,709		
	14	Benefits	paid to or for members (Part IX, co	lumn (A), line 4)				0	0		
83	15	Salaries,	, other compensation, employee be	nefits (Part IX, column (A), lines	5-10)		155,098,	135	154,287,643		
us(	16a	Professi	onal fundraising fees (Part IX, colun	nn (A), line 11e)			71,	222	5,893		
Expenses	b	Total fund	draising expenses (Part IX, column (D), I	ine 25) ▶3,274,679							
ū	17	Other ex	penses (Part IX, column (A), lines 1	l1a-11d, 11f-24e)	<del>-</del>		95,433,	936	76,805,420		
	18	Total ex	penses. Add lines 13–17 (must equ	al Part IX, column (A), line 25)			388,810,	953	370,493,665		
	19	Revenue	e less expenses. Subtract line 18 fro	om line 12			19,863,	564	-4,814,026		
× &			·			Begini	ning of Current Y	'ear	End of Year		
Net Assets or Fund Balances											
SS 8	20	Total ass	sets (Part X, line 16)				848,522,	055	834,703,732		
ᇫ	21	Total lial	bilities (Part X, line 26)				194,975,	176	202,469,395		
žZ	22	Net asse	ets or fund balances. Subtract line 2	1 from line 20			653,546,	879	632,234,337		
Pa	rt II	Sign	nature Block								
			perjury, I declare that I have exami								
know any k			ef, it is true, correct, and complete.	Declaration of preparer (other	than office	er) is bas	ed on all inform	ation of v	which preparer has		
		1.									
		****	**				2021-02-26				
Sign		Signa	ture of officer				Date				
Here	•		AM GUERRERO VP FIN&ADMIN								
		Туре	or print name and title								
			Print/Type preparer's name	Preparer's signature		ite  21-02-26		PTI <b>N</b> P00741490	<u> </u>		
Paid	t	L			20	21-02-26	self-employed	-00/41490	,		
Pre		er	Firm's name FGRANT THORNTON LLP	Firm's EIN ►							
Use			Firm's address ► 757 THIRD AVENUE 3RI	D FLOOR			Phone no (212)	hone no. (212) 599-0100			
		·					1. 110116 110. (212)	222 0100			
			NEW YORK, NY 100172				<u> </u>				
D/1	- TD		s this return with the preparer show					IA #1 3/			

Form	990 (2019)					Page <b>2</b>
Pa	t III Statement	of Program Serv	ice Accomplis	hments		
	Check if Sched	lule O contains a res	ponse or note to a	any line in this Part III		🗹
1	Briefly describe the or	ganization's missior	1:			
EMPC SUST VISIC AND TO IN ACTI TO A	WER THROUGH THEOF AINABILITY, AND EQUI ON AND MISSION. ACAI PERFORMANCE. THE CO FORM AND BE INFORM VITIES SHOULD PROVI	RY, PRACTICE, AND ITY. ALL OF THESE I DEMIC EXCELLENCE OLLEGE'S UNIQUE F MED BY HANDS-ON E DE ALL COMMUNITY BLEMS. RESPECT A	PERFORMANCE. V. /ALUES ARE INTEI . ITHACA COLLEG USION OF THE LIE EXPERIENCE, REAL MEMBERS WITH	ALUES: ACADEMIC E) RRELATED AND EQUA E VIEWS ACADEMIC E BERAL ARTS AND PRO L-LIFE APPLICATION, DPPORTUNITIES TO I	COMMUNITIES. MISSION: EDUCAT (CELLENCE, RESPECT AND ACCOUN LLY CRITICAL TO ACCOMPLISHING EXCELLENCE AS THE INTEGRATION FESSIONAL PROGRAMS ASSUMES TO AND CONCRETE ACTION. CURRICUL DEVELOP, DEBATE, AND CRITICALLY ESPECT, AND ACCOUNTABILITY AR	TABILITY, INNOVATION, ITHACA COLLEGE'S OF THEORY, PRACTICE, IHAT KNOWLEDGE NEEDS LAR AND CO-CURRICULAR CEVALUATE STRATEGIES
_						
2	-	, ,		vices during the year	which were not listed on	
	the prior Form 990 or					🗌 Yes 🗹 No
	If "Yes," describe thes					
3	Did the organization o	5,	make significant	changes in how it con	ducts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe thes	se changes on Sched	lule O.			
4		l 501(c)(4) organiza	tions are required	to report the amount	e largest program services, as mea: of grants and allocations to others,	
4a	(Code:	) (Expenses \$	233,664,207	including grants of \$	139,344,340 ) (Revenue \$	274,857,711 )
	See Additional Data					
4b	(Code:	) (Expenses \$	41,249,050	including grants of \$	0 ) (Revenue \$	F0 422 400 \
4D	Code: See Additional Data	) (Expenses \$	41,249,050	including grants or \$	U) (Revenue \$	59,433,199 )
	See Additional Data					
4c	(Code:	) (Expenses \$	27,970,409	including grants of \$	47,869 ) (Revenue \$	2,087,752 )
	See Additional Data		, ,			, , ,
	(Code:	) (Expenses \$	2,500	including grants of \$	20,083,283 ) (Revenue \$	0)
	ACADEMIC SUPPORT					
4d	Other program service	es (Describe in Sche	dule O.)			
	(Expenses \$		cluding grants of	\$ 2	,500 ) (Revenue \$	0)
4e	Total program serv	ice expenses ►	322,966,9	49		

Par	tiV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🥞	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III $\$ .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	in Part X, line 16? If "Yes," complete Schedule D, Part IX 🥦	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥦	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21 	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	<b>0</b> (2019)

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Par	Checklist of Required Schedules (continued)			
_			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
:3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23	Yes	
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
6	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part II	27	Yes	
3	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ $\$	29	Yes	
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
L	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
1	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
6	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No

1b

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

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

**1**c

Yes

Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by this return	5,480		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority of financial account in a foreign country (such as a bank account, securities account, or other financial account)?	ver, a <b>4a</b>	Yes	
b	If "Yes," enter the name of the foreign country: ▶UK			
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	R). <b>5a</b>		No No
b		5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organizat	ion <b>6a</b>		No
	solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible?	were 6b		
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 s provided to the payor?	ervices <b>7a</b>	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	o file <b>7c</b>		No
d	Form 8282?	76		NO
_				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a F 1098-C?	orm <b>7h</b>		
	1098-C?	711		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	. 8		
9	Sponsoring organizations maintaining donor advised funds.			-
а	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9</b> b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
11	Section 501(c)(12) organizations. Enter:			
a h	Gross income from members or shareholders			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	· 13a		
b	Enter the amount of reserves the organization is required to maintain by the states in			
С	which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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 exparachute payment(s) during the year?	cess 15		No
16	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	. 16		No

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below,	lo" resp	onse to i	lines
Se	ction A. Governing Body and Management			
1 2	Enter the number of voting members of the governing body at the end of the tax year   1a   2		Yes	No
Ia	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1		
b	Enter the number of voting members included in line 1a, above, who are independent  1b 2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	n 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	ie Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
	· · · · · · · · · · · · · · · · · · ·	16b		
<u>Se</u> 17	ction C. Disclosure  List the states with which a copy of this Form 990 is required to be filed▶			
-1	CA CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: •WILLIAM GUERRERO VP FINANCE 953 DANBY ROAD ITHACA, NY 14850 (607) 274-3118			

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

Part VII

DRIVESTREAM INC,

45610 Woodland Road Suite 150 STERLING, VA 10335

compensation from the organization ▶ 66

Page **8** 

Section A. Officers, Direct	1010, 11401000	, itc, i	-1111P	oye	cs,	allu i	nıyı	iest Compensat	ed Employees (c	onunueu)	
<b>(A)</b> Name and title	(B) Average hours per week (list any hours	than c	ne bo oth a	o not ox, u in off	che Inles icer	s pers and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Esti amoun comp fro	( <b>F)</b> mated t of other ensation m the
	for related organizations below dotted line)	Individual tru or director	Institutional	Officer	Key employe	Highest com employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	re	ation and lated izations
		।डोल्ल	Trustee		ė	pensated					
Additional Data Table											
	-										
									1		
						•					
	•							5,118,329	0		965,660
Total number of individuals (including	but not limited	to thos			oove	e) who	rece	eived more than \$3	100,000		
										Yes	No
<del>-</del>									d employee on		
, ,									 	3 Yes	
organization and related organization	s greater than \$	150,00	0? <i>If</i>	"Yes,	," co	mplet	te Sc	chedule J for such	ii tile		
			•	٠	•					4 Yes	
									lividual for	5	No
-											
										pensation	
Name :	(A)	200	•					Des	(B)	Com	(C) pensation
XO INC AFFILIATES,	ind business addre	:55								Com	5,687,233
IAMSVILLE, NY 14221											
IVER MCGUIRE INC,								GENERAL C	ONCTRUCTION		
North Genesee Street									ONSTRUCTION		3,452,423
								General Co			
North Genesee Street FOUR FALLS, NY 14865 ITECTURAL CONCRETE PLUS LLC, Ollister Street											2,888,660
North Genesee Street FOUR FALLS, NY 14865 ITTECTURAL CONCRETE PLUS LLC,								General Co			
	Additional Data Table  Sub-Total	Name and title  Average hours per week (list any hours for related organization below dotted line)  Additional Data Table  Sub-Total  Fotal from continuation sheets to Part VII, Section fotal (add lines 1b and 1c)  Total number of individuals (including but not limited of reportable compensation from the organization list any former officer, director line 1a? If "Yes," complete Schedule J for such individual for any individual listed on line 1a, is the sum of reporganization and related organizations greater than \$\frac{1}{2}\$ individual	Name and title  Average hours per week (list any hours for related organizations below dotted line)  Additional Data Table  Additional Data Table  Sub-Total  Total from continuation sheets to Part VII, Section A  Fotal (add lines 1b and 1c)  Total number of individuals (including but not limited to thos of reportable compensation from the organization ▶ 173  Did the organization list any former officer, director or trust line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable organization and related organizations greater than \$150,00 individual  Did any person listed on line 1a receive or accrue compensate services rendered to the organization? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensate services rendered to the organization? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensate services rendered to the organization? If "Yes," complete Schedule J for such individual  Name and business address  EXO INC AFFILIATES, what Drive	Additional Data Table  Additional Data Table	Name and title  Average hours per week (list any hours for related organizations below dotted line)  Additional Data Table  Additional D	Additional Data Table  Did and Data Table  Additional Data Table  Additional Data Table  Additional Data Table  Did and Data Table  Additional Data Table  Did and Data Table  Did and Data Table  Additional Data Table  Did and Data Table  Did the organization sheets to Part VII, Section A  Fotal (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above of reportable compensation from the organization ▶ 173  Did the organization list any former officer, director or trustee, key empled line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any services rendered to the organization? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any services rendered to the organization? If "Yes," complete Schedule J for such individual  Complete this table for your five highest compensated independent contra from the organization. Report compensation for the calendar year ending the property of the prop	Name and title  Average hours per week (list any hours for related organizations below dotted line)  Additional Data Table  Sub-Total  Fotal from continuation sheets to Part VII, Section A  Fotal quid lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who of reportable compensation from the organization in 173  Did the organization list any former officer, director or trustee, key employee, a line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such per lindividual  Did any person listed on line 1a receive or accrue compensation from any unrelated reportable compensation from any unrelated services rendered to the organization? If "Yes," complete Schedule J for such per lindividual  Did any person listed on line 1a receive or accrue compensation from any unrelated reports to the organization? If "Yes," complete Schedule J for such per lindividual  Did any person listed on line 1a receive or accrue compensation from any unrelated reports to the organization? If "Yes," complete Schedule J for such per lindividual  Name and business address	Additional Data Table  Additional Data Table	Name and title  Average week (list an one box, unless persons is both an officer and a director/trustee) organization below dotted line)  Additional Data Table  Additional Data Table  Sub-Total  Total from continuation sheets to Part VII, Section A  Total number of individuals (including but not limited to those listed above) who received more than \$10 the organization from the organization from the organization and related organization from the organization and related organization speaker than \$150,000? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation from organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from greater than \$150,000? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from greater than \$150,000? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a receive or accrue compensation from any unrelated organization or incompensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such person is between the organization or incompensation from the organization for the calendar year ending with or within the organization from the organization. Report compensation for the calendar year ending with or within the organization or incompensation. Report compensation for the calendar year ending with or within the organization. Name and business address  Dass of the file of the organization of the calendar year ending with or within the organization. Poods for the calendar year ending with or within the organization.	Name and title    Average hours per week (list any hours for related organizations below dotted line)   Additional Data Table	Name and title    Average   hours per week (list any hours   compensation   from the organization   compensation   from the organization   compensation   from the organization   compensation   from the organization   compensation   compensation

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

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

1,799,767

Technology Services

Part	VII	Statement	of F	Revenue						
		Check if Scheo	dule	O contains a	respo	nse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	14			. 1	4 - 1			revenue	revenue	512 - 514
nts nts		<ul><li>a Federated campa</li><li>b Membership dues</li></ul>		Ŀ	1a   1b					
orar 10u		c Fundraising even		Ŀ	1c					
Gifts, Grants ilar Amounts		d Related organiza		Ŀ	1d					
Gif		e Government grants		<u>.</u>	1e	5,989,612				
ns, Sim		f All other contributio	ns, g	ifts, grants,						
utio		and similar amounts above		L	1f	6,013,290				
<u> </u>		g Noncash contribution lines 1a - 1f:\$	ns in	cluded in	1g	605,549				
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines	1a-1	f	<u>-9  </u>	>	40.000.000			
						Business Code	12,002,902	T	T	
	2	a TUITION & FEES				900099	274,857,711	274,857,711		
КIе						300033	54,397,965	54,397,965		
ever	ŀ	ROOM & BOARD				721310	34,337,303	34,337,303		
Program Service Revenue	c	ANCILLARY STUDENT	SER	VICES/ACTIVIT	TES	611710	2,087,752	2,087,752		
ervic	,	STUDENT INSURANCE	E				2,062,456	2,062,456		
S.						900099				
ogral	€	CAMPUS DINING SER	VICE	S		900099	928,974	928,974		
ď							1,455,247	328,836	107,405	1,019,006
		All other program				225 720 125				
		Investment income				335,790,105	1			
		similar amounts) .	٠.		•	•	7,064,400		-23,060	7,087,460
		Income from invest	men	nt of tax-exer	npt bo		37.100			37,180
	9	Royalties	r i	(i) Rea		(ii) Personal	37,100			37,100
	<b>6a</b> Gross rents <b>6a</b> 142,933					(,	1			
	6a Gross rents 6a 142,9 b Less: rental				42,933		4			
	expenses 6b									
	c Rental income or (loss) 6c 142,933				42 933		0			
	d Net rental income or (loss)				•	· · · <b>&gt;</b>	142,933	3	77,353	65,580
				(i) Securit		(ii) Other				
	78	Gross amount from sales of	7a	125.2	48,637	128,55	2			
		assets other than inventory	'		,					
	b	Less: cost or	7b	115.0	03,593					
		other basis and sales expenses		113,6						
	С	Gain or (loss)	7c	9,4	45,044	128,55	2			
	,	<b>d</b> Net gain or (loss)	•			· · · •	9,573,596	5		9,573,596
a	88	Gross income from fu (not including \$		ising events of						
eun		contributions reported	d on	line 1c).						
ev.		See Part IV, line 18			8a	7,432	_			
Other Revenue		<b>b</b> Less: direct expen c Net income or (los			8b ng eve	1,864	5,568	3		5,568
oth		`	,							
	9a	Gross income from See <b>Part</b> IV, line 19			9a	0	,			
	ı	<b>b</b> Less: direct expen	ses		9b	0	_			
		c Net income or (los			ctiviti	es <b>&gt;</b>				
	40	- Clf inve	b	m. laaa						
	10	aGross sales of invertering and allowards			10a	2,052,179	,			
	ı	<b>b</b> Less: cost of good	s sol	ld	10b	1,463,622				
	•	C Net income or (los			nvent		588,557	588,557		
	11	Miscellaneo				Business Code 90009	9 350,960			350,960
		<b>La</b> REBATES & REFU	NDS			50009	330,960			330,300
		b STUDENT ACTIVIT	TV CI	DONCOBCUTE	, -	54180	0 67,369	9		67,369
		- STODENT ACTIVIT	ı î Sl	FONSOKSHIF	3	5.230				
		FORFEITED MEDIC	CAL	BENEFITS		90009	9 23,417	7		23,417
		d All other revenue	•				32,652	2		32,652
		<b>e Total.</b> Add lines 1	1a-1	11d		•	474,398	3		
	12	<b>2 Total revenue.</b> S	ee ir	nstructions .					161.600	10 262 700
						•	365,679,639	335,252,251	161,698	18,262,788 Form <b>990</b> (2019)

For	m 990 (2019)				Page <b>10</b>
Р	art IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations must c		=		ımn (A).
	Check if Schedule O contains a response or note to an	y line in this Part IX			<u> U</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	291,231	291,231		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	138,835,004	138,835,004		_
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	268,474	268,474		_
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	4,194,764	1,088,892	2,866,244	239,628
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	113,823,183	92,037,714	20,054,323	1,731,146
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	8,037,055	6,517,962	1,375,068	144,025
9	Other employee benefits	22,533,984	18,498,088	3,603,302	432,594
10	Payroll taxes	5,698,657	4,458,450	1,138,135	102,072
11	Fees for services (non-employees):				
a	a Management	0			
ı	Legal	344,429	3,393	341,036	
	Accounting	258,047		258,047	
	d Lobbying	7,500	7,500		
•	e Professional fundraising services. See Part IV, line 17	5,893			5,893
1	Investment management fees	1,392,906		1,392,906	
ģ	GOTHER (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,333,685	9,399,701	1,812,713	121,271
12	Advertising and promotion	360,425	135,978	223,685	762
13	Office expenses	7,605,769	4,723,016	2,702,905	179,848
	Information technology	6,996,806	2,646,767	4,244,700	105,339
15	Royalties	0			
16	Occupancy	5,770,057	5,473,923	294,782	1,352
17	Travel	3,307,848	2,974,375	248,905	84,568
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	777,954	540,189	195,856	41,909
20	Interest	5,662,306	5,662,306		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	21,228,762	19,736,135	1,422,220	70,407
23	Insurance	3,295,389	2,378,569	916,820	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a FOOD SERVICE EXPENSES	4,222,542	4,222,542		
	b REPAIRS & MAINTENANCE	1,617,526	1,117,304	496,108	4,114
	c TAXES, LICENSES & PERMITS	977,293	913,082	64,211	
	d RECRUITING EXPENSES	494,695	242,485	251,444	766
	e All other expenses	1,151,481	793,869	348,627	8,985
25	Total functional expenses. Add lines 1 through 24e	370,493,665	322,966,949	44,252,037	3,274,679
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Notes and loans receivable, net . . . .

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

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

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities . . .

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

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

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

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

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

Unsecured notes and loans payable to unrelated third parties .

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

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

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

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

Organizations that do not follow FASB ASC 958, check here > \(\begin{align\*} \text{and} \end{and} \)

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

Retained earnings, endowment, accumulated income, or other funds

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

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

2

3

Assets

11

12

13

14

15

16

17

18

19

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21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Check if Schedule O contains a response or note to any line in this Part IX . . .

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

10a

10b

673.012.844

306,027,964

Page 11

6.180.790

844,908

2,942,234

366,984,880

190,630,808 241.245.769

7,414,428

834,703,732

27,604,038

2,685,647

111.085.501

21,206,671

39,887,538

202.469.395

493,907,692

138,326,645

632,234,337

834,703,732

Form 990 (2019)

0

0

End of year

Cash-non-interest-bearing	469,798	1	246,850
Savings and temporary cash investments	18,434,340	2	8,884,780
Pledges and grants receivable, net	3,978,120	3	1,906,790
Accounts receivable, net	6,130,923	4	7,421,495
Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0

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0 21

0 24

188,572

848,522,055

20,033,472

6,452,612

114.975.709

22,150,148

31,363,235

194.975.176

514,066,572

139,480,307

653,546,879

848,522,055

7.686.009

3,666,739

373,656,287

185,255,919

248.191.679

863.669

Beginning of year

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a

3b

Yes

Yes (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

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

Audit Act and OMB Circular A-133?

#### Additional Data

Software ID:

Software Version:

EIN: 15-0532204

Name: Ithaca College

Form 990 (2019)

#### Form 990, Part III, 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 BEST 386 COLLEGES: 2021 EDITION" RANKING THE COLLEGE #1 FOR THEATER, #2 FOR NEWSPAPER, AND #5 FOR RADIO STATION, IN FALL 2019, THE COLLEGE ENROLLED 5,739 FULL-TIME AND 113 PART-TIME UNDERGRADUATE STUDENTS AS WELL AS 414 GRADUATE STUDENTS. APPROXIMATELY 70% OF THE UNDERGRADUATE STUDENT BODY RESIDES IN ON-CAMPUS HOUSING. FOR THE 2019-2020 ACADEMIC YEAR, THE COLLEGE CONFERRED 1,391 UNDERGRADUATE AND 275 GRADUATE DEGREES, AND EMPLOYED 520 FULL-TIME AND 188 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 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. 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 2019-2020 ACADEMIC YEAR, FACULTY MEMBERS AND OTHERS ENGAGED IN SPONSORED RESEARCH RECEIVED \$1.0 MILLION IN AWARDS FROM EXTERNAL FUNDING AGENCIES.

# 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, WHICH OPERATES MULTIPLE RESIDENTIAL AND RETAIL DINING FACILITIES LOCATED THROUGHOUT THE CAMPUS; THE CAMPUS STORE, WHICH PURVEYS TEXTBOOKS, APPAREL, SUPPLIES AND ACCESSORIES: CONFERENCE AND EVENT SERVICES, WHICH PROVIDES A FULL RANGE OF MEETING AND EVENT

SERVICES; AND THE HAMMOND HEALTH CENTER, ACCREDITED BY THE ACCREDITATION ASSOCIATION FOR AMBULATORY HEALTH CARE, INC.

Form 990, Part III, Line 4b:

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 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

Form 990, Part III, Line 4c:

STUDENTS AND ALUMNI.

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

CONFERENCE AND THE LIBERTY LEAGUE. INTERCOLLEGIATE SPORTS INCLUDE BASEBALL, BASKETBALL, CREW, CROSS COUNTRY RUNNING, FIELD HOCKEY, FOOTBALL,

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

organization

243,743

234,226

178,193

227,489

183,506

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44,052

40,966

73,523

21,417

59,007

organizations

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

, · · · · · · · · · · · · · · · · · · ·	for related	<b></b>						1 (4) 2/1000	(14/ 2/1000	organization and	
	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	
Shirley M Collado President	40.0	Х		х				583,872	0	98,330	
Sean F Reid thru 062020 Dean, School of Business	40.0				х			325,780	0	126,390	
Christopher M Biehn Former VP Instl Adv.	0.0						х	396,273	0	34,021	
Guilherme Costa non-voting Secretary, VP, GC	40.0	Х		х				244,130	0	49,578	
William Guerrero	40.0			х				254,361	0	38,969	

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Secretary, VP, GC
William Guerrero
VP Finance & Administration
La Jerne Cornish

Provost & SVP

Linda Petrosino

DEAN, HS&HP

David L Weil

Associate VP & CIO

Associate VP, Facilities

Former Secretary, SVP, GC

Timothy R Carey

Nancy E Pringle

and Independent Contractors

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

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Diane M Gayeski thru 62020  Dean, School of Communications	40.0				Х			202,729	0	28,218
Rosanna Ferro  VP Student Affairs and Campus	40.0			x				182,496	0	37,399
Matthew S Rodgers Assistant Professor and Chair	0.0 40.0 0.0					х		175,294	0	41,473
Marie C Blouin	40.0					Х		196,722	0	18,549

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169,861

184,529

174,737

173,399

152,300

149,368

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42,503

21,616

24,054

22,331

25,904

20,795

Matthew S Rodgers
Assistant Professsor and Chair
Marie C Blouin
Assistant Professor
Karl Paulnack Thru 062020

......

Dean, School of Music

ENDOWED CH. & ASSOC. PROF

Prof. & Director of LA Program

VP Human Resources(as of 5/19)

Nicole Eversley Bradwell

Interim VP Enroll. (thru 7/19)

Steven Ginsberg

Matthew C Geiszler

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Assistant Professor

Stephen Tropiano

Hayley Harris

and Independent Contractors

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

and Independent Contractors

Sybil M Conrad

Trustee, Staff

David H Lissv

James W Nolan Jr

Rosanna Aybar

David J Bachrach

Michael A Battle

Chair

Vice Chair

Trustee

Trustee

Trustee

						1 111 2/1000	(11/1 2/1000			
	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
Gerard R Turbide	0.0						Х	127,762	0	13,161
Former VP Enrollment Manager	0.0							·		
Laurie M Koehler As of 819	40.0			x				111,382	0	19,322
VP Marketing & Enrollment Stgy	0.0									
Julie Dorsey	40.0							05.600		25.504
Trustee Faculty		Х						85,608	0	35,501

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17,734

Laurie M Koehler As of 819	40.0		_		111,382	
VP Marketing & Enrollment Stgy	0.0				111,362	
Julie Dorsey	40.0					
		Х			85,608	
Trustee, Faculty	0.0				·	
Wendy Kobler	40.0					
			Ιx		94,562	
VP Enrollment Mgmt(as of 9/19)	0.0				·	

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

and Independent Contractors

Trustee

Trustee

Trustee

Trustee

Trustee

David Meberg

Orinthia Montague

Kristin R Muenzen

William J Nelligan III

	any hours	and	a dir	recto	or/tr	ustee)	)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Luvelle Brown	1.0	Х						0	0	0	
Trustee	0.0										
Michael J Conover	1.0	x						0	0	0	
Trustee	0.0										
Jack H Dembow	1.0	Х						0	0	0	
Trustee	0.0							0	0		
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Michael J Conover		Х			۵	
Trustee	0.0				0	
Jack H Dembow	1.0	X			9	
Trustee	0.0					
David Fleisher II	1.0	V			0	
Trustee	0.0	Χ			0	
Thaddeus J Fortin	1.0					

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Thaddeus J Fortin	1.0	x			0	0	
Trustee	0.0				J		
Gary J Gross	1.0						

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Jack H Dembow	1.0	¥				0	0
Trustee	0.0	<					Ĭ
David Fleisher II	1.0	×			0	0	0
Trustee	0.0	<				9	Ö
Thaddeus J Fortin	1.0	X			0	0	0
Trustee	0.0	Χ.					Ĭ
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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

	any hours			ecto		ustee)	)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Kathleen K Newlands	1.0	x						0	0	0	
Trustee	0.0							١	0	0	
Mary George Opperman Trustee	0.0	Х						0	0	0	
Jeffrey J Selingo Trustee	1.0	х						0	0	0	
Jan E Singer Trustee	1.0	Х						0	0	0	
Ellen Staurowsky	1.0										

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Trustee

Trustee

Trustee

Trustee

Peter R Taffae

James E Taylor

Douglas M Weisman

Kimberly A Zeoli

Yetunde Smalls

Trustee, Student

Trustee (as of 12/2019)

and Independent Contractors

efil	e GR	APHIC pri	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493111015141				
SCI	HED	ULE A	Dublic (	Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047				
	m 99		Complete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) c empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019				
		f the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection				
Nam	e of the College	he organiza	tion				Employer identific	ation number				
Itilaca	College						15-0532204					
	rt I		for Public Charity Statu				See instructions.					
1 ne c	organiz		a private foundation because	•	-		(A)(:)					
		•	onvention of churches, or as									
2	<b>✓</b>		escribed in section 170(b)(:		,	, ,						
3		·	or a cooperative hospital serv	-			-					
4		A medical r name, city,	esearch organization operate and state:	d in conjunction with	a hospital descri	ibed in <b>section :</b>	170(b)(1)(A)(iii). E	nter the hospital's				
5		_	ation operated for the benefit (iv). (Complete Part II.)	of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in <b>section 170</b>				
6		A federal, s	state, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	()(v).					
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A communi	ty trust described in <b>section</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)						
9		An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:										
10		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after Jur 30, 1975. See section 509(a)(2). (Complete Part III.)										
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	See section 509	(a)(4).					
12		more public	ation organized and operated cly supported organizations d a through 12d that describes	escribed in <b>section 5</b>	09(a)(1) or sec	ction 509(a)(2	). See <b>section 509(</b> a					
а		organizatio	supporting organization opera n(s) the power to regularly a <b>Part IV, Sections A and B.</b>									
b		manageme	supporting organization sup- nt of the supporting organiza plete Part IV, Sections A a	tion vested in the sar								
c		Type III f	unctionally integrated. A s organization(s) (see instructi	upporting organizatio				ted with, its				
d		Type III n	ion-functionally integrated integrated integrated. The organization in You must complete Par	I. A supporting organi generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar					
e		Check this	box if the organization receiv or Type III non-functionally	ed a written determir	ation from the I		pe I, Type II, Type II	I functionally				
f	Enter				-		<u> </u>					
g	Provi	de the follow	ring information about the su	pported organization(	r '							
	(i) N	Name of supported organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))	on in your governing document? monetary support other sultines (see instructions) instructions							
					Yes	No						
Tota			tion Act Notice, see the In	, .	Cat. No. 11285			 90 or 990-EZ) 2019				

line 1 that exceeds 2% of the amount shown on line 11, column (f)

Net income from unrelated business activities, whether or not

10

the business is regularly carried on

Other income. Do not include gain or loss from the sale of capital

assets (Explain in Part VI.). . **Total support.** Add lines 7 through 63,479,879

92,710,790

33,240,063

359,286

18.180.074

144,490,213

43.934 %

51.118 %

1,710,974,889

(f) Total

Page 2

Section A. Public Support Calendar year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and

If the organization failed to qualify under the tests listed below, please complete Part III.)

37,061,756 14,325,948 membership fees received. (Do not 11,918,471 13,413,345 15,991,270 92,710,790 include any "unusual grant.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge... 11,918,471 15,991,270 37,061,756 14,325,948 92,710,790 13,413,345 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 29,230,911 supported organization) included on

Public support. Subtract line 5 from line 4. Section B. Total Support Calendar vear (a) 2015 **(b)** 2016 (or fiscal year beginning in) ▶ 11,918,471 13,413,345 Amounts from line 4. . Gross income from interest. dividends, payments received on securities loans, rents, royalties 2,588,832 and income from similar sources

Section C. Computation of Public Support Percentage

24,615 239.685 4.592.208

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, 

16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . .

Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . . .

7,122,332

(c) 2017 15,991,270 6,875,450

180,378

4.783,244

(d) 2018

37,061,756

8,161,288

102,050

4.836.254

(e) 2019

14,325,948

8,492,161

52,243

3.728,683

Schedule A (Form 990 or 990-EZ) 2019

12

14

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010	( ) 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513  Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

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

6

7

8

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,	
	describe the designation. If historic and continuing relationship, explain.	1

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

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

3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

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

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

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

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

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

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

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

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

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

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

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

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

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

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

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			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 organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

_6	Other distributions (describe in <b>Part VI</b> ). See instruction	ns		
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	ich the organization is respons	sive (provide	
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

o∨ide	
(ii) derdistributions Pre-2019	(iii) Distributable Amount for 2019
derdistributions	Distributable
0	vide

8 Distributions to attentive supported organizations to widetails in <b>Part VI</b> ). See instructions	hich the organization is respons	sive (provide	
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 <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			

e From 2018. . . . . . f Total of lines 3a through e

instructions)

See instructions.

e Excess from 2019. . . . .

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

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

**b** Excess from 2016. . . . . c Excess from 2017. . . . . **d** Excess from 2018. . . . .

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

Schedule A (	(Form 990 or 990-EZ)	) 2019 Page <b>8</b>
Part VI	Section A, lines 1, 2 Part IV, Section D, l	prmation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 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; ines 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 is, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See
		Facts And Circumstances Test
990 Sche	dule A, Suppleme	ental Information
Ret	turn Reference	Explanation
Schedule A	, Part II, Column E	The 2019 column includes the amounts reported on the current year Form 990 plus the one mo nth period from the Colleges short-period 06/30/19 Form 990.

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Political Campaign and Lobbying Activities

OMB No. 1545-0047

DLN: 93493111015141

Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** Ithaca College 15-0532204 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) ...... Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ...... 1 Enter the amount of any excise tax incurred by organization managers under section 4955 ...... If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... 3 ☐ Yes □ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-. 2 5

Schedule C (Form 990 or 990-EZ) 2019

Sche	dule C (Form 990 or 990-EZ) 2019					P	age <b>3</b>
Pa		ganization is exempt under section 501(c)(3) and has NOT fi ion under section 501(h)).					
For	each "Yes" response on lines 1a thr	ough 1i below, provide in Part IV a detailed description of the lobbying	(;	a)	-	(b)	
activ	ity.		Yes	No	/	4mour	nt
1		ganization attempt to influence foreign, national, state or local legislation, e public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?			No			
b	Paid staff or management (include	le compensation in expenses reported on lines 1c through 1i)?	Yes		1		
С	Media advertisements?			No	1		
d	Mailings to members, legislators,	or the public?		No			
е	Publications, or published or broa	adcast statements?		No			
f	Grants to other organizations for	lobbying purposes?		No			
g	Direct contact with legislators, th	eir staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?		Yes				14,746
j	Total. Add lines 1c through 1i						14,746
2a	Did the activities in line 1 cause	the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any	tax incurred under section 4912			1		
c	If "Yes," enter the amount of any	tax incurred by organization managers under section 4912					
d		a section 4912 tax, did it file Form 4720 for this year?					
Pa	-	ganization is exempt under section $501(c)(4)$ , section $501(c)$	(5), o	r sect	ion		
	501(c)(6).						T
1	Word substantially all (00% or m	ore) dues received nondeductible by members?		(	1	Yes	No
2	, ,	n-house lobbying expenditures of \$2,000 or less?		-	2	<del></del>	
3	•	ry over lobbying and political expenditures from the prior year?		-	3	<u> </u>	
		ganization is exempt under section 501(c)(4), section 501(c)				501/6	1/61
Га	and if either (a) E answered "Yes."	OTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part	III-A	, line :	3, is	,01(c	.)(0)
1	Dues, assessments and similar a	mounts from members	1				
2	expenses for which the section						
a	Current year		2a				
b	•		2b				
c		then COOC (AVA) as the end of and destitle ending (COV) days	2c				
3	,	ection 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
4	the organization agree to carryo	runt on line 2c exceeds the amount on line 3, what portion of the excess does wer to the reasonable estimate of nondeductible lobbying and political	4				
5		political expenditures (see instructions)	5				
P	art IV Supplemental Inf						
Pro	vide the descriptions required for I	Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); o, complete this part for any additional information.	Part II-	A, lines	s 1 an	d 2 (se	ee
1113	Return Reference	Explanation					
		· · · · · · · · · · · · · · · · · · ·	ON THE	1 O D D)//		TCC  C	
SCH	EDULE C, PART II-B, LINE 1(I)	THE COLLEGE IS A MEMBER OF ORGANIZATIONS LISTED AS REGISTRANTS (ACT DATABASE. LINE 1(1) REPORTS 25% OF MEMBERSHIP DUES PAID TO THE COLLEGE'S FISCAL YEAR. On occasion, a handful of Ithaca College staff lobbying activities to advocate for federal, state and local legislation that may students. The College does not require these staff members to specifically ide relative to such lobbying activities and so no costs have been quantified in the expenditures reported above.	HESE OF may pai benefi entify th	RGANIZ ticipate t the Co e minir	ATIOI e in de ollege nal tir	NS DUI e-minir and its me spe	RING mis s

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

DLN: 93493111015141

OMB No. 1545-0047

### **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** Ithaca College 15-0532204 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . . . . . . 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year . . . . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area ✓ Protection of natural habitat Preservation of a certified historic structure ✓ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2 2b 101.00 Number of conservation easements on a certified historic structure included in (a) . . . . . 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . . . . . . . . . . . Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ✓ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 1,250,000 

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

 ${f c}$  Leasehold improvements **d** Equipment . . . .

Sche	edule D (Form 990) 2019										Page 2
Par	t III Organizations Maintain	ing Collections	of Art, His	storic	al Trea	asures, o	r Other	Similar Ass	ets (conti	nued)	
3	Using the organization's acquisition, items (check all that apply):	accession, and oth	er records, ch	neck ar	ny of the	e following	that are a	a significant use	e of its colle	ection	
а	✓ Public exhibition			d		oan or excl	nange pro	grams			
b	Scholarly research			е	□ o	ther					
c	Preservation for future general	tions									
4	Provide a description of the organiza Part XIII.	tion's collections ar	nd explain ho	w they	further	the organ	ization's e	xempt purpose	in :		
5	During the year, did the organization assets to be sold to raise funds rathe								□ Yes	☑ N	0
Pai	rt IV Escrow and Custodial A Complete if the organizati X, line 21.		es" on Form	990,	Part IV	/, line 9, d	or report				
<b>1</b> a	Is the organization an agent, trustee included on Form 990, Part X?								☐ Yes	□ N-	0
b	If "Yes," explain the arrangement in	Part XIII and comp	olete the follo	wing ta	able:			Am	ount		_
С	Beginning balance						1c				_
d	Additions during the year						1d				_
е	Distributions during the year $\dots$						1e				_
f	Ending balance						1f				_
2a	Did the organization include an amou	unt on Form 990, P	art X, line 21	, for es	scrow o	r custodial	account li	ability? [	☐ Yes	□ N	0
b	If "Yes," explain the arrangement in	Part XIII. Check he	ere if the expl	lanatio	n has be	een provide	ed in Part	XIII [			
	art V Endowment Funds.										
	Complete if the organizati							T			
1.	Beginning of year balance	H-1-1-	ent year 47,334,887	(b) Prio	or year .6,025,34		years back 300,715,519	(d) Three years		our year	038,497
	/	.	2,098,148		1,310,12		3,894,502	<u> </u>	32,678		589,083
	Contributions		1,411,286		3,094,00		23,117,965	· ·	51,515		984,785
	Net investment earnings, gains, and lo	osses	4,885,423		2,053,78		2,063,803	<u> </u>	08,400		546,352
	Grants or scholarships		4,003,423		2,033,70	37	2,003,60	1,90	0,400	1,0	140,332
е	Other expenditures for facilities and programs		8,657,052	1	1,040,80	02	9,638,837	6,68	88,733	8,6	567,984
f	Administrative expenses										
g	End of year balance	33	37,301,846	34	7,334,88	37	316,025,346	300,71	5,519	267,3	328,459
2	Provide the estimated percentage of	the current year er	nd balance (li	ine 1g,	column	(a)) held	as:				
а	Board designated or quasi-endowme	nt ▶ 62.870 %									
b	Permanent endowment ► 24.650	) %									
С	Temporarily restricted endowment	12.480 %									
	The percentages on lines 2a, 2b, and	l 2c should equal 1	00%.								
3а	Are there endowment funds not in the	ne possession of the	e organizatior	n that a	are held	and admir	nistered fo	or the			
	organization by:								22(1)	Yes	No
	(i) unrelated organizations								3a(i) 3a(ii)	-	No No
b	(ii) related organizations If "Yes" on 3a(ii), are the related org				ule R?				3b		
4	Describe in Part XIII the intended us		•			-				<u> </u>	
Pai	rt VI Land, Buildings, and Eq	uipment.									
	Complete if the organizati										
	Description of property (a)	Cost or other basis	(b) Cost or	other b	asis (oth	er)   <b>(c)</b> Ad	cumulated	depreciation	( <b>d)</b> Bo	ook value	۶

2,756,567

61,770,454

39,738,420

besemption of property	(investment)	(-,,	(*,************************************	(,
<b>1a</b> Land		13,415,615		13,415,615
<b>b</b> Buildings		555,331,788	243,952,177	311,379,611

768,354

37,239,276

24,068,157

1,988,213

24,531,178

15,670,263

366,984,880

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" or	Form 990 Part IV line 1	11h Saa Form 990 D	art Viling 12
	(a) Description of security or category	(b) Book value	(c) Method	of valuation:
	(including name of security)		Cost or end-of-	year market value
<ul><li>(1) Financial</li><li>(2) Closely-I</li></ul>	l derivatives			
(3) Other				_
(A) FIXED IN	NCOME (LP INVESTMENTS)	7,260,739		<u>F</u>
(B) PUBLIC F	EQUITIES (LP INVESTMTS)	139,694,247		F
(C) HEDGE F	-UNDS	65,681,100		<u>F</u>
(D) PRIVATE	E EQUITY	18,466,572		F
(E) REAL EST		10,143,111		
(F)	TATE FORDS	10,143,111		<u> </u>
(G)				
(H)				
Total. (Columni Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.)  Investments—Program Related.	<b>2</b> 41,245,769		
Pait VIII	Complete if the organization answered 'Yes' or	Form 990, Part IV, line 1	l1c. See Form 990, F	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)				
Part IX	n (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets.		<b>•</b>	
raitix	Complete if the organization answered 'Yes' on		1d. See Form 990, Part	
(1)	(a) Descripti	on		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.)	<u> </u>	<u></u>	<b>•</b>
Part X	Other Liabilities.	Form 900 Down IV line 1	10 or 11f Coo Farer (	200 Part V line 25
1.	Complete if the organization answered 'Yes' on  (a) Description of		1e or 111.5ee Form 9	990, Part X, line 25. <b>(b)</b> Book
	income taxes	,		value 0
	TIREMENT BENEFIT OBLIGATION			19,718,265
	T RATE SWAP AGREEMENTS			6,621,718
	ERNMENT GRANTS REFUNDABLE			6,662,451
(5) LEASE LI	IABILITY  CONAL ASSET RETIREMENT OBLIG.			5,252,260 1,632,844
(7)	S			_,332,5
(8)				
			I	
(9)				
(10)				
(10) Total. (Column	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text	2641-6-4		39,887,538

2

4

b

C

Part XII

5

1

2

C

d

е 3

b

5

Part XIII

See Additional Data Table

4

а

Schedule D (Form 990) 2019

Page 4

-10,375,050

226,638,673

139,040,966

365,679,639

231,452,699

1,465,486

229,987,213

140,506,452

370.493.665

Schedule D (Form 990) 2019

Donated services and use of facilities . . . . . b Other (Describe in Part XIII.) е Subtract line **2e** from line **1** . . . . . . . . . 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1:

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

Donated services and use of facilities . .

Prior year adjustments . . . . . .

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

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

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

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

Subtract line 2e from line 1 . . . . . . . . . . .

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

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total expenses and losses per audited financial statements . . . . . .

Net unrealized gains (losses) on investments . . . .

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

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

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . .

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

2b 2c 2d

2a

4a

4b

2a 2b

2c

2d

4a

4b

Explanation

245,666 2e 3 1,392,906 137,648,060 4c 5

1,465,486

1,392,906

139.113.546

2e

3

4c

5

-10,620,716

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

Schedule D (Form 990) 2019

# **Additional Data**

Software ID: Software Version:

**EIN:** 15-0532204

Name: Ithaca College

ORTED ON THE BALANCE SHEET OR IN FOOTNOTES TO THE ORGANIZATION'S FINANCIAL STATEMENTS. THE

supplemental information	
Return Reference	Explanation
SCHEDULE D, PART II, LINE 9	HOW THE ORGANIZATION REPORTS CONSERVATION EASEMENTS THE CONSERVATION EASEMENTS ARE NO REP

AMOUNTS ARE CONSIDERED IMMATERIAL.

Supplemental Information

Supplemental Information	
Return Reference	Explanation
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 WOR K 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 A ROUND 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 CHAR ACTER DEVELOPMENT IN OUR STUDENTS.

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USES OF ENDOWMENT FUNDS The intended use of the College's endowment funds is to p rovide scholarships and grants to students, and to support the College's educational progr ams. ITHACA COLLEGE CHANGED ITS FISCAL YEAR END FROM MAY 31 TO JUNE 30 AND ISSUED AN AUDIT ED FINANCIAL STATEMENT FOR THE THIRTEEN-MONTH PERIOD OF JUNE 1, 2018 THROUGH JUNE 30, 2019 . FOR TAX PURPOSES, ITHACA COLLEGE WAS REQUIRED TO COMPLETE A FULL YEAR TWELVE-MONTH FORM 990 FOR THE YEAR ENDING MAY 31, 2019 AND A SHORT PERIOD FORM 990 FOR THE ONE-MONTH PERIOD JUNE 1, 2019 THROUGH JUNE 30, 2019. THUS, THE PRIOR YEAR COLUMN (b) IS REFLECTIVE OF THE C

OLLEGE'S THIRTEEN-MONTH PERIOD INCOME STATEMENT ACTIVITY.

Supplemental Information

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	FIN 48 DISCLOSURE THE COLLEGE FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAIN TY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATI NG 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 CHAL LENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TE CHNICAL 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 AN D TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OT HER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. The College has determined that there are no uncertain tax positions for the year ended JUNE 30, 2020.

Supplemental Information	
Return Reference	Explanation
RECONCILIATION OF REVENUE	SCHEDULE D, PART XI LINE 2D: Adjustment TO liabilities for Perkins Loan Program \$179,224 L ine 2d: Adjustment to liabilities for Gate Loan Program \$66,442 Total \$245,666 LINE 4B: FI NANCIAL AID NETTED ON FINANCIALS \$139,113,546 LINE 4B: COST OF GOOD SOLD (CAMPUS STORE) (\$

1,463,622) LINE 4B: FUNDRAISING EXPENSES (\$1,864) TOTAL \$137,648,060

Cupplantal Information

Supplemental Information					
Return Reference	Explanation				
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XII LINE 2D: FUNDRAISING EXPENSES (\$1,864) LINE 2D: COST OF GOOD SOLD (CA MPUS STORE) \$1,463,622 TOTAL \$1,465,486 LINE 4B: FINANCIAL AID NETTED ON FINANCIALS \$139,1				

13.546

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493111015141 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel & the cospanization **Employer identification number** Ithaca College 15-0532204 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . . . . . . . . . . . . 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? . . . . . . . . 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? . . . . . . 5g Νo 5h Νo If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? . . . . . . . . . . . . . No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

<b>Part II</b> Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.				
Return Reference	Explanation			
SCHEDULE E, PART I, LINE 3	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. As a result of the COVID-19 pandemic, the College received from the Higher Education Emergency Relief Fund emergency student aid and reimbursements for room charges related to the campus closure.			

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

SCHEDULE F	Statem	ent of	Activities (	Outside the Un	ited S	tates	OMB No. 1545-0047
(Form 990) Department of the Treasury	<ul> <li>Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.</li> <li>► Attach to Form 990.</li> <li>► Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>					2019 Open to Public	
Internal Revenue Service							Inspection
Name of the organization Ithaca College						Employer iden	tification number
-						15-0532204	
	<b>ormation on</b> art IV, line 14		Outside the U	<b>Jnited States.</b> Comple	ete if the	organization a	nswered "Yes" on
other assistance, the	e grantees' elig	ibility for th	ne grants or assis	substantiate the amoun stance, and the selectior 	_		☑ Yes ☐ No
2 For grantmakers. I outside the United S		t V the orga	anization's proce	dures for monitoring the	use of it	s grants and ot	her assistance
3 Activites per Region.	(The following P	art I, line 3	table can be dupli	cated if additional space is	s needed.)	l	
(a) Region		Number of ffices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program spe	ity listed in (d) is a service, describe cific type of s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data							
3a Sub-total b Total from continuation	n sheets to	1	356				1,543,899
Part I	La.		29				48,873,50
c Totals (add lines 3a ar	ا ۱ امالت ام	1	ป 385	l	1		50,417,40

Cat. No. 50082W Schedule F (Form 990) 2019

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

Part III can be du				(-) M	(6) A 6	(-) Description	(I-) Mathadas
Гуре of grant or assistance	<b>(b)</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
See Add'l Data							

Sched	dule F (Form 990) 2019		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>☑</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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	<b>✓</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)		
		<b>✓</b> Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	<b>☑</b> Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	· ·	<b>✓</b> Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	☐Yes	<b>☑</b> No

Schedule F (F	orm 990) 2019 Page <b>5</b>			
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 provid any additional information. See instructions.				
990 Schedu Return Reference	Explanation			
SCHEDULE F PART I, LINE				

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F. PART I.	EXPENDITURES ARE REPORTED ON AN ACCRUAL BASIS ACCORDING TO GAAP. CONSISTENT WITH THE ITHACA COLLEGE

METHOD OF ACCOUNTING.

# 990 Schedule F, Supplemental Information

ORGANIZATION'S FORM 990-T FILING.

Return

Reference	
SCHEDULE F,	FOREIGN FILING REQUIREMENTS ITHACA COLLEGE INVESTS DIRECTLY IN A VARIETY OF ALTERNATIVE INVESTMENTS THAT ARE
PART IV, LINE	STRUCTURED AS EITHER FOREIGN CORPORATIONS, FOREIGN LIMITED PARTNERSHIPS OR DOMESTIC LIMITED PARTNERSHIPS. THE
4	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

Explanation

### **Additional Data**

Central America and the

Caribbean

## Software ID: Software Version:

**EIN:** 15-0532204

Name: Ithaca College

Conferences & Research

14,236

Form 990 Schedule F Part I - Activities Outside The United States									
( ) B ·	(In) Ni In 6	( ) N   1   6	/d> A stinition of a december of	(-) T6	/6\ T-+-1				

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	1	35	Program Services	Study Abroad	973,045

10 Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Central America and the 29 Program Services Study Abroad 53,300 Caribbean Conferences & Research 12,371 East Asia and the Pacific 9 Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) East Asia and the Pacific 4 |Program Services 13,951 Recruitina Europe (Including Iceland and 137 Program Services Conferences & Research 205,558 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and 1 |Program Services Recruitina 2.772 Greenland) Europe (Including Iceland and 31 Program Services Study Abroad 25,041 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Middle East and North Africa 3 Program Services Conferences & Research 9.125 Middle East and North Africa 11 Program Services Study Abroad 21,033

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) North America Conferences & Research 169,956 51 Program Services North America 1 Program Services Recruiting 199

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) North America 17 | Program Services Study Abroad 6.679 South America 10 Program Services Conferences & Research 21,508

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America Study Abroad 1.973 1 Program Services South Asia 4 Program Services Conferences & Research 4,421

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South Asia Recruiting 8.731 2 | Program Services Sub-Saharan Africa 2 Program Services Conferences & Research 2,606

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Sub-Saharan Africa Study Abroad 31,306 9 Program Services Europe (Including Iceland and 1 Program Services Maintaining Offices 2,113 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Grants/scholarships 2.532 Russia and the Newly 1 | Grantmaking Independent States 41,650 East Asia and the Pacific 3 |Grantmaking Grants/scholarships

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Europe (Including Iceland and Grants/scholarships 136,300 8 |Grantmaking Greenland) North America 28,000 1 |Grantmaking Grants/scholarships

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South Asia 2 | Grantmaking Grants/scholarships 25,500 Sub-Saharan Africa 1 Grantmaking Grants/scholarships 21,000

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures in region (by type) (i.e., offices in the employees or is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) South America Grants/scholarships 11,560 1 |Grantmaking Central America and the Investments 48,570,935 Caribbean

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of or assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Scholarship 2,532 | EFT/WIRE Russia and the Newly Independent States Scholarship 41,650 | EFT/WIRE East Asia and the Pacific

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (d) Amount of (e) Manner of cash (a) Description of (h) Method of (b) Region (c)Number (f) Amount of or assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Scholarship 136,300 | EFT/WIRE lEurope (Including Iceland and |Greenland Scholarship 28,000 | EFT/WIRE North America

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients FMV, appraisal, assistance assistance other) Scholarship 25,500 | EFT/WIRE South Asia Scholarship 21,000 | EFT/WIRE Sub-Saharan Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) SCHOLARSHIP 11,560 | EFT/WIRE South America

DLN: 93493111015141 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I OMB No. 1545-0047 **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. Department of the ► Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization **Employer identification number** Ithaca College 15-0532204 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1

(d) Amount of cash

grant

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

(c) IRC section

(if applicable)

that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

(b) EIN

Open to Public Inspection ✓ Yes 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 (q) Description of (h) Purpose of grant noncash assistance or assistance

(a) Name and address of

organization

or government

(1) See Additional Data

(4)

(5)

(6)

(7)

(8)

(9)

(10)

(11)

(12)

(e) Amount of non-

cash

assistance

(f) Method of valuation

(book, FMV, appraisal,

other)

(2) Scholarships awarded to employees

(1) Scholarships

Part III

(2)

(3)

(4)

(5)

(6)

(7)

Part IV

Return Reference

SCHEDULE I, PART I, LINE 2

Schedule I (Form 990) 2019

Explanation

scholarship in subsequent years.

(b) Number of

recipients

5967

(d) Amount of

noncash assistance

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

(c) Amount of

cash grant

1,800

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

138.833.204

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 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 lorganizations, the college relegates responsibility for monitoring the use of grant funds to individuals within those organizations. Students must meet the criteria specified in the scholarship program in order to receive the scholarship. For ongoing scholarships, students must continue to meet the criteria in order to be awarded a

(e) Method of valuation (book,

FMV, appraisal, other)

Page 2

(f) Description of noncash assistance

Schedule I (Form 990) 2019

# **Additional Data**

Hillel of Ithaca College

Ithaca, NY 14850 National Merit Scholarship

Evanston, IL 60201

Corporation

953 Danby Rd Muller Chpl

1560 Sherman Ave No 200

Software ID:
Software Version:
EIN: 15-0532204

52-1758795

36-2307745

Name: Ithaca College

45,216

12,000

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

contrib. received &

Annual remittance to

merit scholarship

remitted

program.

(a) Name and address of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal,	
or government				assistance	other)	İ

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

501(c)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government ng budget for

Contribution to Access

to College Education

(ACE).

Cornell University 341 Pine Tree Rd Ithaca, NY 14850	15-0532082	501(c)(3)	30,000	0		operating budge startup works
					1	

15.616

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Research Foundation of SUNY

PO Box 9

Albany, NY 12201

14-1368361

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Center for the Arts at Ithaca 16-0902355 501(c)(3) 10.000 support comm. arts Inc

Support economic

Tompkins County NY

ladvancement in

16.000l

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(6)

PO Box 205
Ithaca, NY 14851
Tompkins County Area
Development

401 F State St Suite 402B

Ithaca, NY 14850

16-6058339

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

Payment to subrecipient

of Federal grant (CFDA

Planetary Science Institute 1700 EFT LowelISTE 106 Tuscon, AZ 85719	33-0175263	501(c)(3)	104,227	0		Payment to subrecipient of Federal grant (CFDA 43.

12,406

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

State of OH

Bowling Green State University

Bowling Green, OH 43403

1001 F Wooster St

34-6402018

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

					·	
Northeastern Illinois University 5500 N St Louis Ave	36-6009515	501(c)(3)	34,612	0		Payment to subrecipient of Federal grant (CFDA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Chicago, IL 60625

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49311	1015	141
Sch	nedule J	Co	ompensati	ion Information	0	MB No.	1545-0	0047
(Fori	m 990)		Compensa anization answ	Trustees, Key Employees, and Hig ated Employees vered "Yes" on Form 990, Part IV a to Form 990.		20	19	•
•	tment of the Treasury	► Go to <u>www.irs.go</u>		instructions and the latest inform	mation.	Open		
	al Revenue Service me of the organiza	ation			Employer identifica		ectio Imber	
Itha	ica College				15-0532204			
Pa	rt I Questi	ons Regarding Compensa	tion		15 0552204			
							Yes	No
<b>1</b> a				f the following to or for a person liste y relevant information regarding the				
	First-class	or charter travel	lacksquare	Housing allowance or residence for	personal use			
		companions	님	Payments for business use of perso				
		nification and gross-up payments	s 📙	Health or social club dues or initiation				
	☐ Discretion	ary spending account	Ш	Personal services (e.g., maid, chaut	ffeur, chef)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes	
2				or allowing expenses incurred by all	1-3	2	Yes	
	directors, truste	es, officers, including the CEO/E	executive Directo	r, regarding the items checked on Lir	ne la?			
3	organization's C	EO/Executive Director. Check all	l that apply. Do r	ed to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain i				
	✓ Compens	ation committee		Written employment contract				
		ent compensation consultant	$\overline{\mathbf{Z}}$	Compensation survey or study				
	☐ Form 990	of other organizations	$\checkmark$	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cont	trol payment? .			4a	Yes	
b		r receive payment from, a suppl				4b	Yes	
c	Participate in, o	r receive payment from, an equi	ty-based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	plicable amounts for each item in Par	t III.			
	Only E01(a)(2	), 501(c)(4), and 501(c)(29)	organizations	must complete lines E-0				
5			_	the organization pay or accrue any				
		ontingent on the revenues of:						
а	The organization	1?				5a		No
b						5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Sectio ontingent on the net earnings of		the organization pay or accrue any				
а	The organization	1?				6a		No
b	,					<b>6</b> b		No
	· ·	6a or 6b, describe in Part III.						
7	payments not d	escribed in lines 5 and 6? If "Yes	s," describe in Pa	the organization provide any nonfixe rt III	d 	7	Yes	
8	subject to the ir	nitial contract exception describe	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," documents of the contract of the contra		8		No
9				presumption procedure described in		9		140
For F	Panerwork Redu	ction Act Notice, see the Ins	tructions for Fo	orm 990. Cat. No. 5	50053T Schedule	(Forn	1 990)	2019

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

instructions, on row (ii). Do not list any individuals that are not listed on Form 9	each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the tructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.  te. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.								
(A) Name and Title	Jua		kdown of W-2 and/o compensation		(C) Retirement and other	(D) Nontaxable benefits	(E) Total of columns	<b>(F)</b> Compensation in	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990	
See Additional Data Table				I	•				

Page 3

Schedule J (Form 990) 2019

Return Reference **Explanation** SCHEDULE J, PART I, LINE 1A HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE/Gross-Up Payments PRESIDENT COLLADO RECEIVED IMPUTED INCOME TOTALING \$39,329 IN CALENDAR YEAR 2019 REPRESENTING PERSONAL USE OF HOUSING, A CLEANING PERSON, AND A LEASED VEHICLE. THE PRESIDENT ALSO RECEIVED A GROSS-UP PAYMENT OF \$37,741 TO COVER THE ADDITIONAL TAX LIABILITIES. THESE AMOUNT IS REPORTED IN SCHEDULE J. PART II. COLUMN (B)(III). VICE PRESIDENT FERRO RECEIVED A HOUSING BENEFIT TOTALING \$5,200 IN CALENDAR YEAR 2019. THIS AMOUNT IS REPORTED IN SCHEDULE J, PART II, COLUMN

(B)(III). Vice President Costa RECEIVED A \$11,239 TAXABLE TRANSITION HOUSING STIPEND IN CALENDAR YEAR 2019. THIS TRANSITION HOUSING STIPEND HAS BEEN REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III). SCHEDULE J. PART I. LINE 4A SEVERANCE PAYMENTS VICE PRESIDENT BIEHN COMPLETED SERVICE TO THE COLLEGE IN APRIL 2019 AND RECEIVED SEPARATION PAYMENTS TOTALING \$290,323. VICE PRESIDENT TURBIDE COMPLETED SERVICE TO THE COLLEGE IN JANUARY 2019 AND RECEIVED SEPARATION PAYMENTS TOTALING \$120,498. Vice

President Pringle completed service to the College in May 2019 and received separation payments totaling \$41,972. THESE PAYMENTS INCLUDE SEPARATION VACATION PAYOUTS AND SALARY, AND ARE BEING REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III). SCHEDULE J. PART I. LINE 4B SUPPLEMENTAL NON-OUALIFIED RETIREMENT PLAN: DURING CALENDAR YEAR 2019, PRESIDENT COLLADO RECEIVED EMPLOYER CONTRIBUTIONS TO THE

COLLEGE'S IRC SECTION 457(F) PLAN TOTALING \$61,500. THIS AMOUNT IS REPORTED IN SCHEDULE J, PART II, COLUMN (C). SCHEDULE J, PART I, LINE 7 NON-FIXED PAYMENTS BONUS PAYMENTS: IN ACCORDANCE WITH THE COLLEGE'S COMPENSATION POLICIES, EMPLOYEES WHO HAVE MADE SPECIFIC AND

SIGNIFICANT ACCOMPLISHMENTS AND WHO HAVE PERFORMED WELL IN SUPPORT OF A PROJECT OR INITIATIVE DURING THE YEAR MAY BE RECOGNIZED WITH A ONE-TIME MERIT PAYMENT. THESE PAYMENTS ARE REPORTED IN SCHEDULE J. PART II, COLUMN (B)(II). DURING CALENDAR YEAR 2019 THERE WERE NO SUCH PAYMENTS TO REPORTED INDIVIDUALS, TRANSITION PAYMENT: The following individuals received a one-time signing bonus during calendar year 2019. This payment is reported in Schedule J, Part II, Column (B)(II). Vice President Kobler and Koehler received the payment but did not reach the compensation threshold for disclosure on Schedule J. Vice President Kobler - \$15,000 Vice President Harris - \$20,000 Vice President Koehler - \$15,000 RETENTION BONUS: VICE PRESIDENT BIEHN RECEIVED A RETENTION BONUS TOTALING \$30,000 AS PART OF A CONTRACTUAL AGREEMENT WITH FORMER PRESIDENT THOMAS ROCHON. THIS PAYMENT IS REPORTED IN SCHEDULE J, PART II, COLUMN (B)(II). GENERAL STATEMENT ABOUT COMPENSATION VICE PRESIDENT GUERRERO RECEIVED

TAXABLE TUITION REMISSION TOTALING \$38,126 IN CALENDAR YEAR 2019. THESE PAYMENTS ARE REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III). ACCOUNT CONBTRIBUTIONS, AND EMERITI CONTRIBUTIONS.

PRESIDENT COLLADO RECEIVED TAXABLE EMPLOYER CONTRIBUTIONS TO THE IRC SECTION 403(B) RETIREMENT PLAN TOTALING \$18,949, THESE PAYMENTS ARE REPORTED IN SCHEDULE J. PART II. COLUMN (B)(III). WITH THE EXCEPTION OF PRESIDENT COLLADOS SUPPLEMENTAL NON-OUALIFIED RETIREMENT PLAN. AMOUNTS IN SCHEDULE J, PART II, COLUMN (C) ARE COMPRISED OF EMPLOYER CONTRIBUTIONS TO THE IRC SECTION 403(B) RETIREMENT PLAN. DURING CALENDAR YEAR 2019, VICE PRESIDENT PRINGLE. ASSOCIATE VICE PRESIDENT WEIL, AND DEAN REID RECEIVED NON-CASH TUITION REMISSION BENEFITS TOTALING \$29,234, \$47,900, AND \$74,037, RESPECTIVELY. THESE AMOUNTS ARE REPORTED IN SCHEDULE J. PART II. COLUMN (D). WITH THE EXCEPTION OF NON-CASH TUITION REMISSION BENEFITS, AMOUNTS IN SCHEDULE J, PART II, COLUMN (D) ARE COMPRISED OF THE EMPLOYER AND EMPLOYEE PORTION OF

HEALTH BENEFITS INCLUDING MEDICAL PREMIUMS, DENTAL PREMIUMS, VISION & HEARING PREMIUMS, LIFE INSURANCE PREMIUMS, HEALTH SAVINGS Schedule 1 (Form 990) 2019

**Software ID: Software Version:** 

> **EIN:** 15-0532204 Name: Ithaca College

Form 990, Schedule	∍ J,	Part II - Officers, D	irectors, Trustees, K	ey Employees, and I	lighest Compensate	d Employees		
(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1Shirley M Collado President	(i)	487,853	0	96,019	85,800	12,530	682,202	0
riesident	(ii)	0	0	0	0	0	0	0
1Nancy E Pringle Former Secretary, SVP, GC	(i)	141,534	0	41,972	16,923	42,084	242,513	0
Torrier Secretary, 5VI, Ge	(ii)	0	0	0	0	0	0	0
2 Guilherme Costa non-voting	(i)	232,891	0	11,239	21,600	27,978	293,708	0
Secretary, VP, GC	(ii)	0	0	0	0	0	0	0
<b>3</b> La Jerne Cornish Provost & SVP	(i)	243,743	0	0	22,500	21,552	287,795	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> Christopher M Biehn Former VP Instl Adv.	(i)	75,950	30,000	290,323	24,300	9,721	430,294	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> Gerard R Turbide Former VP Enrollment	(i)	6,743	0	121,019	11,458	1,703	140,923	0
Manager	(ii)		0	0	0	0	0	0
<b>6</b> Nicole Eversley Bradwell Interim VP Enroll. (thru	(i)	149,368	0	0	13,693	7,102	170,163	0
7/19)	(ii)	0	0	0	0	0	0	0
<b>7</b> Rosanna Ferro VP Student Affairs and	(i)	177,296	0	5,200	16,608	20,791	219,895	0
Campus	(ii)	0	0	0	0	0	0	0
8William Guerrero VP Finance & Administration	(i)	216,235	0	38,126	19,800	19,169	293,330	0
	(ii)	0	0	0	0	0	0	0
<b>9</b> Hayley Harris VP Human Resources(as of	(i)	132,300	20,000	0	11,813	14,091	178,204	0
5/19)	(ii)	0	0	0	0	0	0	0
10David L Weil Associate VP & CIO	(i)	178,193	0	0	15,619	57,904	251,716	0
	(ii)	0	0	0	0	0	0	0
11Timothy R Carey Associate VP, Facilities	(i)	227,489	0	0	19,505	1,912	248,906	0
	(ii)		0	0	0	0	0	0
<b>12</b> Diane M Gayeski thru 62020	(i)	202,729	0	0	18,492	9,726	230,947	0
Dean, School of Communications	(ii)	0	0	0	0	0	0	0
13 Karl Paulnack Thru 062020	(i)	169,861	0	0	16,208	26,295	212,364	0
Dean, School of Music	(ii)	0	0	0	0	0	0	0
<b>14</b> Sean F Reid thru 062020 Dean, School of Business	(i)	325,780	0	0	24,462	101,928	452,170	0
	(ii)		0	0	0	0	0	0
<b>15</b> Linda Petrosino DEAN, HS&HP	(i)	234,226	0	0	21,639	19,327	275,192	0
	(ii)		0	0	0	0	0	0
<b>16</b> Marie C Blouin Assistant Professor	(i)	171,572	0	25,150	15,437	3,112	215,271	0
	(ii)	0	0	0	0	0	0	0
<b>17</b> Steven Ginsberg ENDOWED CH. & ASSOC.	(i)	129,379	0	55,150	11,890	9,726	206,145	0
PROF	(ii)		0	0	0	0	0	0
<b>18</b> Matthew S Rodgers Assistant Professsor and	(i)	151,644	0	23,650	14,180	27,293	216,767	0
Chair	(ii)		0	0	0	0	0	0
<b>19</b> Matthew C Geiszler Assistant Professor	(i)		0	15,077	14,488	9,566	198,791	0
	(ii)	0	0	0	0	0	0	0

(A) Name and Title

(B) Breakdown of W-2 and/or 1099-MISC compensation

(i) Base Compensation

(ii) Bonus & incentive

Other reportable

(C) Retirement and other deferred compensation

(D) Nontaxable benefits

(E) Total of columns

(B) (i)-(D)

reported as deferred on perior form 000

			compensation	compensation				prior Form 990
21Stephen Tropiano Prof. & Director of LA	(i)	137,324		36,075	12,605	9,726	195,730	0

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

Program

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

**Supplemental Information on Tax-Exempt Bonds** 

OMB No. 1545-0047

DLN: 93493111015141

Open to Public

С

D

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization Ithaca College

Schedule K

(Form 990)

**Employer identification number** 

Itha	naca College									15-05	32204				
Pa	rt I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	•	(f) Description	on of purpose	(g) De	efeased	beh	On alf of uer		Pool ncing
										Yes	No	Yes	No	Yes	No
Α	Tompkins County DEVELOPMENT CORPORATION	27-2290745		06-11-2020	35,2	274,000	curre	ent refunding	of series 2005l		Х		X		Х
В	Tompkins County Development Corporation	27-2290745	890096cc2	09-24-2015	49,:	150,749	REFIN 2008		ED SER. 2007	3.	Х		Х		Х
С	Tompkins County Development Corporation	27-2290745	890096cz1	12-09-2017	25,6	35,508	ADVA 2011		DING OF SERIE	S	Х		Х		Х
D	Tompkins County Development Corporation	27-2290745	890096dr8	12-20-2018	21,6	91,959	Curre	ent Refunding	g of Series 2004	łB	Х		Х		Х
Pa	rt II Proceeds									-					
						A		Е	В	C	2			D	
1	Amount of bonds retired						0		13,055,000		1,005	,000		7	65,000
2	Amount of bonds legally defease						0		0			0			0
3	Total proceeds of issue					35,274	,000		49,150,749		26,859	,625		21,6	91,959
4	Gross proceeds in reserve funds						0		0			0			0
5	Capitalized interest from proceed	ds					0		0			0			0
6	Proceeds in refunding escrows .						0		0		22,990	,800			
7	Issuance costs from proceeds .					281	,322		532,438		376,	,009		3	52,901
8	Credit enhancement from procee	eds					0		0			0			0
9	Working capital expenditures from	m proceeds					0		0			0			0
10	Capital expenditures from procee	eds					0		0			0			0
11	Other spent proceeds					34,992	,171		48,618,311		3,491	,279		21,3	34,884
12	Other unspent proceeds						507		0		1,	,538			4,174
13	Year of substantial completion .														
					Yes	No	,	Yes	No	Yes	No		Yes		No
14	Were the bonds issued as part of bonds (or, if issued prior to 2018				Х			Х			Х		Х		
15	Were the bonds issued as part of bonds (or, if issued prior to 2018	3, an advance refund	ing issue)?			Х			х	Х					Х
16	Has the final allocation of procee	ds been made?	<u> </u>			Х		X		Х					Χ
17	Does the organization maintain a proceeds?				Х			Х		Х			Х		
Pa	rt III Private Business Use														

		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				Х		Х		X
	infanced by tax-exempt bonds:								
2	Are there any lease arrangements that may result in private business use of bond-financed			×		x		×	
	property?			^		^		^	
or I	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Cat	. No. 50193E	<b>.</b>			Sched	ule K (Form	990) 2019

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Exception to rebate? . . . . . . . . . . . .

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . . . 

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Are there any management or service contracts that may result in private business use of

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed

Private Business Use (Continued)

Schedule K (Form 990) 2019

Part II

За

b

C

d

6

8a

Part IV

b

C

Arbitrage

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0 %

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Χ

Χ

Χ

Χ

Yes

Χ

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Schedule K (Form 990) 2019

D

Page 2

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Page 3

Χ

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Yes

Χ

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	

Yes

Χ

No

Explanation PART I, BOND A, COLUMN F PROCEEDS OF THE BONDS WERE ISSUED TO CURRENTLY REFUND THE BORROWER'S OUTSTANDING SERIES 2005B BONDS (originally

Χ

Yes

R

No

Yes

Χ

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

Schedule K (Form 990) 2019

Term of GIC.

period?

Part V

Part VI

SCHEDULE K

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

issued on 12/09/2013).

requirements of section 148? . . .

**Return Reference** 

Return Reference	Explanation
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").

Return Reference	Explanation
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.

Return Reference	Explanation
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. 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.

Return Reference	Explanation
till Bond A	Because the refunded Reissued Series 2005B Bonds refunded bonds issued before January 1, 2003, the Issuer has not completed Part III with respect to the Bond.

Part

Return Reference	Explanation
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.

Return Reference	Explanation
PART IV, BOND A, LINE 2(B)	the bond is a current refunding of the series 2005 bond, issued on December 9, 2013, and satisfied the 6 month exception of rebate. Part IV, Bond B, Line 2(c) The college had a rebate calculation performed on the series 2015 bond issues on 9/24/2015. The calculation was completed on October 10, 2019 and concluded that no rebate liability will be due on the bonds on any future required computation date.

Return Reference	Explanation
PART IV, BOND c, LINE 2(C)	The fifth year has not passed, therefore no rebate computation has been performed.

Return Reference	Explanation
IV BODDID LIDE 2(3)	The bonds are a current refunding of the series 2004 bonds, issued on November 10, 2004, and satisfied the 6 month exception of rebate.

part

	C print - D	U NU	FROCES	3 A3	Filed Data -						11. 93	4931		<b>9</b> ± 1.
Schedule L			Tran	sactio	ns with li	ntereste	d Persor	าร			10	1B No.	1545-	0047
Form 990 or 990	)-EZ) <b>▶</b> Co									,	2019			
			27, 28a,					10b.				<b>4</b> U		7
Department of the Treasury Internal Revenue Service  Attach to Form 990 or Form 990-EZ.  ▶Go to www.irs.qov/Form990 for instructions and the latest information.								C	pen t Insp					
Name of the orga	anization							Em	ploye	er ide	ntifica	tion n	umbe	r
Ithaca College								15-	-05322	204				
					1(c)(3), section									
					Form 990, Part							(4)		4 - 47
1 (a	<b>)</b> Name of di	squalifie	ea person	(6	Relationship be	etween aisquai organization	iiried person ai	וםן (	<b>c)</b> De: trar	scripti isactio		(a) Ye		ected? No
												16	3	110
								_						
								-						
2 Enter the au	mount of tax	incurre	ed by the or	ganization	managers or dis	gualified perso	ons during the	<u> </u>	nder s	ection			J	
4958										<b>&gt;</b> \$	· —			
<b>3</b> Enter the ar	mount of tax	, if any,	, on line 2, a	above, reir	nbursed by the o	organization .		•		<b>&gt;</b> \$	·			
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	o gameadon		1	101011	u
				Yes	No
(1) Jason Muenzen	Family of Trustee	167,956	see sch L Narrative		No
(2) William Kip Opperman	Family of Trustee	21,850	see sch L Narrative		No
Part V Supplemental Information		,			

Part V Supplemental Inform	Part V Supplemental Information									
Provide additional informa	Provide additional information for responses to questions on Schedule L (see instructions).									
Return Reference		Explanati	on							
			whom they provided scholarships and es. Revealing the identity of such int							

persons could result in an unauthorized disclosure of student education records under the Family Educational Rights and Privacy Act (FERPA). Schedule L, Part IV Column D Board of Trustees member Kristin R. Muenzen

has a family member who is an employee of the College. Jason Muenzen is employed in the School of Business as an instructor and the director of the investment program and received wages of \$167,956 for the year ending December 31, 2019. Board of trustees member Mary G. Opperman has a family member who is an employee of the College. William Kip Opperman worked as a part-time lecturer and received wages of \$21,850 for the year ending December 31, 2019.

DLN: 93493111015141 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Ithaca College 15-0532204 **Types of Property** Part I (a) (b) (c) (d) Check if Number of contributions or Method of determining Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household 10,661 comparable sales Χ goods . . . . . Cars and other vehicles Boats and planes . . Intellectual property . . Securities-Publicly traded . 561,424 FAIR MARKET VALUE 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . 13 Oualified conservation contribution-Historic structures . . . Qualified conservation contribution—Other . Real estate—Residential Real estate—Commercial . 17 Real estate-Other . . Collectibles . . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . 22 Historical artifacts . . 23 Scientific specimens . 24 Archeological artifacts . . 20,500 COMPARABLE SALES Musical Χ 25 Other ► (instruments ) 12,964 COMPARABLE SALES Computer Χ Other ► ( equipment 27 Other ▶ ( \_ 28 Other ▶ ( \_\_ Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J Schedule M (Form 990) (2019)

Schedule M (Form 990) (2019)	Page <b>2</b>
	ation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also by additional information.
Return Reference	Explanation
SCHDULE M, PART I, LINE 25	The College is reporting the number of items received.
	TO THE EXTENT THAT THE ORGANIZATION RECEIVES CONTRIBUTIONS OF STOCK, THE ORGANIZATION USES ITS INVESTMENT BROKER TO CONVERT THOSE STOCKS INTO CASH.
	Schedule M (Form 990) (2019)

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SCHEDUL	ΕΛ	0		- I I - C 4! -		200 57	OMB No. 1545-0047	
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(Form 990 or	990-	Co			r responses to specific quest		2019	
EZ)			Form 990 o		ide any additional information n 990 or 990-EZ.	on.		
Department of the T	reacury		► Go to <u>и</u>		90 for the latest information	ı <b>.</b>	Open to Public Inspection	
Namel Betherofo		1				Employer ident	ification number	
Ithaca College								
						15-0532204		
990 Schedule	e O, Su <sub>l</sub>	pplementa	l Informatio	n				
Return					Explanation			
Reference					Explanation			
General	In Marc	th 2020 as a	result of the CC	VID-19 pandemic the	e College closed its residential of			
Statement	mpus to	most studer	nts and impleme	nted remote learning	for all classes through the rest	of		
Regarding					ncial assistance and applied pro			
The Covid-19	a refund	dable credits	for room and bo	ard to students impac	cted by the campus closure. Un	der		
Pandemic					ne College received a grant of \$			
					nd ("HEERF"). AS OF JUNE 30			
					vas disbursed directly to qualifyi		2004.0	
	1				E STATEMENT OF FINANCIAL charges related to the campus		2,291,6	
	1				id contracts on the accompanyi			
					VID-19 pandemic on the Colleg			
					and duration of the pandemic.			
					ANGED ITS FISCAL YEAR EN		Γ	
	O JUNE	E 30 AND ISS	3UED AN AUDI <sup>*</sup>	TED FINANCIAL STA	TEMENT FOR THE THIRTEEN	I-MONTH PERIOD	OF JUNE	
					ES, ITHACA COLLEGE WAS R			
	1				AR ENDING MAY 31, 2019 ANI			
					ROUGH JUNE 30, 2019. THUS,			
	1				ONTH PERIOD INCOME STAT			
	, 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, RESEAF							
	H, AND PUBLIC SERVICES FOR THE COLLEGE'S PRIMARY PROGRAM SERVICE OF INSTRUCTION, RESEARCE H, 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, PARTI							
	CULARLY 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 DEV ELOPMENT. FORM 990, PART VI, SECTION A, LINE 1B INDEPENDENT VOTING MEMBERS BOARD OF TRUSTE							
	1				NT IF THEY HAVE A COMPEN			
	1	,			ECEIVES W-2 WAGES FROM	,		
					SE THE INDIVIDUAL HAS A CO			
	1				RM 990. THE FOLLOWING SIX STIN R. MUENZEN, MARY GEO			
	1				RLEY M. COLLADO.	JAGE OFFERWAN	, ILIUNDE	
<u> </u>		,						

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 REVIEW PROCESS THE COLLEGE'S DEPARTMENT OF FINANCIAL SERVICES COMPILES THE UNDERL YING 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 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 OFFICE OF BUSINESS AND FINANCE. THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES APPROVES FORM 990 FOR FILING.

Return Explanation
Reference

FORM 990,	CONFLICT OF INTEREST POLICY ALL TRUSTEES AND SENIOR MANAGEMENT COMPLETE ANNUAL CONFLICT OF
PART VI,	INTEREST FORMS. THE FORMS ARE SUBMITTED TO THE SECRETARY OF THE BOARD AND ALL DISCLOSED C
SECTION B,	ONFLICTS ARE FORWARDED TO THE CHAIR OF THE AUDIT COMMITTEE FOR REVIEW AND ON-GOING MONITOR
LINE 12C	ING.

## 990 Schedule O, Supplemental Information Return Explanation

ation policies for officers of the College.

Reference

Reference	
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 es tablishing presidential compensation. This data is gathered using the assistance of non-in terested parties including external consultants and the Colleges Office of Human Resources . The Governance & Compensation/Assessment Committee makes a recommendation to the Executi ve Committee for their review. The Executive Committee reports to the full Board of Truste es the details of the review. The full Board has final approval of compensation. For other officers and key employees Human Resources obtains comparability data on compensation whi ch is shared with the President. The President reviews the data and compensation with the Governance & Compensation/Assessment committee. The President annually reviews the compens

Reference	Explanation
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 ADMINIST RATION AT THE CONTACT INFORMATION DISCLOSED IN PART VI SECTION C LINE 20. The College make sits IRS Determination Letter confirming its tax-exempt status available to the public at its place of business (and upon request) in lieu of the Form 1023 which is no longer available.
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IVING ANNUITY AGREEMENTS (\$53,443) TOTAL (\$5,877,800)

Doturn

Reference	Explanation
FORM 990,	Reconciliation of Net assets POSTRETIREMENT BENEFITS loss other than net periodic benefit
PART XI,	cost (\$5,453,303) LOSS ON BOND RESTRUCTING (\$136,585) CHANGE IN FAIR VALUE OF INTEREST RAT
LINE 9	E SWAP AGREEMENTS (\$480,135) ADJUSTMENT TO LIABILITIES FOR gate IOAN PROGRAM \$66,442 ADJUS
	TMENT TO LIABILITIES FOR Perkins IOAN PROGRAM \$179,224 CHANGE IN VALUATION OF CHARITABLE G

Evalanation